

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: **19**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	

Mr. Darrell Brown

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

5300 Fox Trail Lane
Colleyville TX 76034

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE () PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Received
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked

Mr. Justin Johnson

4-24-26

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

4114 Coachman Ln
Colleyville TX 76034

8 CAMPAIGN TREASURER PHONE

AREA CODE (682) PHONE NUMBER 554-2809 EXTENSION

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 THROUGH Month Day Year

3 / 25 / 26 4 / 22 / 26

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

5 / 2 / 26
 Primary Runoff Other Description
 General Special

12 OFFICE: OFFICE HELD (if any) N/A

13 OFFICE SOUGHT (if known) GCISD Board of Trustees - Place 7

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
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GENERAL
 SPECIFIC

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

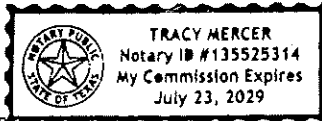
15 C/OH NAME Darrell Brown		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 434.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,467.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,777.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,502.30
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.

Darrell Brown
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Darrell Brown this the 24 day of April.

2020, to certify which, witness my hand and seal of office.

Tracy Mercer Signature of officer administering oath
Tracy Mercer Printed name of officer administering oath
Notary 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

Darrell Brown

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,901.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,955.72
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,777.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: Sch:1/8 Rpt: 4/19
2 FILER NAME Darrell Brown		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Donald Miller 6 Contributor address; City; State; Zip Code 4708 Latour Ln, Colleyville, TX 76034	7 Amount of contribution (\$) 316.61
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Justin Adams Contributor address; City; State; Zip Code 1954 Limerick Ln, Grapevine, TX 76051	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Jonathan West Contributor address; City; State; Zip Code 2803 Stonehurst Dr Grapevine, TX 76051	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Joseph Mello Contributor address; City; State; Zip Code 204 Capriole Ct, Colleyville, TX 76034	Amount of contribution (\$) 35.00
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.		

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: Sch:2/8 Rpt: 5/19
2 FILER NAME Darrell Brown		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Cathy Ives 6 Contributor address; City; State; Zip Code 1879 Cinnamon Ct, Grapevine, TX 76051	7 Amount of contribution (\$) 21.41
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2026	Full name of contributor out-of-state PAC (ID#: _____) Hilarie Benedetto Contributor address; City; State; Zip Code 3201 Summitt Ct., Grapevine, TX 76051	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2026	Full name of contributor out-of-state PAC (ID#: _____) Joseph West Contributor address; City; State; Zip Code 4107 Trail Bend Ct., Colleyville, TX 76034	Amount of contribution (\$) 211.18
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2026	Full name of contributor out-of-state PAC (ID#: _____) Becky St John Contributor address; City; State; Zip Code 2702 West Kimball Avenue, Grapevine, TX 76051	Amount of contribution (\$) 200.00
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.		

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: Sch:3/8 Rpt: 6/19
2 FILER NAME Darrell Brown		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Donna Guy 6 Contributor address; City; State; Zip Code 4008 Deepwood St, Colleyville, Tx 76034	7 Amount of contribution (\$) 36.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2026	Full name of contributor out-of-state PAC (ID#: _____) Whitney Johnson Contributor address; City; State; Zip Code 6401 Ponderosa Ln., Colleyville, TX 76034	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2026	Full name of contributor out-of-state PAC (ID#: _____) Waltraud Frances and Katherine Allen Contributor address; City; State; Zip Code 5600 Miramar Ln, Colleyville, TX 76034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2026	Full name of contributor out-of-state PAC (ID#: _____) Jon Bullock Contributor address; City; State; Zip Code 5808 Bettinger Dr. Colleyville, Texas 76034	Amount of contribution (\$) 100.00
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.		

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: Sch:4/8 Rpt: 7/19
2 FILER NAME Darrell Brown		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Amy Warren 6 Contributor address; City; State; Zip Code 2702 Old English Ct, Euless, TX 76039	7 Amount of contribution (\$) 105.75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2026	Full name of contributor out-of-state PAC (ID#: _____) Joe Allen Contributor address; City; State; Zip Code 4308 Pembroke Pkwy, Colleyville, TX 76034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2026	Full name of contributor out-of-state PAC (ID#: _____) Michael Quinn Contributor address; City; State; Zip Code 1813 Greenhaven Ln, Grapevine, TX 76051	Amount of contribution (\$) 105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2026	Full name of contributor out-of-state PAC (ID#: _____) James Fitzgerald Contributor address; City; State; Zip Code 131 Mill Valley Dr., Colleyville, TX 76034	Amount of contribution (\$) 100.00
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.		

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: Sch:5/8 Rpt: 8/19
2 FILER NAME Darrell Brown		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Carrie Mamantov 6 Contributor address; City; State; Zip Code 120 Silkwood, Grapevine, TX 76051	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2026	Full name of contributor out-of-state PAC (ID#: _____) Shauna Teames Contributor address; City; State; Zip Code 4907 Carmel Place, Colleyville, TX 76034	Amount of contribution (\$) 53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2026	Full name of contributor out-of-state PAC (ID#: _____) Vickie Walker Contributor address; City; State; Zip Code 3204 Ladera Dr., Bedford, TX 76021	Amount of contribution (\$) 53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2026	Full name of contributor out-of-state PAC (ID#: _____) Beverly Mavis Contributor address; City; State; Zip Code 4301 Green Meadow East, Colleyville, TX 76034	Amount of contribution (\$) 158.47
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.		

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: Sch:6/8 Rpt: 9/19
2 FILER NAME Darrell Brown		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Stephanie Williams 6 Contributor address; City; State; Zip Code 5205 Braedon Ln, Colleyville, TX 76034	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2026	Full name of contributor out-of-state PAC (ID#: _____) Lara Trevino Contributor address; City; State; Zip Code 3317 Briar Cove, Grapevine, TX 76051	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2026	Full name of contributor out-of-state PAC (ID#: _____) Victoria Butler Contributor address; City; State; Zip Code 3543 Red Bird Lane, Grapevine, TX 76051	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2026	Full name of contributor out-of-state PAC (ID#: _____) Jose Garcia Contributor address; City; State; Zip Code 2902 Old Mill Run, Grapevine, TX 76051	Amount of contribution (\$) 10.00
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.		

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: Sch:7/8 Rpt: 10/19
2 FILER NAME Darrell Brown		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Kelly Lyons <hr/> 6 Contributor address; City; State; Zip Code 4312 Pembroke Pkwy N, Colleyville, TX 76034	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Kelly Howze <hr/> Contributor address; City; State; Zip Code 517 Dunn Ct., Grapevine, TX 76051	Amount of contribution (\$) 105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Renee Blackburn <hr/> Contributor address; City; State; Zip Code 106 Bremen Dr. Hurst, TX 76054	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Jim Rhea <hr/> Contributor address; City; State; Zip Code 8425 Glenann Dr. North Richland Hills TX 76182	Amount of contribution (\$) 300.00
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.		

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: Sch:8/8 Rpt: 11/19
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2 FILER NAME Darrell Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 04/16/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Kathy Welchel	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 3353 Pecan Hollow Ct. Grapevine TX 76051		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 04/17/2026	Full name of contributor out-of-state PAC (ID#: _____) Matthew Foust	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5601 Oak Top Dr., Colleyville TX 76034		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/19/2026	Full name of contributor out-of-state PAC (ID#: _____) Carlson Sharpless	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2115 Mouser Lane, Dallas, TX 75203		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/02/2026	Full name of contributor out-of-state PAC (ID#: _____) Leah Dixon	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 3708 Cliffwood Drive, Colleyville TX 76034		

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: Sch:1/1 Rpt: 12/19	
2 FILER NAME Darrell Brown		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/01/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacey Hammonds	8 Amount of Contribution \$ 3,000.00	9 In-kind contribution description Marketing - Website, Branding, Graphics, Content
7 Contributor address; City; State; Zip Code 4113 Bedford Rd., Colleyville TX 76034		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 04/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew White	Amount of Contribution \$ 955.72	In-kind contribution description The Mail Room - Mailer
Contributor address; City; State; Zip Code 1102 Hardage Ln., Colleyville TX 76034		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.

