

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

00080051

2 Total pages filed:

14

3 COMMITTEE NAME

REPUBLICAN PARTY OF BRAZOS COUNTY CEC

OFFICE USE ONLY

Date Received

RECEIVED

OCT 09 2024

Texas Ethics Commission

Date Hand-delivered or Date Postmarked
postmarked 10/7/24

Receipt #

Amount \$

Date Processed 10/10/24

Date Imaged

4 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

1640 BRIARCREST DR, STE 122
BRYAN, TX 77802

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR.

MARK

S

NICKNAME

LAST

SUFFIX

BROWNING

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4716 SHOAL CREEK
COLLEGE STATION, TX 77845

7 CAMPAIGN
TREASURER
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

4716 SHOAL CREEK
COLLEGE STATION, TX 77845

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 255-0336

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Final Report

☐

July 15

☐

8th day before election

☐

10th day after campaign treasurer
termination

☐

Runoff

10 PERIOD
COVERED

Month

Day

Year

07/01/2024 THROUGH

Month

Day

Year

09/26/2024

11 ELECTION

ELECTION DATE

Month

Day

Year

11/05/2024

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other

☒

General

☐

Special

Description _____

GO TO PAGE 2

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME

REPUBLICAN PARTY OF BRAZOS COUNTY CEC

13 Filer ID (Ethics Commission Filers)

000 80051

14 COMMITTEE
ACTIVITY

(Attach lists on plain
paper to complete this
report if necessary.)

1. Candidates

(Identify by name or, if
applicable, classify by party.)

A. Supported

B. Opposed

2. Measures

(Describe by date and
location of election and
nature of issue.)

A. Supported

B. Opposed

3. Officeholders
Assisted

(Identify by name or, if
applicable, classify by party.)

15 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

☐

Check here if this report qualifies for the higher itemization threshold

\$ 2,701.00

2. TOTAL POLITICAL CONTRIBUTIONS

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,316.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,166.53

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$ 50,085.91

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

16 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 Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____
day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MARK S. BROWNING, and my date of birth is [REDACTED].

My address is 4716 SHORE CREEK (street), COLL STA (city), TX (state), 77845 (zip code), USA (country).

Executed in BRAZOS County, State of TEXAS, on the 7TH day of OCTOBER, 20 24.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - CEC

FORM CEC
COVER SHEET PG 3

17 COMMITTEE NAME

REPUBLICAN PARTY OF BRAZOS COUNTY CEC

18 Filer ID (Ethics Commission Filers)

00080051

19 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 315.10
2.	<input checked="" type="checkbox"/>	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,300.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,166.53
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 I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
10.	<input type="checkbox"/>	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:

sch: 1/3 Rpt: 4/4

2 FILER NAME

REPUBLICAN PARTY OF BRAZOS COUNTY CEC

3 Filer ID (Ethics Commission Filers)

0080051

4 Date

07/13/2024

5 Full name of contributor

☐ out-of-state PAC (ID#:

BRIDGET JOHNSON

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City;

State;

Zip Code

[REDACTED]

BRAZOS TX 77802

8 Principal occupation / Job title (See Instructions)

DIRECTOR

9 Employer (See Instructions)

SELF

Date

07/15/2024

Full name of contributor

☐ out-of-state PAC (ID#:

JERRI WARD

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

COLLE STA TX 77845

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

GALLO WARD PC

Date

07/16/2024

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID HIGDON

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

COLLE STA TX 77845

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

07/28/2024

Full name of contributor

☐ out-of-state PAC (ID#:

PASCHAL GAGLIARDO

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

COLLE STA TX
77845

Principal occupation / Job title (See Instructions)

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

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:

Sch: 2/3 Rpt: 5/4

2 FILER NAME

REPUBLICAN PARTY OF BRAZOS COUNTY CEC

3 Filer ID (Ethics Commission Filers)

0080951

4 Date

02/13/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

BRIDGET JOHNSON

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City;

State;

Zip Code

BRYAN TX 77802

8 Principal occupation / Job title (See Instructions)

DIRECTOR

9 Employer (See Instructions)

SELF

Date

02/15/24

Full name of contributor

☐ out-of-state PAC (ID#:

