

# 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:

19

OFFICE USE ONLY



3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Mrs.

FIRST

David

MI

W

NICKNAME

LAST

Hamilton

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9419 Scanlan Heights Ln  
Missouri City, TX 77459

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 677-1470

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mrs.

FIRST

Kaitlyn

MI

G

NICKNAME

LAST

Hamilton

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

9419 Scanlan Heights Ln

Missouri City

TX

77459

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 322-5997

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 Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1 / 1 / 22

THROUGH

Month

Day

Year

3 / 31 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 7 / 22

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Bend ISD Board of Trustees Position 7

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

David Hamilton

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)

\$ 0

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

\$ 8,225

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 7,634

CONTRIBUTION  
BALANCE

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

\$ 591

OUTSTANDING  
LOAN TOTALS

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

\$ 3,558

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.

*David Hamilton*

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 David Hamilton, and my date of birth is 1-12-1984.

My address is 9419 Scanlon Heights Ln, Missouri City, TX, 77459, Fort Bend.  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 1st day of April, 20 22.  
(month) (year)

*David Hamilton*  
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 SCHEDULESUBTOTAL  
AMOUNT

- |     |                                     |  |          |
|-----|-------------------------------------|--|----------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 8,225 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$       |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$       |
| 4.  | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS  | \$ 7,500 |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 7,634 |
| 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 type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$       |
| 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 | \$       |



**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: <b>1</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>1-6-22</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Hamilton</b>	9 Loan Amount (\$) <b>7,500</b>
6 Is lender a financial Institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>9419 Scanlon Heights Ln Missouri City, TX 77459</b>	10 Interest rate <b>0%</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Insurance Agent</b>		13 Employer (See Instructions) <b>Insurance of Texas</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.



# 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: <b>12</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-20-2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Campbell</b> 6 Contributor address; City; State; Zip Code <b>1902 Mistvale Ct Richmond TX 77406</b>	7 Amount of contribution (\$)  <b>\$500</b>
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions) <b>Campbell Construction</b>
Date <b>1-20-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cherie Hendershot</b> Contributor address; City; State; Zip Code <b>158 Palm Blvd Missouri City TX 77459</b>	Amount of contribution (\$)  <b>\$500</b>
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		Employer (See Instructions) <b>N/A</b>
Date <b>1-21-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ryan Johnson</b> Contributor address; City; State; Zip Code <b>7315 Quiet Glen Dr Sugar Land TX 77479</b>	Amount of contribution (\$)  <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>Vice President</b>		Employer (See Instructions) <b>Alliance Defending Freedom</b>
Date <b>1-21-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allison White</b> Contributor address; City; State; Zip Code <b>3003 Wood Stork Ln Missouri City, TX 77459</b>	Amount of contribution (\$)  <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		Employer (See Instructions) <b>N/A</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 1-23-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JoAnn Heath	7 Amount of contribution (\$) \$150
6 Contributor address; City; State; Zip Code 11102 Celina Knoll Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) N/A
Date 1-23-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachelle Hostetter & Bart Hostetter	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3010 Bucknell Ct Sugar Land TX 77478		
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Charles Schwab
Date 1-24-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Wright	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 42 Burnick St Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A
Date 1-24-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco Troiani	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 950 Gardania Dr Houston, TX 77018		
Principal occupation / Job title (See Instructions) Drilling Engineer		Employer (See Instructions) Exxon Mobil
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-25-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Kenison</b> <hr/> 6 Contributor address; City; State; Zip Code <b>3034 Blue Lagoon Ct Missouri City, TX 77459</b>	7 Amount of contribution (\$) <b>\$150</b>
8 Principal occupation / Job title (See Instructions) <b>Homesaker</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>1-25-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela Davis</b> <hr/> Contributor address; City; State; Zip Code <b>20314 Prince Creek Dr Katy, TX 77450</b>	Amount of contribution (\$) <b>\$105</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Toby Perry</b> <hr/> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cherisse Wright</b> <hr/> Contributor address; City; State; Zip Code <b>6910 Spring Creek Ct Missouri City, TX 77459</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>CRN</b>		Employer (See Instructions) <b>US Anesthesia Partners</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 1-26-22	5 Full name of contributor Chialun Foster <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 106 Drake Elm Ct Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-26-22	Full name of contributor Craig Messick <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-21-22	Full name of contributor Jack Arnold <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 2707 Pecan Ct Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 1-26-22	Full name of contributor Allyson Morris <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3719 Trail Bend Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 1-27-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Washington 6 Contributor address; City; State; Zip Code 4735 Tintagel Ln Missouri City, TX 77459	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Sales Consultant		9 Employer (See Instructions) Vestige International
Date 1-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carson Block Contributor address; City; State; Zip Code 3112 Windsor Rd #219 Austin, TX 78703	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Muddy Waters Research
Date 2-1-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Evelyn Montalvo Contributor address; City; State; Zip Code 1906 Wildwood Ln Richmond, TX 77406	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-1-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jon Menefee Contributor address; City; State; Zip Code 12307 Gambit Dr Stafford, TX 77477	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Scorched Earth and Dead Bugs
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 2-2-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <del>David Hamilton</del> Jim Hoelken 6 Contributor address; City; State; Zip Code 3915 Sundance Hill Ln Sugar Land, TX 77479	7 Amount of contribution (\$) \$200
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) J+L Distributors
Date 2-4-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dudes + Daisies Contributor address; City; State; Zip Code 6310 Morgans Chase Ln Sugar Land, TX 77479	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Florist		Employer (See Instructions) Dudes and Daisies
Date 2-5-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: D. Brandon Frith Contributor address; City; State; Zip Code 9614 Randon Ln Missouri City, TX 77459	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Sr Vice President		Employer (See Instructions) Insurgente of Texas
Date 2-7-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Xueni Yang Contributor address; City; State; Zip Code 5511 Tyler Park Ln Katy, TX 77494	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-22	5 Full name of contributor Hong Cheng Guo <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; N/A City; State; Zip Code	7 Amount of contribution (\$) \$700
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 2-8-22	Full name of contributor Svenya Elackatt <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 3307 Ivy Mill Ln City; Missouri City, TX 77459 State; Zip Code	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 2-9-22	Full name of contributor Wyatt Pemberton <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 18 Hope Farm Rd City; Missouri City, TX 77459 State; Zip Code	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) 555 Group
Date 2-6-22	Full name of contributor Michael + Lina Sabouni <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 23 Palm Blvd City; Missouri City, TX 77459 State; Zip Code	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Architects		Employer (See Instructions) Auto Arch
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 2-6-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betsy McSweeney 6 Contributor address; City; State; Zip Code 2149 Wildrye Ln New Braunfels, TX 78132	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 2-6-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Thompson Contributor address; City; State; Zip Code 14826 Armitage Ln Sugar Land, TX 77498	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 1-31-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Pace Contributor address; City; State; Zip Code N/A	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) GM - Well Design		Employer (See Instructions) Chevron
Date 2-14-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Liu Contributor address; City; State; Zip Code N/A	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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## SCHEDULE A1

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2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aleksandra Lavera	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 3907 Spring Bloom Ct Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Aleksandra Lavera, MD
Date 2-18-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins, and Mott	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 1235 North Loop W. Suite 600 Houston, TX 77008		
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions) Perdue, Brandon, Fielder, Collins, and Mott
Date 2-18-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Michie	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 9111 S. Fitzgerald Way Mississauga, TX 77459		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 3-11-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridget Yeung	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 538 Lombardy Dr Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) Fort Bend Financial
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 3-8-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shyan Ananthaswamy 6 Contributor address; City; State; Zip Code 8730 Ruston Ridge Dr. Richmond, TX 77406	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 3-7-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Phillip Andrews Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sugar Land Rain Gutters
Date 3-18-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harish Tajoo Contributor address; City; State; Zip Code 62 Bradford Cir Sugar Land, TX 77479	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HT Consulting
Date 3-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Justin Schiro Contributor address; City; State; Zip Code 21118 Meadow Ash Ct Richmond, TX 77407	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) TX Representative Gary Gates
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 12
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 3-20-22	5 Full name of contributor Mark Richard <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code n/a	7 Amount of contribution (\$) \$75
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions) n/a
Date 3-29-22	Full name of contributor Allen Owen <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2022 Masters Ln Missoula City, MT 59709	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 3-29-22	Full name of contributor Sarah Beth Smith <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code NA	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 3-29-22	Full name of contributor Gary Pearson <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code n/a	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Gary Pearson Associates
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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: 12
2 FILER NAME <i>David Hamilton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-17-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Wetch</i> 6 Contributor address; City; State; Zip Code <i>5514 Shadywood Lane Sugar Land, TX 77479</i>	7 Amount of contribution (\$) <i>\$50</i>
8 Principal occupation / Job title (See Instructions) <i>NA</i>		9 Employer (See Instructions) <i>NA</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-24-22</b>		5 Payee name <b>MDL Corp Group</b>			
6 Amount (\$) <b>\$1,500</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <b>Campaign Consulting</b>		
	(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		Office sought Office held	
Date <b>1-19-22</b>		Payee name <b>GoDaddy.com</b>			
Amount (\$) <b>\$108.78</b>		Payee address; City; State; Zip Code <b>14455 N. Hayden Rd Suite 226 Scottsdale, AZ 85260</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising - Website</b>		Description <b>Website</b>		
	<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 <b>1-24-22</b>		Payee name <b>Hampton Inn</b>			
Amount (\$) <b>\$742</b>		Payee address; City; State; Zip Code <b>4909 Hwy 6 Missari City, TX 77459</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Venue Fee</b>		
	<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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-1-22</b>		5 Payee name <b>GOP Store</b>			
6 Amount (\$) <b>\$1,405.45</b>		7 Payee address; <b>404 IH-45</b>		City; <b>Huntsville, TX</b>	State; Zip Code <b>77488</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Yard Signs</b>		
	(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 _____ Office sought _____ Office held _____				
Date <b>3-24-22</b>		Payee name <b>1W Print</b>			
Amount (\$) <b>\$1,939.59</b>		Payee address; <b>4505 Hwy 6 W</b>		City; <b>Houston</b>	State; Zip Code <b>TX 77089</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Logo + Print Work, Yard Signs</b>		
	<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 <b>3-29-22</b>		Payee name <b>Sugar's</b>			
Amount (\$) <b>\$112.66</b>		Payee address; <b>3424 FM 1092 Rd</b>		City; <b>Missouri City</b>	State; Zip Code <b>TX 77459</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Food &amp; Drinks</b>		
	<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 _____				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>David Hamilton</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>PayPal</b>	
6 Amount (\$) <b>143.37</b>	7 Payee address; <b>2211 N. 1st St.</b>	City; State; Zip Code <b>San Jose CA 95131</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Donation Processing Fees</b>
	(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 Office sought Office held		
Date <b>2-2-22</b>	Payee name <b>Sugar and Iced</b>	
Amount (\$) <b>\$82</b>	Payee address; <b>15727 Cullen Rd Apt 509</b>	City; State; Zip Code <b>Houston TX 77070</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Cookies</b>
	<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 <b>3-26-22</b>	Payee name <b>James Presler</b>	
Amount (\$) <b>\$1,000</b>	Payee address; <b>8035 Cross Trail Dr</b>	City; State; Zip Code <b>Sugar Land TX 77479</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Campaign Consulting</b>
	<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		

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