

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

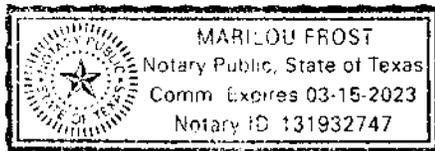
15 C/OH NAME Angela Ann Brown		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3505.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3505.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 620.32
	4. TOTAL POLITICAL EXPENDITURES	\$ 2898.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 606.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Angela Ann Brown
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by ANGELA BROWN this the 31st day of March, 2021, to certify which, witness my hand and seal of office.

MariLou Frost MARILOU FROST Notary Public
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 Angela Ann Brown		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3505.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2898.26
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1389.22
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 1
2 FILER NAME Angela Ann Brown		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony J. Santos	7 Amount of contribution (\$) \$2000.00
6 Contributor address; City; State; Zip Code 1907 Kingwood Dr. Killeen TX 76543		
8 Principal occupation / Job title (See Instructions) Helicopter, Inspector		9 Employer (See Instructions) Dynacorp
Date 02/08/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela A. Brown	Amount of contribution (\$) \$1500.00
Contributor address; City; State; Zip Code 1908 Kingwood Dr. Killeen TX 76543		
Principal occupation / Job title (See Instructions) Retired/Doctoral Student		Employer (See Instructions)
Date 02/08/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela A. Brown	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code 1908 Kingwood Dr. Killeen TX 76543		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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	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: 4	2 FILER NAME Angela Ann Brown	3 Filer ID (Ethics Commission Filers)
---------------------------------	----------------------------------	---------------------------------------

4 Date 02/06/2021	5 Payee name Fed Ex
----------------------	------------------------

6 Amount (\$) \$2.60	7 Payee address: 2020 Heights Drive	City: Harker Heights	State: TX	Zip Code 76548
-------------------------	--	-------------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Coping	(b) Description Maps
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 02/06/21	Payee name Walmart
------------------	-----------------------

Amount (\$) \$124.56	Payee address; 2020 Heights Drive	City; Harker Heights	State; TX	Zip Code 76548
-------------------------	--------------------------------------	-------------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description Office Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 02/0821	Payee name Vista Print
-----------------	---------------------------

Amount (\$) \$181.86	Payee address; Hudsonweg 8	City; Venlo	State; Netherland	Zip Code 5928LW
-------------------------	-------------------------------	----------------	----------------------	--------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Yard Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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: 4	2 FILER NAME Angela Ann Brown	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/21	5 Payee name Walmart	
6 Amount (\$) \$37.74	7 Payee address; City; State; Zip Code 2220 Heights Drive Harker Heights TX 76548	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) overhead	(b) Description Office Supplies
	(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 Angela Ann Brown	Office sought City Council District 1
10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Angela Ann Brown	Office held City Council District 1
11 Date 03/03/21	12 Payee name GoDaddy Operating Company, LLC.	
13 Amount (\$) \$12.17	14 Payee address; City; State; Zip Code 14455 N. Hayden Rd, Ste. 219 Scottsdale AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Advertisement	Description Webpage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
15 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Angela Ann Brown	Office held City Council District 1
16 Date 03/10/21	17 Payee name Luv Lola	
18 Amount (\$) 108.26	19 Payee address; City; State; Zip Code luvlolalooks@gmail.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Overhead	Description Face Mask
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
20 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Angela Ann Brown	Office held City Council District 1

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: 4	2 FILER NAME Angela Ann Brown	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/21	5 Payee name Straight Talk	
6 Amount (\$) 39.12	7 Payee address: _____ City: _____ State: FL Zip Code _____	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) communications	(b) Description cell phone services
	(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 Angela Ann Brown	Office sought City Council District 1
Date 3/15/21	Payee name Straight Talk	
Amount (\$) 39.12	Payee address: _____ City: _____ State: _____ Zip Code _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) communications	Description cell phone services
	<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 Angela Ann Brown	Office sought City Council District 1
Date 03/17/2021	Payee name Killeen Daily Herald	
Amount (\$) 1,389.22	Payee address: 1809 Florence Road City: Killeen State: TX Zip Code 76541	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisements	Description Flyers, Mailers, Door hangers
	<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 Angela Ann Brown	Office sought City Council District 1

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: 4	2 FILER NAME Angela Ann Brown	3 Filer ID (Ethics Commission Filers)
4 Date 02/08/21	5 Payee name Vista Print	
6 Amount (\$) \$706.86	7 Payee address: Hudsonweg 8 City: Venlo State: Netherlands Zip Code: 5928LW	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yardsign with yard stands
	(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 Angela Ann Brown	Office sought City Council District 1
Date 02/08/21	Payee name Best Buy	
Amount (\$) \$83.86	Payee address; 3209 East Central Texas Espy City: Killeen State: TX Zip Code: 76542	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Overhead	Description Office Supplies
	<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 Angela Ann Brown	Office sought City Council District 1
Date 02/09/20	Payee name Coach Henderson	
Amount (\$) \$125.00	Payee address; 3220 Eagle Ridge City: Harker Heights State: TX Zip Code: 76548	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising and Printing	Description Campaign Photo graphs
	<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 Angela Ann Brown	Office sought City Council District 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Angela Ann Brown	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/21	5 Payee name Killeen Daily Herald	
6 Amount (\$) \$1389.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 1809 Florence Road Killeen TX 76541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Flyers, Mailers, Door hangers
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Angela Ann Brown	Office sought / Office held City Council District 1
Date 3/10/21	Payee name Luv Lola	
Amount (\$) \$108.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code luvlolalooks@gmail.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) overhead	Description facemask
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED