#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY OFFICEHOLDER Mr James NAME NICKNAME LAST SHEELX Brawner 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** 398 Cattle Drive Trail, Angleton TX 77515 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (979 299-8246 PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST МІ TREASURER Mrs Holly NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Brawner STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY; STATE; ZIP CODE **TREASURER** Same **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE Same 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Day Year COVERED 24 27 24 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Day Year Description 3 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) P4 Constable P4 Constable THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLOER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLOER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME James Brawner			16 Filer	ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED PO     PLEDGES, LOANS, OR C     CONTRIBUTIONS MADE	LITICAL CONTRIBUTIONS (OTHER TH GUARANTEES OF LOANS, OR ELECTRONICALLY)	HAN	\$	0.00
	2. TOTAL POLITICAL COI (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES OF LOAN	NS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.		\$	78.98
	4. TOTAL POLITICAL EXP	PENDITURES		\$ 10	0,412.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE I	AST DAY		5,819.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE	\$	440.00
18 SIGNATURE   I si	waar or affirm under negative of period	ury, that the accompanying report is			
		Signature of	Candidate o	r Officehold	der
	Please co	mplete either option belo	ow:		
(1) Affidavit					
(1) Amuavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed I	pefore me by	this the	9	day of	1
20, to certify v	vhich, witness my hand and seal of offic	ee.			
Signature of officer administeri	- Third rails o	of officer administering oath	•	Title of office	r administering oath
and the second s		OR			
(2) Unsworn Declaratio	n				
<sub>My name is</sub> <u>James Bra</u>	awner	, and my date of birth	is 10/10/	73	
My address is 398 Cattl	e Drive Trl		x, 77	7515 <sub>,</sub> [	USA
Executed in Brazoria	(street) County, State of Tx	on the 27th day of February (city)	(state) (z uary	zip code) _, 20 <mark>24</mark> (year)	(country)
		Signature of Cano	lidate/Officer	nolder (Decl	larant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

1	ames Brawner	20 Filer ID (Ethics Co	ommis	sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			, <u></u>
4.	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			10,412.72
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	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			1984

## 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollting 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)

Credit Card Payment	The Instruction Guide explains how to co	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Brawner		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2024	5 Payee name ABBC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
895.00	POBORISEE Angleton To	1735	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	NAME OF THE PARTY
PURPOSE OF EXPENDITURE	Advertisement		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/06/2024	JW Marketing Solutions		
Amount (\$)	Payee address;	City;	State; Zip Code
3,000.00	Daytona Beach, Florida, 32114		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting expense	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
Date	Payee name		
02/08/2024	Actions Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
350.00	1524 E Mulberry, Suite 135. Angleton	TX //515	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising		
	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 S	CHEDULE AS NEED	DED.

### 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 Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic Credit Card Payment		ies/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1	2 FILER NAME James Brawner		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/12/2024	Sweeny Impound Fundraiser		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100.00	Sweeny, Texas 77480		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	Advertising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/13/2024	Direct Effect Marketing		
Amount (\$)	Payee address;	City;	State; Zip Code
4,625.00	624 CR 605, Angleton Tx 77515		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/15/2024	Junior Achievement of Brazoria Co	unty	
Amount (\$)	Payee address;	City;	State; Zip Code
250.00	Lake Jackson, Texas		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	Expense Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME James Brawner		3 Filer ID (Ethics Commission Filers)	
4 Date 02/16/2024	5 Payee name Jeff Berry			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
300.00	Pearland, Texas 77515			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
02/17/2024	Dicks Sporting Goods			
Amount (\$)	Payee address;	City;	State; Zip Code	
533.74	Broadway st, Pearland Texas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling expense	Description canopies, chairs for polling locations		
	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			
02/26/2024	Facebook Advertising			
Amount (\$)	Payee address;	City;	State; Zip Code	
280.00	1 Hacker Way, Menlo Park, CA 9402	5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Digital Advertising			
	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 NEEI	DED	