

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: <i>7</i> | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>Mrs.</i> | FIRST <i>Lindsey</i> | MI <i>E.</i> | OFFICE USE ONLY <i>GILLESPĒ ELECTIONS JAN 06 2026</i> | | |
| | NICKNAME | LAST <i>Brown</i> | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>FBG Tx 78624</i> | | | Date Received | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE () | PHONE NUMBER | EXTENSION | Date Hand-delivered on Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Mrs.</i> | FIRST <i>Lindsey</i> | MI <i>E.</i> | Receipt # <input type="text"/> Amount \$ <input type="text"/> | | |
| | NICKNAME | LAST <i>Brown</i> | SUFFIX | Date Processed | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <i>FBG, Tx 78624</i> | | | STATE; ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE () | PHONE NUMBER | EXTENSION | Date Imaged | | |
| 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 <i>7</i> | Day <i>15</i> | Year <i>25</i> | Month <i>1</i> | Day <i>15</i> | Year <i>26</i> |
| 11 ELECTION | ELECTION DATE Month <i>3</i> Day <i>3</i> Year <i>26</i> | ELECTION TYPE <input checked="" 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) <i>County Clerk</i> | | 13 OFFICE SOUGHT (if known) <i>County Clerk</i> | | | |
| 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. | | | | | |
| <input type="checkbox"/> Additional Pages | 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| | | |
|--|---|--------|
| 15 C/OH NAME | Lindsey 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) | \$ 425 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 425 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 425 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | | |

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.

Lindsey Brown

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Lindsey Brown, and my date of birth is 4/9/81.
 My address is FBG, TX, 78624, USA.
 (street) (city) (state) (zip code) (country)
 Executed in Gillespie County, State of Texas, on the 6 day of January, 20 26.
 (month) (year)

Lindsey Brown
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Lindsay 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 | \$.425 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 325 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | | | |
|---|--|---|---|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | <p>1 Total pages Schedule A1:</p> |
| <p>2 FILER NAME</p> <p>Lindsey Brown</p> | | | | <p>3 Filer ID (Ethics Commission Filers)</p> |
| <p>4 Date</p> <p>11.30.25</p> | <p>5 Full name of contributor</p> <p>Christine Burdick</p> | <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> | | <p>7 Amount of contribution (\$)</p> <p>\$100</p> |
| | <p>6 Contributor address:</p> <p>FBG, TX 78624</p> | <p>City:</p> | <p>State:</p> | <p>Zip Code</p> |
| <p>8 Principal occupation / Job title (See Instructions)</p> | | | <p>9 Employer (See Instructions)</p> <p>Fredericksburg Visitor Center</p> | |
| <p>Date</p> <p>11.19.25</p> | <p>Full name of contributor</p> <p>Mo Saidi</p> | <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> | | <p>Amount of contribution (\$)</p> <p>\$100</p> |
| | <p>Contributor address:</p> <p>FBG, TX 78624</p> | <p>City:</p> | <p>State:</p> | <p>Zip Code</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | | <p>Employer (See Instructions)</p> <p>Retired</p> | |
| <p>Date</p> <p>12.02.25</p> | <p>Full name of contributor</p> <p>Mimi Hansen</p> | <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> | | <p>Amount of contribution (\$)</p> <p>\$100</p> |
| | <p>Contributor address:</p> <p>FBG, TX 78624</p> | <p>City:</p> | <p>State:</p> | <p>Zip Code</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | | <p>Employer (See Instructions)</p> <p>Retired</p> | |
| <p>Date</p> <p>11.14.25</p> | <p>Full name of contributor</p> <p>Maria Kecskes</p> | <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> | | <p>Amount of contribution (\$)</p> <p>\$100</p> |
| | <p>Contributor address:</p> <p>FBG, TX 78624</p> | <p>City:</p> | <p>State:</p> | <p>Zip Code</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | | <p>Employer (See Instructions)</p> <p>Retired</p> | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | | |

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 <i>Undsey Brown</i> | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12.30.25</i> | 5 Full name of contributor <i>Annette Herbert</i> | <input type="checkbox"/> out-of-state PAC (ID#:) | 7 Amount of contribution (\$) <i>\$ 25</i> |
| 6 Contributor address; <i>FBG, TX 78424</i> | | City; State; Zip Code | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) <i>Retired</i> | |
| 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) | |
| 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) | |
| 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/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 <i>Lindsey Brown</i> | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>12.5.25</i> | 5 Payee name <i>Gillespie County Republican Party</i> | | |
| 6 Amount (\$) <i>750</i> | 7 Payee address; <i>Po Box 2975</i> | City; <i>FBG</i> | |
| | | State; Zip Code <i>TX 78624</i> | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Fees</i> | (b) Description <i>Filing Fee</i> | |
| | <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 | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 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 |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 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 | | | |

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|---------------------------------------|------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME <i>Lindsey Brown</i> | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>12.5.25</i> | 5 Payee name <i>Gillespie County Republican Party</i> | City; State; Zip Code | |
| 6 Amount (\$) <i>325</i> | 7 Payee address; <i>PO Box 2975</i> | <i>Fredericksburg TX 78624</i> | |
| <input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Fees</i> | (b) Description <i>Filing Fee</i> | |
| | <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 <i>Lindsey Brown</i> | Office sought <i>County Clerk</i> | Office held <i>County Clerk</i> |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | | |
| 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 |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | | |
| 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