



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

**15 C/OH NAME**  
Hobert Gunny Brown

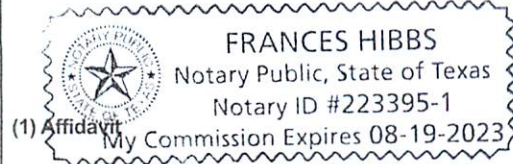
**16 Filer ID** (Ethics Commission Filers)

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,411.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,898.53
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 793.58
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

**Please complete either option below:**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Hobert Brown this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

Frances Hibbs Frances Hibbs City Secretary  
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)

# 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 <b>Robert "Gunny" Brown</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/23/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jon Dettner</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>Box 161 Amarillo Tx 79105</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>1/29/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sergio Bribiesca</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>5107 Navajo Tr. Ama. Tx 79110</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Cook</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>8012 Kess Pl. Ama. Tx 79121</b>		
Principal occupation / Job title (See Instructions) <b>Management / Conductor</b>		Employer (See Instructions) <b>BNSF Railroad</b>
Date <b>2/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sam Cunningham</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>6200 Willow Oak Pl. Ama, Tx 79124</b>		
Principal occupation / Job title (See Instructions) <b>MD</b>		Employer (See Instructions) <b>Private Practice</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**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 <b>Robert Cunny Brown</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/6/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Bergstresser</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>
6 Contributor address; City; State; Zip Code <b>5111 Shawnee Tr Ama Tx 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2/6/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Watson</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>1531 Jordan St. Ama Tx 79106</b>		
Principal occupation / Job title (See Instructions) <b>Supervisor</b>		Employer (See Instructions) <b>Dept of Veteran Affairs</b>

Date <b>2/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roosevelt + Betty Jackson</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>West Cayman Dr. Ama Tx 79124</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

Date <b>2/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rick Casler</b>	Amount of contribution (\$) <b>\$ 20.00</b>
Contributor address; City; State; Zip Code <b>6826 Glen oak Ln. Ama. Tx 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>City of Amarillo.</b>

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**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:
2 FILER NAME <b>Robert "Gunny" Brown</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/15/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leon + Sue Church</b>	7 Amount of contribution (\$) <b>\$ 200.00</b>
6 Contributor address; City; State; Zip Code <b>6903 Cayman Ct. Amarillo, Tx 79129</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>1/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Crocodile hike</b>	Amount of contribution (\$) <b>\$ 120.00</b>
Contributor address; City; State; Zip Code <b>2719 SW 6th Ave Amarillo, Tx 79106</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions)
Date <b>1/21/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fred + Melinda Boyd</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>1302 W. Wilson Fresno Ca 93728</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>1/18/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Johnson</b>	Amount of contribution (\$) <b>\$ 121.00</b>
Contributor address; City; State; Zip Code <b>6902 Cayman Ct. Amarillo, Tx 79121</b>		
Principal occupation / Job title (See Instructions) <b>Student</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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:
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2 FILER NAME <i>Robert Gunning Brown</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/10/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cary Griffin</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>6906 Cayman Ct Amar. Tx 79121</i>		

8 Principal occupation / Job title (See Instructions) <i>Retired.</i>	9 Employer (See Instructions)
--------------------------------------------------------------------------	-------------------------------

Date <i>2/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rush + Debbie Roush</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>6901 Cayman Ct. Amarillo Tx 79121</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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:	
2 FILER NAME <b>Hobert Gunny Brown</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  01/12/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Warren</b> ..... 7 Contributor address; City; State; Zip Code <b>P.O Box 295 Amarillo, Texas 79105</b>	8 Amount of Contribution \$  1,000.00	9 In-kind contribution description  <b>Advertisement &amp; Consultant</b>  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Student/Journalist</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>West Texas A&amp;M</b>	
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 \$	In-kind contribution description
			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 B**

