### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G                | uide explains how to complete t |                         | r ID (Ethics Commission Filers | 2 Total pages filed:                                 |
|---------------------------------------|---------------------------------|-------------------------|--------------------------------|--|
| 3 CANDIDATE /<br>OFFICEHOLDER         | MS / MRS / MR                   | ST .                    | MI                             | OFFICE USE ONLY                                      |
| NAME                                  | NC. DA                          | 80V                     | SUFFIX                         | Pate Received RECEIVED                               |
|                                       | B20                             | No                      |                                |  |
| 4 CANDIDATE /<br>OFFICEHOLDER         | ADDRESS / PO BOX; APT / SUITE   | #; CITY;                | STATE; ZIP CODE                | JAN 17 2018  |
| MAILING<br>ADDRESS                    | 2112 Pembro                     |                         |                                | Board of Education                                   |
| Change of Address                     | Fort Wor                        | 12: 12 13: 13: 13:      | 76110                          | by Laura Letton                                      |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE | AREA CODE PHONE NUM             | -9109                   | EXTENSION                      | Date Hand-delivered or Date Postmarked               |
| 6 CAMPAIGN                            | MS / MRS / MR FIRS              |                         | МІ                             | Receipt # Amount \$                                  |
| TREASURER<br>NAME                     | MC. BC                          | An                      | SUFFIX                         | Date Processed                                       |
|                                       | Bere                            |                         | SOTTIA                         | Date Imaged /-/7-/8                                  |
| 7 CAMPAIGN<br>TREASURER               | STREET ADDRESS (NO PO BOX PLE/  | ASE); APT / SUITE #;    | CITY; STATE;                   | ZIP CODE   |
| ADDRESS                               | 2015 Ward                       | Pknn                    | Fort W                         | orth TV  |
| (Residence or Business)               | 20.0                            | , , ,                   |                                | 76110  |
| 8 CAMPAIGN<br>TREASURER               | AREA CODE PHONE NUM             | /BER                    | EXTENSION                      |  |
| PHONE                                 | F617 564                        | 44                      | 74                             |  |
|                                       |                                 |                         |                                |  |
| 9 REPORT TYPE                         | January 15 3                    | 0th day before election | Runoff                         | 15th day after campaign treasurer appointment        |
|                                       | July 15 81                      | h day before election   | Exceeded \$500 limi            | (Officeholder Only)  Final Report (Attach C/OH - FR) |
|                                       |                                 |                         |                                |  |
| 10 PERIOD<br>COVERED                  | 7/1/                            | Year                    | ROUGH                          | n Day Year   |
|                                       |                                 | / <del>/</del>          | ROUGH                          | 70   |
| 11 ELECTION                           | ELECTION DATE  Month Day Year   | Primary                 | ELECTION TY  Runoff Other      | PE   |
|                                       | Month Day Year 5/6/17           | General                 | Description                    | 1  |
| 12 OFFICE                             | OFFICE HELD (if any)            |                         | 13 OFFICE SOUGHT (if kn        | own)   |
|                                       |                                 |                         | FWISD T                        | Board Place &  |
| -                                     |                                 |                         |                                | er. o rince o  |
| GO TO PAGE 2                          |                                 |                         |                                |  |
| I                                     |                                 |                         |                                |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 14. COH NAME  | J D 1   | 3 rows   | Filer ID (Ethics Commission Filers) |  |
|---|---|--|-------------------------------------|--|
| 16 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |                                     |  |
|   | COMMITTEE TYPE   COMMITTEE NAME   |  |                                     |  |
|   | GENERAL   |  |                                     |  |
|   | SPECIFIC  | COMMITTEE ADDRESS  |                                     |  |
|   |   |  |                                     |  |
| [] A.L  |   | COMMITTEE CAMPAIGN TREASURER NAME  |                                     |  |
| Additional Pages  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                     |  |
|   |   | COMMITTEE CAMITAIGN THE RECTENT ASSAULTS   |                                     |  |
| 17 CONTRIBUTION<br>TOTALS   |   | <br>POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0                                |  |
|   | (2007)  | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 0                                |  |
| EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$   |   | \$ 0   |                                     |  |
|   | 4. TOTAL  | POLITICAL EXPENDITURES   | \$ 1,080.43                         |  |
| CONTRIBUTION<br>BALANCE   |   | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAPORTING PERIOD   | * S                                 |  |
| OUTSTANDING<br>LOAN TOTALS  |   | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>AY OF THE REPORTING PERIOD                              | \$ 💍                                |  |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public  STATE OF TEXAS  My Comm. Exp. 08-24-2018  Signature of Candidate or Officeholder |   |  |                                     |  |
| AFFIX NOTARY STAN   | MP/SEALABOVE  | 5  | 1,                                  |  |
| Sworn to and subscribed before me, by the said <u>Jacson Brown</u> , this the <u>II</u>   |   |  |                                     |  |
| day of <u>January</u> , 20 / 8 , to certify which, witness my hand and seal of office.  |   |  |                                     |  |
| Laua a. Lingg Lana A. Griggs  |   |  |                                     |  |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath  |   |  |                                     |  |

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

| 19  | FILERNAME 20 Filer ID (Ethics  | Commission Filers) |
|-----|--|--------------------|
|     | Jason D Brann  | -4                 |
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
| 1%  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                 |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                 |
| 4.  | SCHEDULE E: LOANS  | \$                 |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$1,080.43         |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |
| 7   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                 |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                 |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O         | н \$               |
| 11, | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |
|     |  |                    |

### **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

| Contributions/Donations Made By<br>Candidate/Officeholder/Politica |  |   |  |  |
|--|--|---|--|--|
| Credit Card Payment  | The Instruction Guide explains how to o                          | complete this form.   |  |  |
| 1 Total pages Schedule F1:   | DASON D Brown  | 3 Filer ID (Ethics Commission Filers)                                   |  |  |
| 4 Date<br>1/10/15  | 5 Payee name<br>Ashlen Paz Cam                                   | paian   |  |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code                           |   |  |  |
| 1,080.43   | 2000 Hurley Ave  | Fort Worth, 7X  |  |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |  |
| PURPOSE<br>OF  | Courte   | Check if Austin, TX, officeholder living expense                        |  |  |
| EXPENDITURE  | CONTRIBUTION   |   |  |  |
| Complete ONLY if direct expenditure to benefit C/OF                | Candidate / Officeholder name                                    | Office sought Office held   |  |  |
| Date   | Payee name   |   |  |  |
|  |  |   |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                             |   |  |  |
|  |  |   |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description   |  |  |
| PURPOSE  |  | Check if travel outside of Texas, Complete Schedule T.                  |  |  |
| OF<br>EXPENDITURE  |  | Check if Austin, TX, officeholder living expense                        |  |  |
| Complete ONLY if direct  | Candidate / Officeholder name                                    | Office sought Office held   |  |  |
| expenditure to benefit C/OF  |  |   |  |  |
| Date   | Payee name   |   |  |  |
|  |  |   |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                             |   |  |  |
|  |  |   |  |  |
|  |  |   |  |  |
| PURPOSE  | Category (See Categories listed at the top of this schedule)     | Description  Check if travel outside of Texas. Complete Schedule T.     |  |  |
| OF   |  | Check if Austin, TX, officeholder living expense                        |  |  |
| EXPENDITURE  |  |   |  |  |
| Complete ONLY if direct  | Candidate / Officeholder name                                    | Office sought Office held   |  |  |
| expenditure to benefit C/OI  | H  |   |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED              |   |  |  |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| The Instruction Guide explains how to complete this form.  ·· Complete only if "Report Type" on page 1 is marked "Final Report" ·· |   |   |  |  |  |
|--|---|---|--|--|--|
| 1_   | C/OH N  | AME   | 2 Filer ID (Ethics Commission Filers)  |  |  |
|  | _   | SON D. Brown  |  |  |  |
| 3  | SIGNA   |   |  |  |  |
|  |   |   |  |  |  |
|  | ing a re  | expect any further political contributions or political expenditures in connection with my port as a final report terminates my campaign treasurer appointment. I also understations or make any campaign expenditures without a campaign treasurer appointment   | nd that I may not accept any campaign  |  |  |
| 4  | FILER   | WHO IS NOT AN OFFICEHOLDER  |  |  |  |
|  | · Com   | plete A & B below <i>only</i> if you are not an officeholder. ••  |  |  |  |
|  | A.  | CAMPAIGN FUNDS  |  |  |  |
|  |   | conty one   |  |  |  |
|  | Check only one:  I do not have unexpended contributions or unexpended interest or income earned from political contributions. |   |  |  |  |
|  |   | The net have unexpended commodule of unexpended interest of income carried in   | om political contributions.  |  |  |
|  |   | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |  |  |  |
|  | B.  | ASSETS  |  |  |  |
|  | Checl   | conly one:  |  |  |  |
|  | $\checkmark$  | I do not retain assets purchased with political contributions or interest or other incor  | ne from political contributions.   |  |  |
|  |   | I do retain assets purchased with political contributions or interest or other income for that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.  | er income from political contributions to cal contributions in accordance with the   |  |  |
|  |   |   | Signature of Candidate   |  |  |
| 5  |   | EHOLDER plete this section only if you are an officeholder  I am aware that I remain subject to filing requirements applicable to an officeholder who   | does not have a campaign treasurer on  |  |  |
|  |   | file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.   | after filing the last required report as an  |  |  |
|  |   |   | Signature of Office bolder   |  |  |
|  |   |   | tions at the orange of Carlot and the orange of the orange |  |  |