

<h1 style="margin: 0;">CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</h1>		<h2 style="margin: 0;">FORM C/OH COVER SHEET PG 1</h2>			
<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>		
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>Mrs Stephanie</p> <hr/> <p>NICKNAME LAST SUFFIX</p> <p>Brown</p>	<div style="border: 2px solid black; padding: 10px;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p> <p style="font-size: 2em; font-weight: bold; color: blue; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; color: red; margin: 5px 0;">APR - 1 2021</p> <p style="margin: 5px 0;">BY: <u>GDK</u></p> </div>			
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE</p> <p>1206 Blue Diamond Dr. Missouri City TX 77489</p>				
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(832) 350-5919</p>				
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>Ms. Alexandria</p> <hr/> <p>NICKNAME LAST SUFFIX</p> <p>Brown</p>	<p>Date Hand-delivered or Date Postmarked</p>			
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE</p> <p>1206 Blue Diamond Dr. Missouri City TX 77489</p>				
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(832) 390-9297</p>				
<p>9 REPORT TYPE</p>	<p> <input 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) </p> <p> <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) </p>				
<p>10 PERIOD COVERED</p>	<p> Month Day Year THROUGH Month Day Year </p> <p> / / 21 / / 23 21 </p>				
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p>/ / 21</p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </p> <p> <input type="checkbox"/> General <input type="checkbox"/> Special </p>			
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known)</p> <p>Fort Bend ISD Board of Trustees Position 6</p>			
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> Additional Pages</p>	<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"> <p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p> </td> <td style="padding: 5px;"> <p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> </td> </tr> </table>			<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>
<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

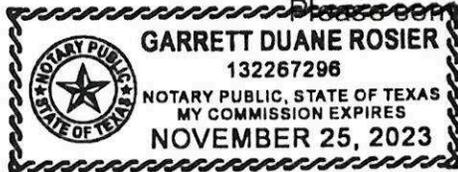
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Stephanie A. Brown</i>		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)	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 471.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -271.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Stephanie A. Brown
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Stephanie A. Brown* this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

Garrett Duane Rosier Signature of officer administering oath
Garrett Duane Rosier Printed name of officer administering oath
Executive Assistant to the BOT 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 Stephanie A. Brown		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Olivo ----- 6 Contributor address; City; State; Zip Code 2625 Alamo Rosenberg TX 77471	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Olivo ----- Contributor address; City; State; Zip Code 2625 Alamo Rosenberg TX 77471	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		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)

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 Accounting/Banking Expense 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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Stephanie A. Brown	3 Filer ID (Ethics Commission Filers)
4 Date 3/10/21	5 Payee name Daley Professional Web Solutions	
6 Amount (\$) \$ 228.00	7 Payee address; City; State; Zip Code 211 Cardinal Drive Montgomery NY 12549	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Website
	(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
Date 3/19/21	Payee name Texas Democrats	
Amount (\$) \$ 243.33	Payee address; City; State; Zip Code 1106 Lavaca, Suite 100 Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Voter File
	<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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED