

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: **15**

OFFICE USE ONLY

Date Received

RECEIVED

APR 23 2021 *JA*

**CITY SECRETARY'S
CITY OF AMARILLO**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr Hobert L
NICKNAME LAST SUFFIX
Gunny Brown Jr

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6902 Cayman Court Amarillo, Texas 79124

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(806) 231-9138

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs Jocelyn E
NICKNAME LAST SUFFIX
Brown

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6902 Cayman Court Amarillo, Texas 79124

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(806) 680-5158

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
4 / 1 / 21 THROUGH 4 / 23 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 1 / 21 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Place

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.

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

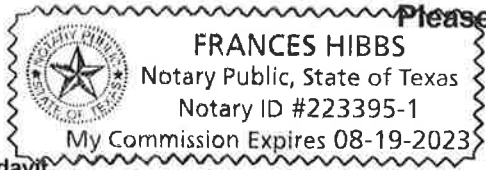
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME HOBERT GUNNY BROWN		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 3,288.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,263.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,312.60
OUTSTANDING LOAN TOTALS	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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by HOBERT BROWN this the 23 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 HOBERT GUNNY BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2021	5 Full name of contributor out-of-state PAC (ID#: _____) ROSE GILL 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#: _____) LEN WALKER Contributor address; City; State; Zip Code 3401 SW 6 AVE AMARILLO, TX 79106	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#: _____) ETHAN LONG Contributor address; City; State; Zip Code 7412 IMPERIAL DR. AMARILLO, TEXAS 79121	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#: _____) JESSE PFRIMMER Contributor address; City; State; Zip Code 7412 IMPERIAL DR. AMARILLO 79121	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		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:
2 FILER NAME Hobert Gunny Brown		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2021	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID & CHERIE CHECHOURKA 6 Contributor address; City; State; Zip Code 11701 FM 1061 AMARILLO TX 79124	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Federal Government
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) RYAN SCHWITZER Contributor address; City; State; Zip Code 18551 OAK SPRING TRAIL AMARILLO, TX 79119	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) MANAGE MENT		Employer (See Instructions) FEDERAL GOVERNMENT
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) LEON & SUE CHURCH Contributor address; City; State; Zip Code 6903 CAYMAN COURT AMARILLO, TX 79124	Amount of contribution (\$) 85.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/16/2001	Full name of contributor out-of-state PAC (ID#: _____) TOM & LU ANN WELDON Contributor address; City; State; Zip Code 1800 WEST CHERRY AVENUE AMARILLO, TEXAS 79108	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		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:
2 FILER NAME HOBERT GUNNY BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2021	5 Full name of contributor out-of-state PAC (ID#: _____) RICHARD & BARBARA COURTE 6 Contributor address; City; State; Zip Code 6709 EMERALD CT	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) DEBBIE ROUSH Contributor address; City; State; Zip Code 6901 CAYMAN CT AMARILLO, TEXAS 79124	Amount of contribution (\$) 160.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) GARY GRIFFITH Contributor address; City; State; Zip Code 6906 CAYMAN CT. AMARILLO TX 79124	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) HUGH SESSION Contributor address; City; State; Zip Code 2313 NORTH BONHAM ST. AMARILLO TX 79107	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) RETIRED		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:
2 FILER NAME HOBERT GUNNY BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2021	5 Full name of contributor out-of-state PAC (ID#: _____) EMMETT ESTHER	7 Amount of contribution (\$) 325.00
	6 Contributor address; City; State; Zip Code 2710 PEACH TREE AMARILLO TEXAS 79109	
8 Principal occupation / Job title (See Instructions) MANAGER		9 Employer (See Instructions) FEDERAL GOVERNMENT
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) SERGIO BRIBIESCA	Amount of contribution (\$) 125.00
	Contributor address; City; State; Zip Code 5107 NAVAJO TRL AMARILLO TEXAS 79110	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) JESSICA CORTEZ	Amount of contribution (\$) 115.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) ERIN HOWARD	Amount of contribution (\$) 130.00
	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;	
2 FILER NAME HOBERT GUNNY BROWN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/05/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REAL DEAL	8 Amount of Contribution \$ 45.00	9 In-kind contribution description HOME DECOR ITEM GNOME AUCTION ITEM DARK ENOUGH
7 Contributor address; City; State; Zip Code 3501 SW 45th Ama. Tx 79109		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEST TEXAS WESTERN STORE	Amount of Contribution \$ 80.00	In-kind contribution description MEN BRACELET SILENT AUCTION ITEMS
Contributor address; City; State; Zip Code 7701 W. Interstate 40 # 580 Ama, Tx		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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME HOBERT GUNNY BROWN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/05/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANA CRANDELL <hr/> 7 Contributor address; City; State; Zip Code <i>6th Ave Amar Tx 79106</i>	8 Amount of Contribution \$ 60.00	9 In-kind contribution description PAINTING FOR SILENT AUCTION ITEM DARK ENOUGH <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE ROUSH <hr/> Contributor address; City; State; Zip Code 6901CAYMAN CT AMARILLO TEXAS 79124	Amount of Contribution \$ 85.00	In-kind contribution description 1/2 ACRE DYMA TRAP SILENT AUCTION ITEMS <small>Check if travel outside of Texas. Complete Schedule T.</small>
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)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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2 FILER NAME HOBERT GUNNY BROWN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/05/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE ROUSH 7 Contributor address; City; State; Zip Code 6901CAYMAN CT AMARILLO TEXAS 79124	8 Amount of Contribution \$ 38.00	9 In-kind contribution description VIRUS VODKA FOR SILENT AUCTION ITEM
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS JOHNSON Contributor address; City; State; Zip Code	Amount of Contribution \$ 85.00	In-kind contribution description HER FLOWERS SILENT AUCTION ITEMS
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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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2 FILER NAME HOBERT GUNNY BROWN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/05/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARCELLA'S 7 Contributor address; City; State; Zip Code <i>2611 Wolfia Village Ama 79109</i>	8 Amount of Contribution \$ 175.00	9 In-kind contribution description MINK HEADBEND FOR SILENT AUCTION ITEM <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHEAL CHONTOS Contributor address; City; State; Zip Code	Amount of Contribution \$ 50.00	In-kind contribution description 9MM AMMO SILENT AUCTION ITEMS <small>Check if travel outside of Texas. Complete Schedule T.</small>
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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME HOBERT GUNNY BROWN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/05/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRIPP'S HARLEY-DAVIDSON <hr/> 7 Contributor address; City; State; Zip Code 6040 I40 AMARILLO, TEXAS 79106	8 Amount of Contribution \$ 375.00	9 In-kind contribution description HD JACKET FOR SILENT AUCTION
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOCELYN BROWN <hr/> Contributor address; City; State; Zip Code 6902 CAYMAN CT AMARILLO TEXAS 79124	Amount of Contribution \$ 150.00	In-kind contribution description SILENT AUCTION ITEMS
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)			
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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 FILER NAME HOBERT GUNNY BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2021	5 Payee name WHITNEY RUSSELL PRINTING	
6 Amount (\$) 106.90	7 Payee address; City; State; Zip Code P.O BOX 664 AMARILLO TEXAS 79105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description INVITE 4.25 X 5.500 150 ENVELOPE 150
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name HOBERT GUNNY BROWN	Office sought CITY COUNCIL PL 1
Date 02/16/2021	Payee name PINNACLE PRINTZ LLC	
Amount (\$) 162.36	Payee address; City; State; Zip Code P.O. BOX 51804 AMARILLO, TEXAS 79159	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description VEHICLE SIGNS X4
	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 HOBERT GUNNY BROWN	Office sought CITY COUNCIL PL 1
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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

