		CEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST Hobert	ML	OFFICE USE ONLY
NAME	NICKNAME		L	Date Received
	Gunny	Brown	SUFFIX Jr	DECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 6902 Cayma	an Ct Amarillo, Texa	DITY: STATE: ZIP CODE as 79124	APR 01 2021
Change of Address				CITY SECRETARY'S
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER	EXTENSION	Date HCITY OF AMARILLO
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$
NAME		Jocelyn		Date Processed
	NICKNAME	Brown	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	and the second	(NO PO BOX PLEASE): APT / SL an Ct Amarillo Texa		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(000)	000-0100	-	
9 REPORT TYPE	January 15	30th day before el	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 12	Day Year / 18 / 20	Month THROUGH 4	Day Year 1 21
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	1
	Month Day	Year Primary	Runoff Other Description	
	5 / 1 ,	21 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know City Council Pla	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
enderstering and an	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

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)				
17 CONTRIBUTION TOTALS	 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				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,898.53				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 793.58				
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	F THE	\$ 0.00				
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and co	rrect and includes all information				
Teq	uired to be reported by me under Title 15, Election Code.	indidate	er Officeholder				
		-					
Please complete either option below: FRANCES HIBBS Notary Public, State of Texas Notary ID #223395-1 (1) Affidavit My Commission Expires 08-19-2023							
NOTARY STAMP/SEAL	11-th and River 1	1	day of Arth.				
Sworn to and subscribed			day or the				
Aences	which, witnessimy hand and seal of office.	CH	J Secretar				
Signature of officer administe			Title of officer administering oath				
(2) Unsworn Declaratio	OR ON						
My name is	, and my date of birth is						
		·					
Executed in	(street) (city) (s County, State of, on theday of(month		(zip code) (country)				
			(year) ceholder (Declarant)				

	sted information is not applicable, DO NOT inclu		
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	"Gunny" Brown		3 Filer ID (Ethics Commission Filers)
4 Date		#:)	7 Amount of contribution (\$)
1/23/21	6 Contributor address; City: 5 Box 161 Amaxillo 7/2 upation / Job title (See Instructions) 9	State; Zip Code	
B Principal occ Retis		Employer (See Instruct	ions)
Date		#:)	Amount of contribution (\$)
1/29/20	Sergio Bribiesca Contributor address; City;		\$ 100,000
Principal occu	5107 Navajo Tr. Ama. pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		!:)	Amount of contribution (\$)
2/1/21		state; Zip Code	\$ 100,00
Principal occu	SO12 Kesk Pl. Amar. T	Employer (See Instruct	ions)
	agement/Conductor F		
Date	Full name of contributor		Amount of contribution (\$)
2/1/21	Sam Cunningham Contributor address; City: S 6200 Willow Cat Pl. Ama,	State; Zip Code Tr 19124	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	

MONETARY POLI	FICAL CONTRIB	UTIONS	SCHEDULE A1
If the requested information is	s not applicable, DO NOT i	nclude this page in the	report.
The Instruction Guide	explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Hobert C-un	y Brow-		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of co 2/6/21 6 Contributor add	ntitudetor 🛛 out-of-state P/ Becsst.r.e.s.s.e.y Iress: City; 	_	
Date Full name of co 2/le/21 Contributor add	lessites	C (ID#:) State; Zip Code	Amount of contribution $(\$)$
	Jan St. Ama Instructions)	Tx 19106 Employer (See Instruct Dept of	ions)
Date Full name of con P/8/21 Contributor add hast Cay	ntributor 🗆 out-of-state PA LA + Betty ress: City: man Dr. Ama	Sackson State: Zip Code	Amount of contribution $($)$
Principal occupation / Job title (See	Instructions)	Employer (See Instruct	ions)
Date Full name of con Full name of con Pick (Contributor add Contributor add	ress; City;	C (ID#:) State; Zip Code Amc: . T > . 79.10	Amount of contribution (\$) 420,00
Principal occupation / Job title (See		Employer (See Instruction	ons) Amaxillo
	TACH ADDITIONAL COPIES t-of-state PAC, please see Instr		

