# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MICHAEL	МI V	OFFICE USE ONLY	
INCIVIE	NICKNAME VAN	BROWN	SUFFIX	Filed For Record	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	POB 301 NE	ECHES TX 75779	CITY; STATE; ZIP CODE	JAN 1 9 2024	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	By By College By By	
OFFICEHOLDER PHONE	(903)	724-3380	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST MICHAEL	MI V	Receipt #   Amount \$	
NAME	NICKNAME	LAST	SUFFIX	. Date Processed	
	VAN	BROWN	din 4 din 4 7 Nav	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI ECHES TX 75779	SUITE #; CITY;	STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	( 903 )	724-3380	EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)	
		our day before sie	Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 12	Day Year / 7 / 23	THROUGH 12	Day Year / 23	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	E	
	Month Day	Year Primary  24 General	Runoff Other Description	,	
	, ,				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know COMMISSIONE	eR PRECINCT 3	
14 NOTICE FROM POLITICAL 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.				
COMMITTEL(C)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS		4.7	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME MICHAEL VAN BRO		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4,000.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,606.40				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 1,860.98				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00				
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information				
	Signature of Car	ndidate or Officeholder				
	Please complete either option below	<b>!</b>				
		•				
(1) Affidavit						
NOTARY STAMP/SEA	_					
Sworn to and subscribed	before me by this the _	day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
(2) Unsworn Declarati	OR					
• •		02/20/4060				
My name is MICHAEL		75770 LISA				
My address is POB 30						
Executed in ANDERSO	(street) (city) (s  County, State of TEXAS, on the 16 day of JANU/	tate) (zip code) (country) ARY 2924 (year)				
	- // lika	M) w				
	Signature of Candid	ate/Officeholder (Declarant)				

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

### FORM C/OH COVER SHEET PG 3

19 M	FILER NAME ICHAEL VAN BROWN	20 Filer ID (Ethics Com	nmissi	on Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			4,000.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			7,164.30
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2,139.02
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	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			303.08
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME MICHAEL	VAN BROWN			3 Filer ID (Ethics Commission Filers)	
4 Date	MARK OWENS BOBBIE KIM BROOKS			7 Amount of contribution (\$)	
12/15/20	6 Contributor address; City; State; Zip Code 611 3372 PALESTINE TX 75803			4,000.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				l stions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	ATTACH ADDITE	UNAL CUPIES (	or This schedule as N	ACEUEN	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
<sup>2</sup> FILER NAME MICHAEL VAN BROWN			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 12/21	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 7,164.30	I 9 In-kind contribution I description I BILLBOARD I ADVERTISING I de of Texas. Complete Schedule T.	
10 Principal occ SELF EM	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
-	Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
1	MICHAEL VAN BROWN		,		
4 Date	5 Payee name				
12/18/2023	DESIGNER GRAPHICS				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
2,139.02	12404 HWY 155 SOUTH TYLER TX 75703				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	ADVERTISING EXPENSES	POLITICAL SIG	GNS		
EXPENDITURE		İ			
	(C) Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
experientare to beliefit C/Of	MICHAEL VAN BROWN	COMMISIONER I	PREC N/A		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
/anount (#)	rayee address,	Oily,	State, Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	, , , , , , , , , , , , , , , , , , , ,				
OF EXPENDITURE					
EXPENDITORE					
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
·					
Date	Payee name				
A (C)					
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	gar, (and analysis index of the top of this suitable)	2000.194011			
OF EXPENDITURE			1		
EAFEIIDH VRE					
	Check if travel outside of Texas. Complete Schedule T.				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
· · · · · · · · · · · · · · · · · · ·					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office-holder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL VAN BROWN 4 Date 5 Payee name 12/13/2023 PALESTINE DOGWOOD JAMBOREE 6 Amount (\$) 7 Pavee address: PALESTINE - K 75802 Zip Code 100.00 288 POB Reimbursement from political contributions intended R (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **DONATIONS MADE BY BY** ADVERTISING OF CANDIDATE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct MICHAEL VAN BROWL COMMISSIONE N/A expenditure to benefit C/OH Date Payee name 12/07/2023 VISTA PRINT Payee address: Amount (\$) Zip Code 93.08 9250 NORTH RED ROCK ROAD SUITE A RENO. NV 89508 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** POLITICAL BUSINESS CARDS ADVERTISING EXPENSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH MICHAEL VAN BROW COMMISSION N/A Date Payee name 12/14/2023 MAGNETS ON THE CHEAP Payee address; Amount (\$) State; Zip Code 110.00 11525 STONEHOLLOW DR B220 AUSTIN TX 75758 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE POLITICAL SIGNS **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct MICHAEL VAN BROWI expenditure to benefit C/OH COMMISSIONE N/A ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED