

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Brown, Garrett (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00002735

15 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,560.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	3,798.04
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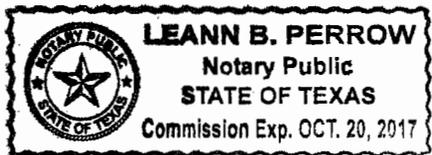
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,835.30
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	36.25
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17 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.

Garrett Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GARRETT BROWN, this the 3rd day of February, 2014, to certify which, witness my hand and seal of office.

LeAnn B. Perrow LeAnn B. Perrow NOTARY
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 3/16	
2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00002735	
4 Date 01/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belofsky, Ginny (Ms.) 6 Contributor address; City; State; Zip Code 4001 Greystone Dr. Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Dale (Mr.) Contributor address; City; State; Zip Code 9705 Mountain Quail Austin, TX 78758	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daley, Mark (Mr.) Contributor address; City; State; Zip Code 9047 Phyllis Ave. West Hollywood, CA 90069	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunaway, Aspen (Mr.) Contributor address; City; State; Zip Code 1108 Lavaca St. Suite 110, P.O. Box 103 Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dwyer, Kelley (Ms.) Contributor address; City; State; Zip Code 12703 Silver Creek Dr. Austin, TX 78727	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/16	
2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00002735	
4 Date 01/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forman, Bettie (Ms.) 6 Contributor address; City; State; Zip Code 6421 Williams Ridge Way Austin, TX 78731	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forman, Janet (Ms.) Contributor address; City; State; Zip Code 2100 Cypress Point East Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbert, Karen (Ms.) Contributor address; City; State; Zip Code 1807 Madison Ave. Austin, TX 78757	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hauser, Rhonda (Ms.) Contributor address; City; State; Zip Code 7701 Bramblewood Circle Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hokanson, Kim (Ms.) Contributor address; City; State; Zip Code 967 Chestnut St. Newton, MA 02464	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/16	
2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00002735	
4 Date 01/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lazaris, Barbara (Ms.) 6 Contributor address; City; State; Zip Code 416 Commonwealth Ave. #406 Boston, MA 02215	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions).		10 Employer (See Instructions)	
Date 01/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mallia, Melinda (Ms.) Contributor address; City; State; Zip Code 13205 Fieldstone Loop Austin, TX 78737	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Najar, Michelle (Ms.) Contributor address; City; State; Zip Code 6207 Avery Island Ave. Austin, TX 78727	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pemberton, Linda (Ms.) Contributor address; City; State; Zip Code 1104 Mountain View Dr. Pflugerville, TX 78660	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ptiitsa, Ekaterina (Ms.) Contributor address; City; State; Zip Code 13041 Silver Creek Dr. Austin, TX 78727	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 6/16	
2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00002735	
4 Date 01/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pumfrey, William (Mr.) 6 Contributor address; City; State; Zip Code 8716 Towana Trail Austin, TX 78736	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schattman, Sarah (Ms.) Contributor address; City; State; Zip Code 2301 Monarch Dr. Austin, TX 78748	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schmidt, May (Ms.) Contributor address; City; State; Zip Code 1104 Maufrais St. Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephenson, Robert (Mr.) Contributor address; City; State; Zip Code 3604 Brownwood Dr. Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trejo, Naomi (Ms.) Contributor address; City; State; Zip Code 10412 Macmora Rd. Austin, TX 78758	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form. **1** PAGE #
Schedule: 5/5 Report: 7/16

2 FILER NAME Brown, Garrett (Mr.) **3** ACCOUNT # (Ethics Commission filers)
00002735

4 Date 01/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Alstyne, Samuel (Mr.)	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 312 Marshall Ave. St. Paul, MN 55102		

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

Date 01/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yevich, Elizabeth (Ms.)	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2105 Ann Arbor Ave. #B Austin, TX 78704		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 01/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yoder, Ronald (Mr.)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 301 Kiwi St. McAllen, TX 78504		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/7 Report: 8/16		2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (TEC filers) 00002735	
4 Date 01/16/2014	5 Payee name Capital Area Democratic Women				
6 Amount (\$) \$29.00	7 Payee address City; State; Zip Code P.O. Box 12962 Austin, TX 78711				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> luncheon donation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/09/2014	Payee name Check Mark				
Amount (\$) \$64.95	Payee address City; State; Zip Code 3217 N. IH-35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ad design services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/23/2014	Payee name Check Mark				
Amount (\$) \$1,615.01	Payee address City; State; Zip Code 3217 N. IH-35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> yard signs		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/07/2014	Payee name Google				
Amount (\$) \$16.39	Payee address City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> apps for business		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/7 Report: 9/16	2 FILER NAME Brown, Garrett (Mr.)	3 ACCOUNT # (TEC filers) 00002735
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4 Date 01/07/2014	5 Payee name Panzer, Jonathan (Mr.)
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6 Amount (\$) \$745.00	7 Payee address City; State; Zip Code 2819 Foster Ln. #F144 Austin, TX 78757
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> loan payment
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/01/2014	Payee name Piryx
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Amount (\$) \$2.88	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/02/2014	Payee name Piryx
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Amount (\$) \$2.88	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/06/2014	Payee name Piryx
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Amount (\$) \$2.88	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/7 Report: 10/16		2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (TEC filers) 00002735	
4 Date 01/06/2014	5 Payee name Piryx				
6 Amount (\$) \$5.75	7 Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/11/2014	Payee name Piryx				
Amount (\$) \$2.88	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/16/2014	Payee name Piryx				
Amount (\$) \$1.15	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/17/2014	Payee name Piryx				
Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/7 Report: 11/16		2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (TEC filers) 00002735	
4 Date 01/17/2014	5 Payee name Piryx				
6 Amount (\$) \$1.15	7 Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/17/2014	Payee name Piryx				
Amount (\$) \$1.44	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/19/2014	Payee name Piryx				
Amount (\$) \$2.88	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/19/2014	Payee name Piryx				
Amount (\$) \$1.44	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/7 Report: 12/16	2 FILER NAME Brown, Garrett (Mr.)	3 ACCOUNT # (TEC filers) 00002735
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4 Date 01/20/2014	5 Payee name Piryx
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6 Amount (\$) \$1.44	7 Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/22/2014	Payee name Piryx
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Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/22/2014	Payee name Piryx
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Amount (\$) \$11.50	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/22/2014	Payee name Piryx
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Amount (\$) \$2.88	Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/7 Report: 13/16		2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (TEC filers) 00002735	
4 Date 01/22/2014		5 Payee name Piryx			
6 Amount (\$) \$1.44		7 Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/23/2014		Payee name Piryx			
Amount (\$) \$1.44		Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/23/2014		Payee name Piryx			
Amount (\$) \$14.38		Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/23/2014		Payee name Piryx			
Amount (\$) \$1.73		Payee address City; State; Zip Code 144 2nd St., 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/7 Report: 14/16	2 FILER NAME Brown, Garrett (Mr.)	3 ACCOUNT # (TEC filers) 00002735
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4 Date 01/08/2014	5 Payee name University Federal Credit Union
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6 Amount (\$) \$50.00	7 Payee address City; State; Zip Code P.O. Box 9350 Austin, TX 78766
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/21/2014	Payee name Worley Printing
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Amount (\$) \$965.59	Payee address City; State; Zip Code 3217 N. IH-35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign literature
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 15/16		2 FILER NAME Brown, Garrett (Mr.)		3 ACCOUNT # (TEC filers) 00002735	
4 Date 01/19/2014	5 Payee name 7-Eleven				
6 Amount (\$) \$31.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 9061 Research Blvd. Austin, TX 78758				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas		
Date 01/17/2014	Payee name Constant Contact				
Amount (\$) \$42.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email communications		
Date 01/04/2014	Payee name Dan's Hamburger #4				
Amount (\$) \$12.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 5602 N. Lamar Blvd. Austin, TX 78751				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for interns		
Date 01/12/2014	Payee name Dan's Hamburger #4				
Amount (\$) \$27.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 5602 N. Lamar Blvd. Austin, TX 78751				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for interns		

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 16/16	2 FILER NAME Brown, Garrett (Mr.)	3 ACCOUNT # (TEC filers) 00002735
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4 Date 01/12/2014	5 Payee name Shell
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6 Amount (\$) \$40.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1308 Koenig Ln. Austin, TX 78756
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas
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Date 01/14/2014	Payee name Time Warner Cable
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Amount (\$) \$31.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 12012 N. Mopac Austin, TX 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> January phone service
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Date 01/18/2014	Payee name Waterloo Ice House
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Amount (\$) \$53.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 8500 Burnet Rd. Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for interns
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