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch:1/7 Rpt: 13/19	2 FILER NAME Darrell Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 04/02/2026	5 Payee name Facebook
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6 Amount (\$) 2.29	7 Payee address; 1 Meta Way, Menlo Park, California, 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/02/2026	Payee name Facebook
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Amount (\$) 2.00	Payee address; 1 Meta Way, Menlo Park, California, 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/02/2026	Payee name Facebook
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Amount (\$) 2.00	Payee address; 1 Meta Way, Menlo Park, California, 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: Sch:2/7 Rpt: 14/19	2 FILER NAME Darrell Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 04/02/2026	5 Payee name Facebook
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6 Amount (\$) 2.20	7 Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, California, 94025 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/06/2026	Payee name Facebook
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Amount (\$) 5.00	Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, California, 94025 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 04/06/2026	Payee name Facebook
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Amount (\$) 4.00	Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, California, 94025 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch:3/7 Rpt: 15/19	2 FILER NAME Darrell Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 04/06/2026	5 Payee name Facebook
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6 Amount (\$) 4.00	7 Payee address; 1 Meta Way, Menlo Park, California, 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/03/2026	Payee name Facebook
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Amount (\$) 5.00	Payee address; 1 Meta Way, Menlo Park, California, 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/03/2026	Payee name Facebook
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Amount (\$) 3.00	Payee address; 1 Meta Way, Menlo Park, California, 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: Sch:4/7 Rpt: 16/19	2 FILER NAME Darrell Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 04/10/2026	5 Payee name JG Media DBA Com
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6 Amount (\$) 1,125.00	7 Payee address; 1408 Pear Ct Pflugerville, TX 78660 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Social Media
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/10/2026	Payee name THE MAIL ROOM
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Amount (\$) 2,728.12	Payee address; 729 Grapevine Hwy, Hurst TX 76054 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/14/2026	Payee name EDWARDS AND PATTERSON
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Amount (\$) 747.30	Payee address; 203 Belt Line Rd., Irving TX 75060 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch:5/7 Rpt: 17/19	2 FILER NAME Darrell Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 04/17/2026	5 Payee name THE MAIL ROOM
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6 Amount (\$) 2,862.17	7 Payee address; 729 Grapevine Hwy, Hurst TX 76054 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/20/2026	Payee name Facebook
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Amount (\$) 5.00	Payee address; 1 Meta Way, Menlo Park California 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/20/2026	Payee name Facebook
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Amount (\$) 5.00	Payee address; 1 Meta Way, Menlo Park California 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: Sch: 8/7 Rpt: 18/19	2 FILER NAME Darrell Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 04/22/2026	5 Payee name Donor Box
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6 Amount (\$) 176.78	7 Payee address; 1520 Belle View Blvd #4160, Alexandria, VA 22307 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/21/2026	Payee name Facebook
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Amount (\$) 5.00	Payee address; 1 Meda Way, Menlo Park California, 94025 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/21/2026	Payee name Printatex
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Amount (\$) 88.32	Payee address; 4400 Reason Rd., Acworth GA 30101 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-Shirts
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: Sch:777 Rpt: 19/19	2 FILER NAME Darrell Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 04/22/2026	5 Payee name Facebook
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6 Amount (\$) 5.00	7 Payee address; 1 Meda Way, Menlo Park California, 94025 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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