

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 MR	FIRST Timothy	MI R	OFFICE USE ONLY		
	NICKNAME	LAST Brown	SUFFIX	Date Received RECEIVED JAN 15 2026 <i>a Carroll</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1611 Madison Hope Dr. Mission TX 78572			Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE (956)	PHONE NUMBER 279-5123	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST Barbara	MI A	Receipt # Amount \$		
	NICKNAME	LAST Brown	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 1611 Madison Hope Dr. Mission TX 78572					
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 500-5703	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 12	Day 04	Year 2025	Month 1	Day 15	Year 2026
11 ELECTION	ELECTION DATE Month 1 Day 1 Year 1		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Mission City Council Place 1		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

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FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

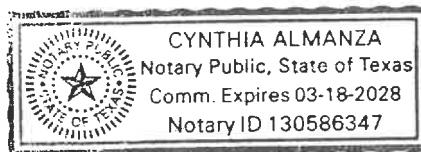
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Timothy Brown this the 15th day of January,

20 26, to certify which, witness my hand and seal of office.

Cynthia Almanza

Signature of officer administering oath

Cynthia Almanza

Printed name of officer administering oath

notary public

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 _____.

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	
2. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
5. <input type="checkbox"/> SCHEDULE C: LOANS	
6. <input type="checkbox"/> SCHEDULE D: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
7. <input type="checkbox"/> SCHEDULE E: UNPAID INCURRED OBLIGATIONS	
8. <input type="checkbox"/> SCHEDULE F: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
9. <input type="checkbox"/> SCHEDULE G: EXPENDITURES MADE BY CREDIT CARD	
10. <input type="checkbox"/> SCHEDULE H: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
11. <input type="checkbox"/> SCHEDULE I: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
12. <input type="checkbox"/> SCHEDULE J: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
13. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	

LOANS**SCHEDULE E**

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 E:
2 FILER NAME <i>Timothy R. Brown</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan <i>12-4-25</i>	7 Name of lender <i>Timothy R. Brown</i>		9 Loan Amount (\$) <i>\$500</i>
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address: <i>1611 Madison Hope Dr.</i>	City: <i>Mission</i>	State; Zip Code <i>TX 78572</i>
12 Principal occupation / Job title (See Instructions) <i>Funeral Director</i>		13 Employer (See Instructions) <i>Brown Family Funeral Home</i>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <i>None</i>		19 Amount Guaranteed (\$)
	18 Guarantor address; _____ <input type="checkbox"/>		City; _____ State; Zip Code _____ <input type="checkbox"/>
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution? <i>Y N</i>	Lender address; _____ <input type="checkbox"/>		Interest rate _____ <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor _____ Guarantor address; _____ <input type="checkbox"/>		Amount Guaranteed (\$)
Guarantor address; _____ <input type="checkbox"/>		City; _____ State; Zip Code _____ <input type="checkbox"/>	
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.