

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS SUMMER-MARIE	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX BROWN	Date Received 10.10.2022	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] CIBOLO TX 78108	Date Hand-delivered or Date Postmarked		
<input type="checkbox"/> Change of Address	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS FRANCESCA J	Date Processed	
NICKNAME LAST SUFFIX FRAN ROSS	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 08 / 12 / 2022 THROUGH 10 / 11 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CIBOLO CITY MAYOR	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

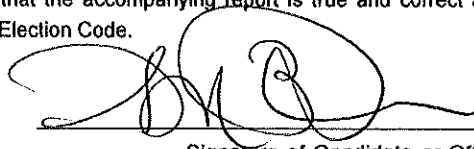
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME MS SUMMER-MARIE BROWN		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1123.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1123.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

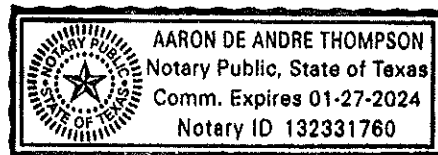
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Summer-Marie Brown this the 10 day of October, 2022, to certify which, witness my hand and seal of office.

[Signature] Aaron D. Thompson Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MS SUMMER-MARIE BROWN		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1123.60
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 227.09
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1123.60
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

LOANS

SCHEDULE E

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 E:
2 FILER NAME MS SUMMER-MARIE BROWN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 9/13/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MS SUMMER-MARIE BROWN	9 Loan Amount (\$) 227.09
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED] CIBOLO TX 78108	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | 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 F1: * 2	2 FILER NAME MS SUMMER-MARIE BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 9/7/2022	5 Payee name AUSTIN SIGN COMPANY	
6 Amount (\$) 205.68	7 Payee address; 9012 RESEARCH BLVD	City; AUSTIN State; TX Zip Code 78758
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL ADVERTISING BANNERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MS SUMMER-MARIE BROWN	Office sought CIBOLO CITY MAYOR
Date 9/1/2022	Payee name SOLDIERS PRINTING INC	
Amount (\$) \$365.89	Payee address; 8812 LOCKWAY	City; SAN ANTONIO State; TX Zip Code 78217
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 9/9/2022	Payee name SOLDIERS PRINTING INC	
Amount (\$) \$125.86	Payee address; 8812 LOCKWAY	City; SAN ANTONIO State; TX Zip Code 78217
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Post Card handouts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME MS SUMMER-MARIE BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 9/9/2022	5 Payee name SOLDIERS PRINTING INC	
6 Amount (\$) \$294.44	7 Payee address; City; State; Zip Code 8812 LOCKWAY SAN ANTONIO TX 78217	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description POLITICAL ADVERTISING BANNERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/10/2022	Payee name BANNERS ON THE CHEAP	
Amount (\$) \$131.73	Payee address; City; State; Zip Code 11525A STONEHOLLOW DR. AUSTIN TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description POLITICAL ADVERTISING BANNERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 4
2 FILER NAME MS SUMMER-MARIE BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONYA JOHNSON-SPRATLEY 6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>	7 Amount of contribution (\$) \$24.25
8 Principal occupation / Job title (See Instructions) UNEMPLOYED		9 Employer (See Instructions)
Date 9/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENDA DORADO Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>	Amount of contribution (\$) \$97.01
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)
Date 9/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON WYNN Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>	Amount of contribution (\$) \$48.50
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)
Date 9/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBBIE WATSON Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>	Amount of contribution (\$) \$24.25
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME MS SUMMER-MARIE BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 9/11/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVIN WILLIAMS 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$48.06
8 Principal occupation / Job title (See Instructions) UNEMPLOYED		9 Employer (See Instructions)
Date 9/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELIC MUNOZ Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$48.50
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)
Date 9/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHADDRICK MONROE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$97.01
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)
Date 9/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BELL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$97.01
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME MS SUMMER-MARIE BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 9/6/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY WILLIAMS	7 Amount of contribution (\$) \$97.01
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) UNEMPLOYED		9 Employer (See Instructions)
Date 9/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIM BROWN	Amount of contribution (\$) \$48.06
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)
Date 9/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANICE HARRISON	Amount of contribution (\$) \$48.50
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)
Date 9/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIESBETH BOWEN	Amount of contribution (\$) \$97.01
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME MS SUMMER-MARIE BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBECCA PENTLAND 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	7 Amount of contribution (\$) \$24.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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