JERRI WARD

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

COLL STA TX 77845

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

GALL WARD PC

Date

02/16/24

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID HIGDON

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

COLL STA TX 77845

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

02/13/24

Full name of contributor

☐ out-of-state PAC (ID#:

BRIDGET JOHNSON

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

BRYAN TX 77802

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

SELF

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

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:

sch: 3/3 Rpt: 6/14

2 FILER NAME

REPUBLICAN PARTY OF BRAZOS COUNTY CEC

3 Filer ID (Ethics Commission Filers)

0080051

4 Date

09/15/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

JERRI WARD

7 Amount of contribution (\$)

\$125.00

6 Contributor address;

City;

State;

Zip Code

Con STA TX 77845

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

GALLO WARD PC

Date

09/16/24

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID HIGDON

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

Con STA TX 77845

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

09/19/24

Full name of contributor

☐ out-of-state PAC (ID#:

MARY STASIPWSKI

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

Con STA TX 77845

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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

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: sch: 1/3 Rpt: 7/14	
2 FILER NAME REPUBLICAN PARTY OF BRAZOS COUNTY CEC		3 Filer ID (Ethics Commission Filers) DDA 80051	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/15/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. DON ADAM	8 Amount of Contribution \$ \$2,100.00	9 In-kind contribution description GOP HQ RENT
7 Contributor address; City; State; Zip Code [REDACTED] BRYAN TX 77802		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CEO		11 Employer (FOR NON-JUDICIAL)(See Instructions) AMERICAN MOMENTUM BANK	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(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 <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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.

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>sch 2/3 Rpt: 2/14</u>	
2 FILER NAME <u>REPUBLICAN PARTY OF BRAZOS COUNTY CEC</u>		3 Filer ID (Ethics Commission Filers) <u>000 800 51</u>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$			
5 Date <u>08/15/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MR. DON ADAM</u>	8 Amount of Contribution \$ <u>\$2,100.00</u>	9 In-kind contribution description <u>GOP HQ</u> <u>PENT</u>
7 Contributor address: City; State; Zip Code <div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div> <u>BRyan TX 77802</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>CEO</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>AMERICAN MOMENTUM BANK</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(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 <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City; State; Zip Code	Amount of Contribution \$ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
Principal occupation / 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.

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch 313 Rpt. 9/14	
2 FILER NAME REPUBLICAN PARTY OF BRAZOS COUNTY		3 Filer ID (Ethics Commission Filers) 00080051	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/15/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. DON ADAM	8 Amount of Contribution \$ \$2,100.00	9 In-kind contribution description GOP HQ RENT
7 Contributor address: City; State; Zip Code <div style="background-color: black; width: 200px; height: 30px; display: inline-block;"></div> BRYAN TX 77802		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CEO		11 Employer (FOR NON-JUDICIAL)(See Instructions) AMERICAN MOMENTUM BANK	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(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 <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address: City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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
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: 54: 1/5 Ppt: 10/14	2 FILER NAME REPUBLICAN PARTY BRAZOS COUNTY	3 Filer ID (Ethics Commission Filers) 00080051
4 Date 07/30/2024	5 Payee name BEST WESTERN	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 1920 AUSTIN COLONY PKWY BAYAN TX 77804	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description GET OUT THE VOTE TRAINING DEPOSIT
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/01/2024	Payee name NEWMAN PRINTING	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 1300 E. 29TH BAYAN TX 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description TRUMP 2024 SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/29/2024	Payee name ZAZZLE INC	
Amount (\$) \$258.78	Payee address; City; State; Zip Code 1200 CHESTNUT SAN MENLO PARK CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PRECINCT CHAIRMAN NAME BADGES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 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
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: sch: 215 REP: 4/4		2 FILER NAME REPUBLICAN PARTY BRAZOS COUNTY		3 Filer ID (Ethics Commission Filers) 0089051	
4 Date 03/16/2024		5 Payee name BCS CHAMBER OF COMMERCE			
6 Amount (\$) \$325.00		7 Payee address; 1733 BRIARCREST, STE 200		City; BRYAN	State; TX
				Zip Code 77892	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description ANNUAL CHAMBER OF COMMERCE DUES		
	<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					
Date 03/16/2024		Payee name BCS CHAMBER OF COMMERCE			
Amount (\$) \$1350.00		Payee address; 1733 BRIARCREST, STE. 200		City; BRYAN	State; TX
				Zip Code 77892	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description ECONOMIC OUTLOOK LUNCHEON		
	<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					
Date 03/20/2024		Payee name TROY JACKSON			
Amount (\$) \$300.00		Payee address; 2000 FORUM PKWY		City; BEDFORD	State; TX
				Zip Code 76021	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description PRECINCT CHAIR TRAINING		
	<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 	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
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: sch: 3/5 pgs 1-4	2 FILER NAME REPUBLICAN PARTY BRAZOS COUNTY	3 Filer ID (Ethics Commission Filers) 0080051
4 Date 08/28/2024	5 Payee name NEWMAN PRINTING	
6 Amount (\$) \$399.99	7 Payee address; 1300 E. 29TH	City; State; Zip Code BRYAN TX 77802
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description GET OUT THE VOTE SIGNS
	(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 09/05/2024	Payee name THE BRAZOS CENTER	
Amount (\$) \$250.00	Payee address; 3232 BRIARCREST DR.	City; State; Zip Code BRYAN TX 77802
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description POLITICAL RALLY DEPOSIT
	<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 09/05/2024	Payee name THE BRAZOS CENTER	
Amount (\$) \$500.00	Payee address; 3232 BRIARCREST	City; State; Zip Code BRYAN TX 77802
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description POLITICAL RALLY
	<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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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
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: 5 (1: 4/5 Rpt: 1/1)		2 FILER NAME REPUBLICAN PARTY BRAZOS COUNTY		3 Filer ID (Ethics Commission Filers) 0080051			
4 Date 09/03/2024		5 Payee name AMAZON.COM					
6 Amount (\$) \$86.55		7 Payee address; City; State; Zip Code 172 TRADE ST LEXINGTON KY 40511					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE EQUIPMENT		(b) Description NEW OFFICE PHONE				
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
Date 08/10/2024		Payee name GILBERT DOMINQUEZ					
Amount (\$) \$200.00		Payee address; City; State; Zip Code 704 S. HUTCHINS ST. BRYAN TX 77803					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description FIESTAS PATRIAS PARADE				
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
Date 09/05/2024		Payee name BEST WESTERN					
Amount (\$) \$441.21		Payee address; City; State; Zip Code 1920 AUSTIN COLONY PKWY BRYAN TX 77802					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description MEETING ROOM AND COFFEE FOR TRAINING				
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
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 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
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: Sch: 5/5		2 FILER NAME REPUBLICAN PARTY BRAZOS COUNTY		3 Filer ID (Ethics Commission Filers) 0080051	
4 Date 04/06/2024		5 Payee name TROY JACKSON			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code 5012 LEDGESTONE DR FT. WORTH TX 76132			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description GET OUT THE VOTE TRAINING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 09/24/2024		Payee name US POSTAL SERVICE			
Amount (\$) \$95.00		Payee address; City; State; Zip Code 2121 E. WILLIAM J. BRYAN BRYAN TX 77801			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description POST OFFICE BOX RENTAL		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
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 ONLY if direct expenditure to benefit C/OH					
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 ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a campaign treasurer of a political committee that has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>REPUBLICAN PARTY BRAZOS CNTY</u>	Filer ID # <u>DD 80051</u>
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OFFICE USE ONLY

Date Received

RECEIVED

OCT 09 2024

Texas Ethics Commission

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

- I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I am filing this affidavit with the 30TH DAY report due on 10-7-2024. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

[Signature]

Signature of Campaign Treasurer

NOTARY STAMP / SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MARK S. BROWNING, and my date of birth is [REDACTED].
My address is 4716 SHORE CREEK (street), COLLE STA (city), TX (state), 77845 (zip code), USA (country).
Executed in BRAZOS County, State of TEXAS, on the THIR day of OCTOBER, 20 24.
(month) (year)

[Signature]
Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

POSTNET
4716 SHOL
COLLEGE STATION, TX 77845

Blount
4716 SHOL
COLLEGE STATION, TX 77845

RECEIVED
OCT 09 2024
Texas Ethics Commission

Retail



78711

U.S. POSTAGE PAID
FCM LG ENV
COLLEGE STATION
TX 77840
OCT 07, 2024
\$2.04
S2324P506929-54

RDC 99

Texas Ethics Commission
PO Box 12070
Austin, Tx 78711-2070