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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	Instantian Quide employee have to example to the form	1 Total pages Schedule A1:
ine	Instruction Guide explains how to complete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Hober	"Gunny" Brown	
4 Date	5 Full name of conthidutor aut-of-state PAC (ID#:)	7 Amount of contribution (\$)
	hear + Sue Church	
Y15121	6 Contributor address; City; State; Zip Code	\$ 200.04
	12 Lego3 Carman Ct. Amarillo, Te 1912 pation / Job title (See Fastructions) 9 Employer (See Instruc	4
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Vertice	6	
Date	Full name of contributor	Amount of contribution (\$)
1442	Contributor address; City; State; Zip Code	
415/21		# 120°°°
	2719 Swi Let Ave Amaxilla Ja 49106	. 120
· · ·	bation / Job title (See Instructions) Employer (See Instruct	tions)
Self	Employed	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)
	Fred + Melinda Boud	
Y12121	Fred + Melinda Boyd Contributor address; City; State: Zip Code	\$ 100.00
	1302 M. Wilson Fresno Ca 23728	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	tions)
Retie	. 4	
Date	Full name of contributor	Amount of contribution (\$)
	Michael Johson	d/ 10 00
1/18/21	Contributor address; City; State; Zip Code	# 121'00
	6902 Cayman Ct. Amaxillo, Tre	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Stud	lent	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	
	······································	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	ested information is not applicable, DO NOT include this page in the	report.
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	bert Cunny Brown	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2(5 Full name of contributor □ out-of-state PAC (iD#:) □ □ G-asy □ Get Ffin □ □ □	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 2/10/21	Full name of contributor [] out-of-state PAC (ID#:) Pust + Debbie Poush Controlator address; City; State; Zip Code 6901 Caynan CI, Amaxillo Jo 1912	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor Out-of-state PAC (ID#:) Out-of-state PAC (ID#:) Contributor address; Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
	······································	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional re	

	MONETARY (IN-KIND) POLITIC RIBUTIONS	AL		SCHEDULE A2		
If the requ	uested information is not applicable, DO NOT includ	le this page	e in the report.			
Т	The Instruction Guide explains how to complete this for	m.	1 Total pages Schee	dule A2:		
² FILER NAM	[⊿] ⊑ Gunny Brown		3 Filer ID (Ethics C	ommission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	· · · · · · · · · · · · · · · · · · ·		
5 Date	6 Full name of contributorout-of-state PAC (ID#: Thomas Warren	8 Amount of Contribution \$	9 In-kind contribution description			
01/12/2021			1,000.00	Advertisement & Consultant		
		5	Check if travel outs	ide of Texas. Complete Schedule T		
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions) /Journalist	er (FOR NON-JUDICI	AL)(See Instructions)			
			utor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of Contribution \$	 In-kind contribution description		
	Contributor address; City; State;	Zip Code				
Principal occ	Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICI	de of Texas. Complete Schedule T. AL)(See Instructions)		
Contributors	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED			
I	If contributor is out-of-state PAC, please see Instruction	on guide for	additional reporting	requirements.		

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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.						
	(รมดกอนแรนเ	Employer (See	ctions)	untent 992) ettit dol. \ noitag	Principal occu	
I ide of Texas. Complete Schedule T.						
		əbo⊃ qiZ ∷e	City: State	Pledgor address;		
In-kind contribution description	Amount of Pledge \$	(Full name of pledgor	əteQ	
	(snoitouten)	Employer (See	ctions)	untant se2) ettit doL \ noitaq	Principal occu	
de of Texas. Complete Schedule T.	Check if travel outsi					
		eboO qiZ ;efe	City; St	Pledgor address;		
In-kind contribution description	f îo înuomA \$ egbei9			Full name of pledgor	əleO	
	(suoitoutsu)	Emptoyer (See	(snoi):	ountani eeC) eltit doL \ noite	Principal occup	
te of Texas. Complete Schedule T.	 Check if travel outsid				•	
	 	eboD qiZ ;eis	Cily: Su	Pledgor address;		
In-kind contribution description	tnuomA \$ 9gb9l9 to 			Full name of pledgor	Bate	
	nstructions)	11 Employer (See I	(suoita	untenl eeC) eltit doL \ noited	10 Principal occu	
te of Texas. Complete Schedule T.	I Check if travel outsid					
] 1 1	eboO qiZ ;eh	City; Sta	7 Pledgor address:		
9 In-kind contribution description	finuomA 8 \$ 96b919 to	(e Euli name of pledgor	5 Date	
	\$		SES	UNITEMIZED PLED	4 TOTAL OF	
	3 Filer ID (Ethics Co				2 FILER NAME	
	7 Total pages Schedu	form.	sint et anglete this	inisiqxə əbiuð noitourtent		
		u afied sup anno		te ton si noitermotni bet	sanbai ain ii	
еснериге в	trongs off n	i onen sidt akult				
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is n	ot applicable,	DO NOT	include this	page in t	ne report.

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp				Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment		The Instruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F1:		AME Gunny Brown			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame				
03/17/2021	Super C	heap Sign				
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
90.44	9200 W	aterfordCenter Blvd S	Suite 100	0 Austin Texas	5 78758	
8	(a) Catego	ry (See Categories listed at the top of th	us schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Political Adv.	Sign Stakes	Order # 186477
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense
9 Complete ONLY if direct	Candie	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	Hober	t Gunny Brown		City Council Pl.	1	
Date	Payee n	ame				
	Whitney	Russell Printing				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
753.68	Box 664	Amarillo Texas 791	05			
	Categor	y (See Categories listed at the top of thi	is schedule)	Description		
PURPOSE	Advert	ising		Poltical 4X8 sign		
OF EXPENDITURE				4x4 door hangei	5 X 1000	
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense
	Candi	date / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ert Gunny Brown		Citty Council	PI. 1	
Date	Payeer	name				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
	Catego	y (See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF		· · · ·				
EXPENDITURE		Check if travel outside of Texas. Complet	le Schedule T.	Check if Aus	tin, TX, officeholder liv	ing expense
	Candi	date / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O						
	A	TTACH ADDITIONAL COPIL	ES OF THIS	S SCHEDULE AS NE	EDED	

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LOANS			SCHEDULE E
If the requester	ed information is not applicable, DO NO)T include this page in the re	port.
The	e Instruction Guide explains how to comp	stete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal fund account (See Instruct	nds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City:	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	1
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
			Maturity date
Principal occupation	ion / Job title (See Instructions)	Employer (See Instructions)	L
Description of Colla	ateral	Check if personal func account (See Instructi	ds were deposited into political lions)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		Employed (Dec. Instructions)	
Principal Occupation	on (See instructions)	Employer (See Instructions)	
Principal Occupation	ion (See Instructions)	Employer (See Instructions)	

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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 Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		Event Exponse Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1. Table 1. 50	0 54 50	The Instruction Guide expl		omplete this form.	T	
1 Total pages Schedule F2:	2 FILER	Gunny Brown			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	AIZED UN	PAID INCURRED OBI	IGATION	s	\$	
5 Date	6 Payee r	name			•	
03/31/2021	Amarillo	Pioneeer				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
125.00	P.O Box 295 Amarillo, Texas 79105					
⁹ TYPE OF EXPENDITURE	F	Political	 Non-Po	litical		
10	(a) Categor	y (See Categories listed at the top of t	his schedule)	(b) Description		
PURPOSE	Adv. Ex	pense		Political Ad		
OF EXPENDITURE						
	(c)	Charles de la companya de la				
	(0)	Check if travel outside of Texas. Complet	e schedule 1.	Check if Aus	stin, TX, officeholder living ex	cpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		didate / Officeholder name	0	ffice sought	Office hel	d
		unny Brown City Council F	Pl. 1			
Date	Payee r	name				
12/18/2020	Hobert G	Sunny Brown				
Amount (\$)	Payee a			City;	State;	Zip Code
200.00	1159 Su	garloaf Dr. Amarillo	o Texas 7	9111		
TYPE OF EXPENDITURE	P	'olitical	Non-Po	litical		
	Categor	Y (See Categories listed at the top of t	his schedule)	Description		
PURPOSE	Advertis	ina		Web page de	esian	
OF				filles page at	Joight	
EXPENDITURE		Check the statistic of Truce Council				
Complete ONLY if direct	Canr	Check if travel outside of Texas. Comple		Check if Au ffice sought	ostin, TX, officeholder living of Office held	
expenditure to benefit C/OF	ł			-		-
	Hober	t Gunny Brown	С	itty Council F	기. 1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:				
2 FILER NAME		3	Filer ID	(Ethics	Commis	sion Filers)	
4 Date	5 Name of person from whom investment is purchased NA						
	6 Address of person from whom investment is purchased; Cit	ty;			State;	Zip Cod	e
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; Cit	ty;			State;	Zip Cod	ie
	Description of investment						
	Amount of investment (\$)						
	1						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	EAS	S NEE	DED			

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 E Candidate/Officeholder/Politic Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	² FILER NAME Hobert Gunny Brown		3 Filer ID (Ethics Commission Filers)			
⁴ _{Date} 01/19/2021	5 Payee name Super Cheap Signs					
6 Amount (\$) 351.57 ✓ Reimbursement from intended	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Campaign Signs x 50 18x 24 Order # 184730 					
LA LAUTORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Hobert Gunny Brown City Council Pl. 1						
Date 01/26/2021	Payee name Super Cheap Signs					
Amount (\$) 433.37 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9200 Waterford Center Blvd Suite 100 Austin Texas 78758					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Advertising Expense Description Campaign Signs x 100 Order # 184926					
LAFENDITURE	Check if travel outside of Texas. Complete Schedulo T. Check if Austin, TX, officeholder living expense					
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Hobert Gunny Brown City Council PI. 1						
Date 01/27/2021	Payee name Super Cheap Signs					
Amount (\$) 994.47 Reimbursement from ✓ political contributions intended	Payee address: City: State: Zip Code 9200 Waterford Center Blvd Suite 100 Austin Texas 78758					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Signs Order 184951			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi Office sought	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held					
	ATTACH ADDITIONAL COPIES OF THIS					

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Revised 8/17/2020

EXPENDITU							EDULE F4
If the requested infor	mation is n	ot applicable, I	DO NOT inc	clude this	s page in the rep	port.	
		EXPENDIT	URE CATE	GORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	By al Committee			Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER		n Guide explai	ns how to c	omplete this form.	3 Filer ID (Ethics	
· -							Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories liste	ed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside o	of Texas. Complete §	Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officehol	der name	Of	fice sought	Office h	eld
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	F	Political		- Non-Pol	itical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories liste	ed at the top of this	schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				g expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Cano	lidate / Officeholo	der name	Ofi	fice sought	Office h	eld
	ATTAC	H ADDITIONAL	COPIES OI	F THIS SC	HEDULE AS NEI	EDED	