**PLEGGED CONTRIBUTIONS**

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

<p>1 The instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule B:</p>	
<p>2 FILER NAME</p>			
<p>3 Filer ID (Ethics Commission Filers)</p>			
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>		<p>\$</p>	
<p>5 Date</p>	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>7 Pledgor address: City: _____ State: _____ Zip Code _____</p>	<p>8 Amount of Pledge \$</p>
<p>9 In-kind contribution description</p>	<p>Check if travel outside of Texas. Complete Schedule T.</p>		
<p>10 Principal occupation / Job title (See Instructions)</p>		<p>11 Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Pledgor address: City: _____ State: _____ Zip Code _____</p>	<p>Amount of Pledge \$</p>
<p>10 In-kind contribution description</p>	<p>Check if travel outside of Texas. Complete Schedule T.</p>		
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Pledgor address: City: _____ State: _____ Zip Code _____</p>	<p>Amount of Pledge \$</p>
<p>10 In-kind contribution description</p>	<p>Check if travel outside of Texas. Complete Schedule T.</p>		
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>			
<p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Hobert Gunny Brown	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2021	<b>5</b> Payee name Super Cheap Sign	
<b>6</b> Amount (\$) <b>90.44</b>	<b>7</b> Payee address: City; State; Zip Code 9200 WaterfordCenter Blvd Suite 1000 Austin Texas 78758	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Political Adv. Sign Stakes Order # 186477
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Hobert Gunny Brown	Office sought City Council Pl. 1
Date	Payee name Whitney Russell Printing	
Amount (\$) <b>753.68</b>	Payee address; City; State; Zip Code Box 664 Amarillo Texas 79105	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Poltical 4X8 signs x 3 4x4 door hangers x 1000
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Hobert Gunny Brown	Office sought City Council Pl. 1
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial institution?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> none		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME Hobert Gunny Brown	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 03/31/2021	<b>6</b> Payee name Amarillo Pioneerer
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<b>7</b> Amount (\$) 125.00	<b>8</b> Payee address; P.O Box 295 Amarillo, Texas 79105	City:	State:	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Adv. Expense	<b>(b)</b> Description Political Ad
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX. officeholder living expense</span>	

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Hobert Gunny Brown	Office sought City Council Pl. 1	Office held
---------------------------------------------------------------	-----------------------------------------------------	-------------------------------------	-------------

Date 12/18/2020	Payee name Hobert Gunny Brown
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Amount (\$) 200.00	Payee address; 1159 Sugarloaf Dr. Amarillo Texas 79111	City:	State:	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Web page design
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX. officeholder living expense</span>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Hobert Gunny Brown	Office sought City Council Pl. 1	Office held
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<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>
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**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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

<p>The Instruction Guide explains how to complete this form.</p>	<p>1 Total pages Schedule F3:</p>
<p>2 FILER NAME</p>	<p>3 Filer ID (Ethics Commission Filers)</p>

<p>4 Date</p>	<p>5 Name of person from whom investment is purchased</p>
	<p>NA</p>
	<p>6 Address of person from whom investment is purchased; City; State; Zip Code</p>
	<p>7 Description of investment</p>
	<p>8 Amount of investment (\$)</p>

<p>Date</p>	<p>Name of person from whom investment is purchased</p>
	<p>Address of person from whom investment is purchased; City; State; Zip Code</p>
	<p>Description of investment</p>
	<p>Amount of investment (\$)</p>

<p> </p>
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**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	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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <b>Hobert Gunny Brown</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/19/2021</b>	<b>5</b> Payee name <b>Super Cheap Signs</b>	
<b>6</b> Amount (\$) <b>351.57</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Campaign Signs x 50 18x 24 Order # 184730</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hobert Gunny Brown</b>	Office sought <b>City Council Pl. 1</b>
<b>10</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hobert Gunny Brown</b>	Office held <b>City Council Pl. 1</b>
Date <b>01/26/2021</b>	Payee name <b>Super Cheap Signs</b>	
Amount (\$) <b>433.37</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>9200 Waterford Center Blvd Suite 100 Austin Texas 78758</b>	
<b>11</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Signs x 100 Order # 184926</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>12</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hobert Gunny Brown</b>	Office sought <b>City Council Pl. 1</b>
<b>13</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hobert Gunny Brown</b>	Office held <b>City Council Pl. 1</b>
Date <b>01/27/2021</b>	Payee name <b>Super Cheap Signs</b>	
Amount (\$) <b>994.47</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>9200 Waterford Center Blvd Suite 100 Austin Texas 78758</b>	
<b>14</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>Camapaign Signs Order 184951</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>15</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hobert Gunny Brown</b>	Office sought <b>City Council Pl. 1</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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  
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.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address;	City: State: Zip Code
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense	
<b>11</b> 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
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.                      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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		