

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Thomas Gilbert  
Brown

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY OF AUSTIN ETHICS COMMISSION OFFICE

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

2114 Greenlee El Paso, TX 79936

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 857-0962

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Maria Garcia

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

12516 Carlos Bombach El Paso, TX 79928

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 921-5286

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 \$500 limit

Final report (Attach C/OH - Appendix)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

/ / THROUGH / /

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 02 / 04

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Thomas Gilbert Brown

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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

GENERAL

SPECIFIC

COMMITTEE NAME

Vote Brown Committee

COMMITTEE ADDRESS

12516 Carlos Bombach  
E 1 Pkwy TX 79728

COMMITTEE CAMPAIGN TREASURER NAME

Maria Garcia

COMMITTEE ADDRESS

12516 Carlos Bombach

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,475.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,225.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

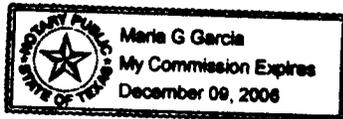
\$ 1250.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



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.

*Thomas Gilbert Brown*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas Gilbert Brown, this the 14<sup>th</sup> day of October, 2004, to certify which, witness my hand and seal of office.

*Maria G Garcia*  
Signature of officer administering oath

Maria G Garcia  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>Thomas Gilbert Brown</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/1/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fernando or Yolanda Rodriguez</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>10036 Quezada E1 Paso, TX 79935</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/1/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis Dillie Hershenberg</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7936 Candlewood Ave. El Paso, TX 79936</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/1/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark S. or Deborah Berry</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>324 Purple Hills Way El Paso, TX 79912</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/1/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stan C. or Guadalupe Howell</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11309 Sundance Ave El Paso, TX 79936</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/1/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Claire Marie or Phillip Rodriguez</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6240 Papaya Rd. El Paso, TX 79905</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Thomas Gilbert Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#)

Maria G. Garcia

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/1/04

6 Contributor address; City; State; Zip Code

12516 Carlos Benibach El Paso, TX  
79923

\$100.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Ramon L. Lake

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/1/04

Contributor address; City; State; Zip Code

9621 Album E1 Paso, TX  
79925

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Southwest Airconditioning; Heating

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/4/04

Contributor address; City; State; Zip Code

5304 Carousel Drive El Paso, TX  
79936

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Barbara Perez

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/17/04

Contributor address; City; State; Zip Code

11528 beachfront Dr. El Paso, TX  
79922

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Ray or Jose Manuto

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/1/04

Contributor address; City; State; Zip Code

11429 beachfront Dr. El Paso, TX  
79930

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Thomas Gilbert Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/1/04

Michael B. Moore  
6 Contributor address; City; State; Zip Code

\$50.00

P.O. Box 6541 El Paso, TX 79906

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/24/04

Debra F. Young  
Contributor address; City; State; Zip Code

\$100.00

4416 East Missouri Ave  
El Paso, TX 79903

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

George Shimsback  
Contributor address; City; State; Zip Code

\$875.00

11800 Rojas Ste C-16 El Paso, TX 79936

Printing

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Jimmy Salome  
Contributor address; City; State; Zip Code

\$100.00

3413 Lee Blvd El Paso, TX 79936

Printing

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Thomas G. Brown</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>9/28/04</u>	5 Payee name <u>Vista Hills Country Club</u> 6 Payee address; City; State; Zip Code	7 Amount (\$) <u>\$100</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Deposit</u>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <u>10/1/04</u>	Payee name <u>Vista Hills Country Club</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$150</u>
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name <u>GMS Industries</u> Payee address; City; State; Zip Code <u>11800 Rojas Ste C-14 El Paso, TX 79936</u>	Amount (\$) <u>\$875.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>Printing</u>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name <u>Jimmy Salome</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$100.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>Printing</u>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

*Thomas Gilbert Brown*

3 ACCOUNT # (Ethics Commission files)

4 Date

*9/1/04*

5 Payee name

*First Federal Bank*

6 Payee address; City; State; Zip Code

*2290 Trawood El Paso, TX 79935*

8 Amount (\$)

*\$50*

7 Purpose of expenditure (See instructions regarding type of information required.)

*Initial bank deposit*

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

*Signs*

Amount (\$)

*\$ 702*

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**