

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:			
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u> FIRST <u>Zachary</u> MI <u>B</u> NICKNAME <u>Zach</u> LAST <u>Brown</u> SUFFIX		OFFICE USE ONLY Date Received <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">JAN 12 2024</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BOSQUE CO. ELECTIONS</div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 367; Clifton, TX 76634</u>		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
5 CANDIDATE / OFFICEHOLDER PHONE		EXTENSION					
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <u>MR</u> FIRST <u>Leah</u> MI <u>MK</u> NICKNAME LAST <u>Brown</u> SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 367; Clifton, TX 76634</u>					
8 CAMPAIGN TREASURER PHONE		EXTENSION					
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year <u>9 / 6 / 2023</u> <u>12 / 31 / 2023</u>					
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>3 / 5 / 2024</u> <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>County Attorney</u>			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages		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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>				<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS						

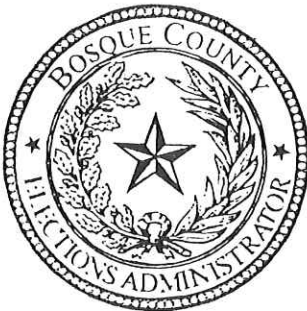
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,160.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 21.98
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,737.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,422.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ NA

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 Zach Brown this the 12th day of January, 2024, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Brad Hancock
Printed name of officer administering oath

Deputy EA
Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,160.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
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	\$ 2,737.40
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 <i>Zachary B. Brown</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/22/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zachary B. Brown</i>	7 Amount of contribution (\$) <i>\$ 260.00</i>
6 Contributor address; City; State; Zip Code <i>5356 FM 56 Clifton, TX 76034</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Brown Legal Group, PLLC</i>
Date <i>10/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael S. Messer</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>2823 Shadow Woods Ct; Houston, TX 77043</i>		
Principal occupation / Job title (See Instructions) <i>VP of Operations</i>		Employer (See Instructions) <i>Asset Living, LLC</i>
Date <i>12/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy L. Brown</i>	Amount of contribution (\$) <i>\$2,100.00</i>
Contributor address; City; State; Zip Code <i>8700 Crownhill; Ste 206; San Antonio, TX 78209</i>		
Principal occupation / Job title (See Instructions) <i>President / Owner</i>		Employer (See Instructions) <i>The Viable Group Inc</i>
Date <i>12/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edgar A. Brown Jr</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>1404 Hi Circle S. Horseshoe Bay, Texas 78657</i>		
Principal occupation / Job title (See Instructions) <i>President / Owner</i>		Employer (See Instructions) <i>VF Advisor Group</i>
<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>		

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

Zachary B. Brown

3 Filer ID (Ethics Commission Filers)

4 Date

12/4/2023

5 Full name of contributor

Rebecca Kosmitz

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

1201 Hi Fault; Horseshoe Bay, TX 78637

8 Principal occupation / Job title (See Instructions)

Home maker

9 Employer (See Instructions)

NA

Date

12/20/2023

Full name of contributor

Bertha's Maid Service, LLC / Del Cavazo

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

311 Myers Avenue; Cleburne, TX 76033

Principal occupation / Job title (See Instructions)

Cleaning Service / Manager / Owner

Employer (See Instructions)

Bertha's Maid Service, LLC

Date

12/20/2023

Full name of contributor

Brady Lane Radleton

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$400.00

Contributor address;

City;

State;

Zip Code

570 W Long St, Stephenville, TX 76401

Principal occupation / Job title (See Instructions)

Attorney / Owner

Employer (See Instructions)

Law Office of Brady Lane Radleton

Date

12/26/2023

Full name of contributor

Bill Murdoch

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

156 Canty Road 3340; Clifton, TX 76634

Principal occupation / Job title (See Instructions)

President / Owner

Employer (See Instructions)

Bosque Supply Company

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Zachary B. Brown</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/26/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alonzo M. Poteet III</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>2326 Elm 2136; Clifton, TX 76634</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Retired</i>

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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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