

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> FIRST <u>Zachary</u> MI <u>B</u> NICKNAME <u>Zach</u> LAST <u>Brown</u> SUFFIX	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS (RES. OR BUS.) [REDACTED] CITY; STATE; ZIP CODE <u>Clifton, TX 76634</u>	Date Received <b>RECEIVED</b> <u>JAN 12 2024</u> <b>BOSQUE CO. ELECTIONS</b>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	[REDACTED] EXTENSION <u>57</u>	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> FIRST <u>Leah</u> MI <u>MK</u> NICKNAME LAST <u>Brown</u> SUFFIX	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (RES. OR BUS.) [REDACTED] APT / SUITE #; CITY; STATE; ZIP CODE <u>Clifton, TX 76634</u>	Date Processed	
<b>8 CAMPAIGN TREASURER PHONE</b>	[REDACTED] EXTENSION <u>7193</u>	Date Imaged	
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year <u>9 / 6 / 2023</u> THROUGH <u>12 / 31 / 2023</u> Month Day Year		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <u>3 / 5 / 2024</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <u>County Attorney</u>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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# 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 12<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

*[Signature]* \_\_\_\_\_ Brad Hancock \_\_\_\_\_ Deputy EA  
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)



# 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> City; State; Zip Code <i>Clifton, TX 76634</i>	7 Amount of contribution (\$) <i>\$ 260.00</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> City; State; Zip Code <i>Loods Ct; Houston, TX 77043</i>	Amount of contribution (\$) <i>\$500.00</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> City; State; Zip Code <i>San Antonio, TX 78209</i>	Amount of contribution (\$) <i>\$2,100.00</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> City; State; Zip Code <i>Shree Bay, Texas 78657</i>	Amount of contribution (\$) <i>\$150.00</i>
Principal occupation / Job title (See Instructions) <i>President/Owner</i>		Employer (See Instructions) <i>VF Advisor Group</i>

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

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2 FILER NAME <i>Zachery B. Brown</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/14/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Kosmitz</i> [Redacted] City; State; Zip Code <i>Shore Day, TX 78637</i>	7 Amount of contribution (\$) <i>\$500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Home maker</i>		9 Employer (See Instructions) <i>NA</i>
Date <i>12/20/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bertha's Maid Service, LLC / Del Cavazo</i> [Redacted] City; State; Zip Code <i>Cleburne, TX 76033</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions) <i>Cleaning Service / Manager / Owner</i>		Employer (See Instructions) <i>Bertha's Maid Service, LLC</i>
Date <i>12/20/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brady Lane Randleton</i> [Redacted] City; State; Zip Code <i>Stephenville, TX 76401</i>	Amount of contribution (\$) <i>\$400.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney / Owner</i>		Employer (See Instructions) <i>Law Office of Brady Lane Randleton</i>
Date <i>12/26/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Murdoch</i> [Redacted] City; State; Zip Code <i>410; Clifton, TX 76634</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions) <i>President / Owner</i>		Employer (See Instructions) <i>Bosque Supply Company</i>

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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>Alonso M. Botet III</i> ..... City; State; Zip Code <i>Wittom, TX 76634</i>	7 Amount of contribution (\$) <i>\$500.00</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#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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