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 | 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 FILER NAME HOBERT GUNNY BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2021	5 Payee name USPS	
6 Amount (\$) 106.90 71.50	7 Payee address; City; State; Zip Code 8301 W AMARILLO BLVD AMARILLO TX 79124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 130 STAMPS FOR MAILOUT
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name HOBERT GUNNY BROWN	Office sought CITY COUNCIL PL 1
Date 03/27/2021	Payee name Michael's	
Amount (\$) 46.36	Payee address; City; State; Zip Code 2203 S. WESTERN SUITE 600 AMARILLO TEXAS 79109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description EXPENSE FOR DECORATION FOR MEET AND GREET 4/16
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name HOBERT GUNNY BROWN	Office sought CITY COUNCIL PL 1
Date 04/15/2021	Payee name WALMART	
Amount (\$) 129.58	Payee address; City; State; Zip Code 4610 S COULTER ST AMARILLO TEXAS 79119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description 2X PARTY TRAYS CHEESE MISC DECORATION & BEVERAGE
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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.

1 Total pages Schedule F2:	2 FILER NAME Hobert Gunny Brown	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 1
5 Date 03/31/2021	6 Payee name Amarillo Pioneer	
7 Amount (\$) 125.00	8 Payee address; City; State; Zip Code P.O Box 295 Amarillo, Texas 79105	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Political Ad
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Hobert Gunny Brown City Council Pl. 1		
Date 12/18/2020	Payee name Hobert Gunny Brown	
Amount (\$) 200.00	Payee address; City; State; Zip Code 1159 Sugarloaf Dr. Amarillo Texas 79111	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Web page design
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Hobert Gunny Brown City Council Pl. 1		
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.

1 Total pages Schedule G:	2 FILER NAME HOBERT GUNNY BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2021	5 Payee name WHITNEY RUSSELL PRINTING	
6 Amount (\$) 232.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 664 AMARILLO, TEXAS 79105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 4/4 PUSH CARDS 1000
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name HOBERT GUNNY BROWN	Office sought CITY COUNCIL PL 1
		Office held
Date 01/21/2021	Payee name WHITNEY RUSSELL PRINTING	
Amount (\$) 190.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 664 AMARILLO TEXAS 79105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 4/4 CAMPAIGN DONATION CARDS 1/0 ENVELOPE
	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED