The C/OH Instruction G	ulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	₩ MI	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received RECEIVED			
	Burdine	2				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Chmond TX 77407	JUL 24 REC'D Superintendent's Office			
Change of Address			Ft. Bend I.S.D.			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 855-7175	EXTENSION	Date Hand-delivered or Date Postmarked GOK 33 Jul 8:44 Mm			
6 CAMPAIGN	MS / MRS / MR	MI	Receipt # Amount \$			
TREASURER NAME	Mrs Hooliea	SUFFIX	Date Processed			
,	Burdine		Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE			
TREASURER ADDRESS	17107 Simon Ct. Ric	chmond TX 7	1407			
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 855-7175	EXTENSION				
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Month	Day Year			
	12 /31 /2018	THROUGH	75 / 2011			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description	grip was na sanga na kipina ngipa ita sikasa nikiba nikiba nikiba nikiba nikiba nikiba nikiba nikiba nikiba ni			
	General	Special				
12 OFFICE	OFFICE HELD (II any) Board of Truste	2 13 OFFICE SOUGHT (if known	1)			
	FBISD Board of Truste Position 1	:				
			AND THE PROPERTY OF THE PROPER			
GO TO PAGE 2						

14 C/OH NAME		15 F	iler ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURES.	THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
Mh Mari	SPECIFIC	COMMITTEE ADDRESS				
, ny fitski te wil gam i samokatik (	_					
. Population of	. '					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 6			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL I	\$ O				
<i>,</i>	4. TOTAL POLITICAL EXPENDITURES \$					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 28,55			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$			
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.  YADIRA CASTILLO Notary ID #124453055 My Commission Expires December 26, 2022						
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP/SEAL ABOVE						
Sworn to and subsci	ribed before me. I	by the said Jason Burdine	, this the			
day of July	_	to certify which, witness my hand and seal of office.	······································			
<u> Nadira C</u>	ouhble	yading Castillo	Assistant to the Superintendent			
Signature of officer a	dministering oath	Printed name of officer administering oath	litle of officer administering oath			

### FORM C/OH COVER SHEET PG 1

	•		And the second s
The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR FIRST	. MI	OFFICE USE ONLY
NAME .	NICKNAME LAST	SUFFIX	Dale Received
	CHARANIA	~	RECEIVED
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	7343 CHATHAM G		JUL 15 RECO
Change of Address	SUGAR LANDITR	77479	Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) U87 - U097	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST SUMITA NICKNAME LAST	MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
	altos H		Date Illiagen
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 4U7 LEWES HAW		ZIP CODE
(Residence or Business)	SUGAR LAND, TR		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 471- 6 420	EXTENSION	
9 REPORT TYPE	January 15 30th day before a	siection Runoff	teasurer appointment (Officeholder Only)
	July 15 8th day before eff	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7019	тняочен ӨС/	/30 / 2019
11 ELECTION	Month Day Year Primary  S 104 1019 General	ELECTION TYPE  Runoff  Other Description  Special	
12 OFFICE	OFFICE HELD (If any)	. 13 OFFICE SOUGHT (II know	
	NIA	PBISD POSI	TRUSTEE TION 3
j	GO TO	PAGE 2	

Revised 9/8/2015

### SUBTOTALS - C/OH

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	lers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  \$	TÖTAL OUNT
3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$  4. SCHEDULE E: LOANS \$	95.00
4. SCHEDULE E: LOANS \$	-
4. SomeDutte. Loans	
5 TV	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 00	30.33
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$\langle \lambda	<u>. 8U</u>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ RETURNED TO FILER	

MONETARY POLITICAL CONT	RIBUTIONS SCHEDULE A1
The instruction Guide explains how to complete	this form. 1 Total pages Schedule A1:
2 FILER NAME AFSHI CHARANIA	. 3 Filer ID (Ethics Commission Filers)
· · · · · · · · · · · · · · · · · · ·	PAC (ID#: 7 Amount of contribution (\$)
4/30/19 ESMAIL MANJEE  6 Contributor address; City; S 4023 TURTLE TRAILS	State; Zip Code 25.00 SUGAR LAND TRITHIS
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
EXEC. MGMT-	SOLE TECHNOLOGY INC.
1 0	Amount of contribution (\$)
5/1/19 HZ12 HUDA- Contributor address; City; 5 13430 SUTUMAN TRAILS	tx 77491
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date  Full name of contributor  OF 1419  TANYA AND NOVRAU  HUSS ALIN  Contributor address;  OHCHANUS  Contributor address;  City; S  OF 187 (H2419)	
Principal occupation / Job title (See Instructions) BUSINESS CW NEA	Ėmployer (See Instructions)
ALBURA SOM AUBURAL PATT	
Principal occupation / Job title (See Instructions) BUSINESS OWNER	Employer (See Instructions)
	TO OF THIS COHEDITY E AS MEETED
ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see	S OF THIS SCHEDULE AS NEEDED instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

<del></del>		
1 the Property of the State of	EXPENDITURE CATEGO	RIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P y Gift/Awards/Memodals Expense P	oan Repayment/Reimbursement Solicitation/Fundraising Expense  filice Overhead/Rental Expense Transportation Equipment & Related Expense  folling Expense Travel in District  Travel in District  Travel Out Of District  Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
314	AFSHI CHAPANI	(A·
4 Date (9) (2) (9)	5 Payee name FT. BEND COUNTY	ELECTIONS OFFICE
6 Amount (\$)	7 Payee address; City; State; Zip (	
96.00	4570 READING ROA ROSENBERG, TX	7747 (
8	(a) Category (See Categories listed at the top of this sche	
PURPOSE	11 DD 01 -371 )G	Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	MARKETTNET	Check If Austin, TX, officeholder living expense
		,
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/14/19	PT. BEND COUNT	Y ELECTIONS OFFICE
Amount (\$)	Payee address; City; State; Zlp (	
2500	4520 READING PD	A
13	POSENREPB. TX-	7747
	Category (See Categories listed at the top of this sche	dule) Description
PURPOSE		Check If travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	MARKETTNG	Check If Austin, TX, officeholder living expense
•	•	
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/13/19	APREEN ALL	
Amount (\$)	Payee address; City; State; Zip o	Code
2000 0	N/A.	
	Category (See Categories listed at the top of this sche	edule) Description
PURPOSE	ADVERTIONG - CAMPA	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		
	GRAPHICS	
Complete ONLY If direct expenditure to benefit G/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	FTHIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

22

#### schedule F1

		EXPENDIT	URE CATE	GORIES I	FOR BOX 8(a)	1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gitl/Awards/Memori Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Exp Salaries/M		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 7-61 01 11 72	Ta					2 Ell-y ID (Ethica Commission Filess)
1 Total pages Schedule F1:		_	ANIA			3 Filer ID (Ethics Commission Filers)
4 Date 5/2/19.	5 Payee na	PA TAN	ER T	ECH		
800 - <u>47</u>	7 Payee ad	NIA -	ty; State; Z	Ip Code		
8	(a) Category	(See Categories listed	at the top of this	schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Nav	eting	door	· 5	Check if travel or	utside of Texas, Complete Schedule T. n, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OF		ate / Officeholder	name	•	Office sought	Office held
Date	Payee na	me				
5/2/19	511	ZIPE				
Amount (\$)	Payee ac	ldress; Gl	ty; State; Z	lp Code	,	
1-03		SAN	FRAN	Sus	co, ca	
	Category	(See Categories listed	at the top of this	schedule)	Description	
		•	_ `		I —	itside of Texas, Complete Schedule T.
PURPOSE OF	OFF	1CE EX	CPENS	(A)		•
EXPENDITURE					. Check if Austin	, TX, alliceholder living expense
		1-60				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought	Office held
Date	Payee na	ame				
5/3/19	•	TRIPE		,		
Amount (\$)	Payee ac	ldress; Ci	ty; State; Z	ip Code		
7.55		SAN FR	Acis	ر می	ca ·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Forme provided by Tayae Ethice Commission

PURPOSE OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

us Revised 9/8/2015

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### schedule F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/FundralsIng Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		iemorials Expense	Polling Expen Printing Exper Salaries/Wage		Travel in District Travel Out Of Di Other (enter a ca	
Credit Card Payment	: The Instru	ction Guide explai	ns how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME HFSH1	CHAPAT	JIA		3 Filer ID (E	thics Commission Filers)
4 Date 6/5/19	5 Payee name ZEES HAT	U (SHA	10 -	1460 R	4010.	
6 Amount (\$)	7 Payee address;	City; State; Z	lip Code			
250.00	NIA-	20ESH	ANOR	AIR CE	M	
8	(a) Category (See Categorie	s listed at the top of this s	schedule) (	b) Description		
PURPOSE					l outside of Texas. Compl	
OF EXPENDITURE	MARKET	120		L Check If Aus	stin, TX, officeholder li	Ving expense
		1				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeho	older name	<u>,                                     </u>	Office sought		Office held
	I					
Date	Payee name					
Le [5] 19.	AGA'S P	ESTAN	RAN	.7		
Amount (\$)	Payee address;	City; State; Z	•	<b>,</b>		
34700	11842 M	II L'CREC	• • •	'		-
0110.	Hous	XT JUNOT	775	78 (		
	Category (See Categories	s listed at the top of this s	schedule)	Description		
PURPOSE OF	EVENT	EXPEN	>S <del>5</del> -	<del>-</del>	outside of Texas, Comple	
EXPENDITURE	h	-0		- Oneck II Aus	tin, TX, atticeholder ilv	arbanse
•	VOLUNTER	TK ZEPIATI	$\perp c_{n}$	•		
Complete ONLY if direct	Candidate / Officeho	older name		Office sought		Office held .
expenditure to benefit G/OF	1	•				
Date	Payee name	-				
	1 2	0	0 A . KT			•
6/8/19	AGAS 1	LESTHU	KHUT	•		
Amount (\$)	Payee address;	City; State; Z	ip Code			
286.28	11842, WI	LEREST	DR-			
200.	I Hous	TX MOTO	770	3/		
	Category (See Categorie	s listed at the top of this :	schedule)	Description	•	
PURPOSE	EVENTE	RPENSE		<del></del>	outside of Texas, Comple	
OF EXPENDITURE	.6	$\mathcal{L}$		Check If Aus	stin, TX, officeholder li	ving expense
	WUUNTE		22)			•
ن د د د د د د د د د د د د د د د د د د د		KECIH	1000	Office sought		Office held
Complete <u>ONLY</u> If direct expenditure to benefit C/OI-	Candidate / Officehol	older name		Onice sought		Office rioto

### EXPENDITURES MADE BY CREDIT CARD ...

SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		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 exp	lains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$ 14.80
5 Date 4/30/19	6 Payee name GSUITE		
7 Amount (\$) 5. 25	8 Payee address; City; Stat	e; zip Gode 2E PKWY MOL	INTAIN VIEW, CA 94043
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top	of this schedule) (b) Descript	lon
PURPOSE OF EXPENDITURE	OFFICE- EMAIL	OCC T Check	If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
5 30 19	Payee name GSUITE		
Amount (\$)	Payee address; City; Sta	ate; Zip Code FTRE PKWY (	NOUNTAINVIEW, A
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	1. ACCT LICHEO	tion k litravel outside of Texas. Complete Schedule T. ck lf Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name	e Office sought	Office held
	•		•
. ,			
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS I	NEEDED

### EXPENDITURES MADE BY CREDIT CARD ...

### SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Foot/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Rontract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Charles a relation and listed shove)

	ontributions/Donations Made By Candidate/Officeholder/Political		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explain	s how to complete this form.	
<b>1</b> T	otal pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 7		IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 16.80
5 E	Date	6 Payee name GSUITE		
7 /	Amount (\$)	8 Payse address; City; State;		LOUNTAINVIEW, CA 9404B.
9	TYPE OF EXPENDITURE	Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Gheck i	ON I travel outside of Texas, Complete Schedule T, if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> If direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
	Date	Payee name		
	Amount (\$) ,	Payee address; City; State;	Zip Code	
	TYPE OF EXPENDITURE	Political [	Non-Political	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	Check	tion If travel outside of Texas. Complete Schedule T. < If Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name DH	Office sought	Office held
	•			
	ų.			
1			- <del></del>	

T				
	Guide explains how to compl		r ID	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Allison	MI	OFFICE USE ONLY
				Date received
sia.	NICKNAME	LAST Drew	SUFFIX	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	77 Sugar Creek Blvd.			
ADDRESS	Suite 375			Receipt # Amount
Change of Address	Sugar Land, TX 77478		K , a	Date Processed
				Date Imaged
			1	Date inaged
5 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	
NAME	MR.	J.	GOODWILLE	
	NICKNAME	LAST	SUFFIX	
	2	PIERRE		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	5330 GRIGGS RD		SUITE F105 HOU	JSTON TX 77021
(Residence or Business)			4	70101.
7 CAMPAIGN	AREA CODE PHON	IE NUMBER EXTENS	SION	
TREASURER PHONE	832 224-6	6539		
8 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer
8				appointment (officeholder only)
	X July 15	8th day before election	Exceeded \$500 limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year
COVERED	04/25/2019	THROUGH	H 06/30/2019	3
10 ELECTION	ELECTION DATE		ELECTION TYPE	panage
	Month Day Year	Primary	Runoff	Other
		General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)
	Fort Bend Independent Sc Trustees Place 5 District F	hool District Board BISD Place Place 5 Pl	lace	
1115	A colony of the	In a Committee of the	1 1 37	I To - Dygg
: a		GO TO PAG	GE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 10

					,		
13 C / OH NAME	Drew, Allison		14 Filer ID		1		
15 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.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
_	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC	SPECIFIC					
	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS	1. TOTAL POLITIC LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	50.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	150.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				106.00		
	4. TOTAL POLITICAL EXPENDITURES				3,769.20		
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</li> </ol>			\$	176.47		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00						
17 AFFADAVIT							
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to				
State of 14th	TI HAN STEVEN Notary ID # 12906 My Commission Ex August 23, 202	6384 pires 0 \$ignature	of Candidate or Officehold	ler			
AFFIX NO	TARY STAMP / SEAL AB		. —	,			
Sworn to and subso	cribed before me, by the s	ertify which, witness my hand and seal of office.	, this the \ \ \ \		day		
Signature of offi	Attachu cer administering	Printed name of officer administering	Title of officer	administering	blic g oath		

### SUBTOTALS - C/OH

			3 01 10		
	8 FILER NAME Drew, Allison  19 Filer ID				
	NAME OF SCHEDULE				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	11104	\$ 150.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 103.75		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 447.95		
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 3,217.50		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/10
2	FILER NAME Drew, Allison	3 Filer ID
4	Date 06/30/2019  5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$100.00
8	A SOUND OF THE STATE OF THE STA	Gee Instructions)  Physician Practices
		s a

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Co	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen mmittee Legal Services The Instruction Guide (	Office Ov Polling E: nse Printing E Salaries/	erhead xpense Expens Wages	e /Contract Labor		Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Rel	ated Expense	-
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID			1
	Sch: 1/1 Rpt: 5/10		Drew, Allison								١
4	Date	5	Payee name								1
	04/28/2019		Texas Democratic Party								١
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode						1
	\$103.75		PO Box 116								١
			Austin, TX 78767								١
8	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description					1
	OF EXPENDITURE		Consulting Expense		1			ide of Texas. Complete		Т.	١
						Consulting/V		, officeholder living expe	nse		١
						Consumgre					١
9	Complete ONLY if direct	_	Candidate/Officeholder name	Office so	ught			Office held			1
	expenditure to benefit C/O										١
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#### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense **Event Expense** Accounting/Banking Consulting Expense Food/Beverage Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID Sch: 1/2 Rpt: 6/10 Drew, Allison TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 106.00 Date Payee name 05/04/2019 Bar Louie Amount (\$) Payee address; City; State; Zip Code \$111.86 16089 City Walk Sugar Land, TX 77479 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Event 11 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/29/2019 Off The Vine Bistro Amount (\$) Payee address; City; State; Zip Code \$69.26 2865 Dulles Ave Missouri City, TX 77459 TYPE OF Х Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID Sch: 2/2 Rpt: 7/10 Drew, Allison \$ 106.00 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name Date 05/04/2019 Vino & Vinyl 7 Amount (\$) Payee address; City; State; Zip Code \$160.83 15977 City Walk Sugar Land, TX 77479 TYPE OF 9 Non-Political Political X **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Travel in District Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 1/3 Rpt: 8/10 Drew, Allison Date 4 Payee name 05/04/2019 Cartes, Rodney Amount (\$) Payee address; State; Zip Code City; 1209 Adams \$1,020,00 Reimbursement from political contributions Missouri City, TX 77489 intended PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE Block Walking** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 05/11/2019 Hightower, Robert (Mr.) Amount (\$) Payee address; City; State; Zip Code \$150.00 5239 Honeyvine Dr. Reimbursement from political contributions intended Clear Lake, TX 77048 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** Sign Removal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2019 Lundy, Hazel Amount (\$) Payee address; City; State; Zip Code \$120.00 17022 Quail Bend Dr. Reimbursement from political contributions intended Missouri City, TX 77489 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** Polls Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	ayment/Reimbursement rrhead/Rental Expense pense upense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total margas Cabadula Co	O FILED NAME	Tz	51ID
1	Total pages Schedule G: Sch: 2/3 Rpt: 9/10	2 FILER NAME Drew, Allison		3 Filer ID
4	Date	5 Pavee name		
•	05/04/2019	5 Payee name Martinez, Joseph		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,220.00	10110 Berry Limb Dr.		1
	Reimbursement from political contributions intended	Houston, TX 77099		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE		Consulting	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
-	Date	Payee name		
	05/01/2019	Slow Cooked Meats, LLC		
_	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$500.00	14423 Lazy Willow Court	uc	
	Reimbursement from political contributions intended	Missouri City, TX 77489		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
		,	Event Catering	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
-	Date	Payee name	***	
	05/28/2019	Texas Democratic Party		
_	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$103.75	PO Box 116		-
	Reimbursement from			
	political contributions intended	Austin, TX 78767	191	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense
			Consulting/VAN	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
_				

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Advertising Expense **Event Expense** Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment Salaries/Wages/Contract Labor OTHER (enter a category not listed above) **Legal Services** The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule G: 2 FILER NAME Sch: 3/3 Rpt: 10/10 Drew, Allison Date Payee name 06/28/2019 **Texas Democratic Party** 6 Amount (\$) Payee address; City; State; Zip Code \$103.75 PO Box 116 Reimbursement from political contributions intended Austin, TX 78767 8 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Consulting/VAN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit CIOH

		· · · · · · · · · · · · · · · · · · ·	
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS (MRS )MR FIRST GRAYLE	мі 7.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	RECEIVED
	JAMES		,
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	1810 MAIDENHA		JUL 15 REC'D
Change of Address	SUGARLAND, TY	/	Superintendent's Office Ft. Bend I.S.D.
5 CANDIDATE/ OFFICEHOLDER PHONE	(281 ) 565-7191	EXTENSION	5.26 p.m.  Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	(MS)/ MRS / MR FIRST	MF	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	GREGOR	<b>y</b> '	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT IS  1803 RUCK FENCE  RICHMUND, 74		ZIP CODE
8 CAMPAIGN TREASURER PHONE	ARÉA CODE PHONE NUMBER (832) 443-3503	EXTENSION	
9 REPORT TYPE	Jánuary 15 30th day before o	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 ath day before ell	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
GOVERED	01 /15/19	тняоидн ОТ/	15/19
11 ELECTION	ELECTION DATE	ELECTION TYPE	<u> </u>
	Month Day Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
	FURTBEND FSD TRUSTEE, POSITION &	2	
	go то	PAGE 2	

14 C/OH NAME GR	AYLE T	. JAMES 1	5 Filer ID (Ethics Commission Filers)			
16 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					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL PLÉDGI	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN \$ .09			
	Ž. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ <del>-</del>			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,135.			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	* 1,429,19			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT		I swear, or affirm, under penalty of	perjury, that the accompanying report is formation require to be reported by me			
	YADIRA CASTIL Notary ID #1244 My Commission E	LLO under Title 15 Election Code. 53055 Expires	10			
	December 26, 2022  Signature of Candidate or Ottocholder					
AFFIX NOTARY STAI	MP/SEALABOVE		V			
Sworn to and subscribed before me, by the said Grayla Junes , this the 15th						
day of July		, to certify which, witness my hand and seal of office				
Wadua !	Casillo	Yadira Castillo	Assurant to the			
Siljnature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath			

### SUBTOTALS - C/OH

19 FILER NAME GRAYLE T. JAMES 20 Filer ID	(Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	us \$ 1,135. °°
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ .09

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out Of District Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME GRATLE T. TAMES 3 Filer ID (Ethics Commission Filers) 5 Payee name FBRWC PAC 7 Payee address: City; State: Zip Code 1810 Maiden Ita; Suscread, TX 77479 4 Date 1) 14/19 6 Amount (\$) A 35,00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. contribution/ ponation PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 1/26/14 FBC GOP City; State; Zip Code Pavee address; Amount (\$) Po Box461 \$ 1,000 Sugar Land. Tr 77487 Category (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. contribution/Dunation Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date FBRWC PAC 4/2/19 Payee address; City; State; Zip Code Amount (\$) \$ 100-Sugar Land, 77 77479 Category (See Categories listed at the top of this schedule) Description Contribution / Duration Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	ule K:
2 FILER NAME	GRAPLE T. JAMES	3 Filer ID (Ethics	Commission Filers)
1 Date 131- 115119	5 Name of person from whom amount is received  WELLS FARGO RANK  6 Address of person from whom amount is received; City; Sta	te; Zip Còde	8 Amount (\$)
	7 Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	ate; Zip Code	Amount (\$)
	Purpose for which amount is received Check	k if political contribution	returned to filer
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	ate; Zip Code	Amount (\$)
	Purpose for which amount is received Check	k if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	itate: Zip Code	
	Purpose for which amount is received Chec	k if political contribution	l returned to filer

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: **OFFICEHOLDER** 15402 Oban Terrace lane MAILING ADDRESS Change of Address AREA CODE EXTENSION 5 CANDIDATE/ PHONE NUMBER **OFFICEHOLDER** Date Hand-delivered or Date Postmarked 980.8071 (201) PHONE CAMPAIGN MS / MRS / MR МІ Receipt # Amount \$ TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged suzanne STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE TREASURER 3901 Senna Place **ADDRESS** gar Land, Ty 17479 (Residence or Business) 8 CAMPAIGN **EXTENSION TREASURER** (201) 980. 9051 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Altach C/OH - FR) 10 PERIOD Day COVERED 4/25/2019 6/30/2019 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Other Description Month Year General Special 13 OFFICE SOUGHT (If known) 12 OFFICE FBISD Trustee FBISD Trustee Position 3 Position 3. **GO TO PAGE 2**

CAMPAIGI	VIIIVAIVO	LILLIOITI	COVER SHEET FG 2			
14 C/OH NAME	im Ric	e (James D. Rice)	15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE INSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TURES.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
	P	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00			
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0.00			
,	4. TOTAL	POLITICAL EXPENDITURES	unt \$10,020.62 T DAY \$ 222.76			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS ORTING PERIOD				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LY OF THE REPORTING PERIOD SCHOOL AMOUNT.	* 17,157.91			
18 AFFIDAVIT		I am an attlem underweedlige	markers that the aggreementing report is			
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.  Comm. Expires 08-08-2020 Notary ID 30768971  Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said						
4	Christel A - Corral Administrative Assistant.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

### SUBTOTALS - C/OH

19 FILERNAME Jim Rice	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	F 1 345 C.	\$ 100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	IS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 2,481.18 \$ 10,020.42
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$10,020.62
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$ 1,276.46
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIG	BUTIONS	\$

p. 4 of 9.

MONE.	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1			
The	Instruction Guide explains how to complete th	s form.	1 Total pages Schedule A1:			
2 FILER NAME	Jim Rice		3 Filer ID (Ethics Commission Filers)			
4 Date 4/29/ 2019	5 Full name of contributor out-of-state PA  George Wat a nate  6 Contributor address: Tee Bry Kerwa  Houston, Tx, 1709	7 Amount of contribution (\$)				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City; State					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City; State	o; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City; State; Zip Code					
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	lons)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

LOANS	to engle of the start of the st	SCHEDULE E				
The Instruction Guide explains how to com	nplete this form.	1 Total pages Schedule E:				
2 FILER NAME Jim Rice		3 Filer ID (Ethlcs Commission Filers)				
4 TOTAL OF UNITEMIZED LOANS		\$				
5 Date of loan 6 Is lender a financial Institution? 7 Name of lender Dout-of-sta	te PAC (ID#:) State; Zip Code	9 Loan Amount (\$) 4 1 50.00 10 Interest rate				
Y 🚯		11 Maturity date				
12 Principal occupation / Job title (See Instructions)  Program Manager/President		Consultants				
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political				
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)				
18 Guarantor address; City;	State; Zip Code  21 Employer (See Instructions)					
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)					
Date of loan    Name of lender   out-of-star   Out-of-star   Out-of-star	tle PAC (ID#:)	Loan Amount (\$) 16 \$1,731. 发露				
Is lender Lender address; City; a financial Institution?	State; Zip Code	Interest rate  A  Maturity date				
Y	4 41 - 1 -	N/A				
Principal occupation / Job title (See Instructions) Program Manager / President	Riw hanner (	Consultants.				
Description of Collateral	Check If personal funds were account (See Instructions)	deposited into political				
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)				
Guarantor address; City;	State; Zip Code					
not applicable						
Principal Occupation (See Instructions)	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.						

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gi	se Expense	Office Ove Polling Ex Printing Ex Salaries/M		Travel In District Travel Out Of Distri	ipment & Related Exp	
1 Total pages Schedule F1;	2 FILEB N	ANAE				3 Filer ID (Ethi	cs Commission File	ere)
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5/14/2019	5 Payee na	nhower	Cous	ult	ina, uc			
6 Amount (\$)	7 Payee ad	A	State; Zip	Code	),			
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8	(a) Category	(See Categories listed at	the top of this scho	edule)	(b) Description			
PURPOSE	1	0.00	1.00			tside of Texas. Complete		
OF EXPENDITURE	Cons	ulting 1	EXOCU	se	Check if Austin	, TX, officeholder living	g expense	
	00.1.	7			Campaign	Consi	alting.	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	me		Office sought		Office held	
Date	Payee na	me						
5/29/2019	Sou-	thern C	Chine	Se !	Daily			
Amount (\$)	Payee ad	dress; City;	State; Zip	Code	)			
\$360.00		E					1007	
PURPOSE OF EXPENDITURE	, .	(See Categories listed at I	Expun	adule)	Check if Auslin,	TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder nan	ne		Office sought		Office held	
Date ,	Payee na	me						
6/3/2019	1 4		Cons		ing, LL	٥.		
Amount (\$)	Payee add	1	State; Zip C	Code		•		
drana	3010	Arrowl	nead					
\$800.00	Shor	in Land	TX.	77	4.79			
	-	(See Categories listed at th	he top of this sche	adule)	Description			
PURPOSE	^					ide of Texas. Complete S	chedule T.	
OF	Cone	sulting	Exper	use		TX, officeholder living		
EXPENDITURE	COII.	Duiling	is fe.	1)0	0	· lous	11.	
		)			Campaig	y cons	ulting	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder na	me		Office sought		Office held	
	ATT	ACH ADDITIONAL	COPIES OF	THIS S	CHEDULE AS NEED	DED		_

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CA	TEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics Commission Filers)
p. 2013	Ji	m Rice			
4 Date / 129/2019	5 Payee na	+ Levine/A		mmunica	ations
6 Amount (\$)	7 Payee ad	dress; City; State; Bellaire Bly	Zip Code	909	
400.00	Hon	Hon, Tx. T	1036	- 3499	
8	(a) Category	(See Categories listed at the top of	(his schedule)	(b) Description	
PURPOSE			-	Check if travel out	Iside of Texas. Complete Schedule T.
OF EXPENDITURE	CONS	ulting txp	euse	Check if Austin,	, TX, officeholder living expense
EXPENDITURE	Cons	3 - 17		Political	Expense.
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held
Date	Payee na	me	in the same of the		1.11
4/30/2019	Burt	- Levine/At	bl Con	nnunica	tions.
Amount (\$)	Payee ad	dress; City; State;	Zip Code	-1	, , ,
\$ 90.00	9991 Houg	Bellaire Tx.	Blvd. 1036	*909	
	Category	(See Categories listed at the top of	his schedule)	Description	
PURPOSE				Check if travel outs	side of Texas. Complete Schedule T.
OF	Cons	Ultima Expe	MSI.	Check if Austin,	TX, officeholder living expense
EXPENDITURE	Cerry	wing are	1100	Politica	1 Expense.
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expenditure to benefit C/OH	122411. 12.27 <u>1</u>				
Date	Payee na	me			1
5/14/2019	Fort	Bend Sta	r		
Amount (\$)	Payee ad		Zip Code		
\$399.00	P.O. T	BOX 2369	1149	7	
	Category	(See Categories listed at the top of t	his schedule)	Description	and the second s
DUDDOGE		The second second			side of Texas. Complete Schedule T.
PURPOSE OF	Adva	utising Ba	Device		TX, officeholder living expense
EXPENDITURE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			News pa	per Aks.
Complete ONLY if direct	Candida	te / Officeholder name		Office sought	Office held
expenditure to benefit C/OH					
	ATT	ACH ADDITIONAL COPI	ES OF THIS S	SCHEDULE AS NEE	DED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Glitt/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense			
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4 Date 1	5 D	JIM FICE	•						
6 3 2019	5 Payee na	nael Scott	-						
6 Amount (\$)	7 Payee ac	ddress; City; State;	Zip Code						
\$500.00	House	Houston Texas 71096							
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE	1 A. 11	iertising			utside of Texas. Complet				
EXPENDITURE	7.00	allening		Design o	t, TX, officeholder livi	paign			
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held			
Date	Payee na	me							
6/20/2019	Pan	nela Printin	19						
Amount (\$)	Payee ad	dress; City; State; Z	Zip Code	h .	1. 010				
\$5,670.41	Sug	ar Land, T	ers	1478	te 310				
	Category	(See Categories listed at the top of this s	schedule)	Description					
PURPOSE OF	Adv	ertising			side of Texas. Complete TX, officeholder livin				
EXPENDITURE	1-0.00	annig		M & 1 &		sand			
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held			
expenditure to benefit C/OH									
Date	Payee na	me							
Amount (\$)	Payee add	dress; City; State; Zi	ip Code						
	Category	(See Categories listed at the top of this s	chedule)	Description					
PURPOSE OF					ide of Texas. Complete	CONDITION AND SERVICE AND SERV			
EXPENDITURE				L   Check if Austin,	TX, officeholder living	expense			
Complete ONLY if direct		te / Officeholder name		Office sought		Office held			
expenditure to benefit C/OH									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction O	nse Is Expense	Office Ove Polling Ex Printing E Salaries/V		Travel In District Travel Out Of Dist	ulpment & Related Expense
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6 Amount (\$)	7 Payee add	iress; City;	State; Zip C	Code			
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Reimbursement from political contributions intended	Sug	ar Cree	In Cen			and, 1x.	77479.
8 PURPOSE	(a) Category	See Calegories listed at t	he top of this sched	dule) (1	b) Description		
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EXPENDITURE	Election	1 Watch	Even	1.	Check If Austin,	TX, officeholder living ex	xpense
9 Complete ONLY if direct		ate / Officeholder r	name		Office sought		Office held
expenditure to benefit C/0	ЭН						
Date ,	Payee nam	ne					*
15/1/2019	Fort	Bend	Star				
Amount (\$)	Payee add	ress; City;	State; Zip C	Code			
\$ 240.	P.O.	DOX 23	69				
Reimbursement from political contributions intended	Staf	ford,	Tx. 7	749	7		
La catalana	Category (	See Categories listed at t	ne top of this sched	dule) (k	) Description		
PURPOSE OF	Adver	die 10			Check if travel outsi	de of Texas. Complete Sch	edule T.
EXPENDITURE	Maria	11-51 110			Check if Auslin,	TX, officeholder living ex	pense
Complete ONLY if direct		ate / Officeholder n	ame		Office sought		Office held
expenditure to benefit C/C	ЭН						
Date ,	Payee nam	ie					
5/15/2019	Fort	Bend	Star				191
Amount (\$)	Payee add	ress; City;	State; Zip C	Code			
3349	P.O	BOV 23	601				
4070 XX	0.10	NOT TO	+ 1	11	an		
Reimbursement from political contributions intended	STAY	ford,	1×. 1	14	11		
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EXPENDITURE	Have	ertising			Check if Austin, T	X, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder n	ame	. (	Office sought		Office held
					The state of the s		
	ATTAC	CH ADDITIONAL (	COPIES OF T	гніѕ ѕс	HEDULE AS NEED	DED	
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1	·					
The C/OH Instruction C	ruide explains how to complete this form.	1 Filer ID (Eigles Commission Filers)	2 Total pages fil	ed:		
3 CANDIDATE/	MS/MRS/MR FIRST	. ' MI	OFFICE	USE ONLY		
OFFICEHOLDER NAME	MA DAVI P	Z. SUFFIX	Date Received			
	DAVE ROSENTHA	ýc · · ·				
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	UN! STATE: ZIP CODE				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 685-1081	extension	Date Hand-delivered	or Date Postmarked		
6 CAMPAIGN	MS/MRS/AR FIRST	MI	Receipt #	Ameunt \$		
TREASURER NAME	MA. MICHAEL		Dale Processed			
	CHAN		Date braged	, , , , , , , , , , , , , , , , , , , ,		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SH 6611 SUTTENS CREEK TRAIL	•	za code 7 7 K S G			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NÚMBER (281) 208-5609	extension		•		
9 REPORT TYPE	January 15 30th day before el	,	treasurer and (Office noide			
10 PERIOD COVERED	4 /25/19	THROUGH 7/	Day Year	,		
11 ELECTION ·	ELECTION DATE	ELECTION TYPE				
•	Month Day Year Primary  5 / 4 / 19 General	Runoff Other Description Special				
12 OFFICE	FDISD POS 7	13 OFFICE SOUGHT (8 known	)			
GO TO PAGE 2						

14 C/OH NAME	VID 1	COSENTIA C	Filer ID (Ethics Commission Filens)				
16 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 SUTHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUERED TO REPORT THIS DIFFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE ADDRESS					
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	_				
		Committee Campaign Theasurer Address	-				
17 CONTRIBUTION TOTALS		olitical contributions of \$50 or less (other than S, loans, or guarantees of loans), unless itemized	\$ 1600 =				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ .				
EXPENDITURE TOTALS	3. Total political expenditures of \$100 or less, \$ unless itemized						
	4. TOTAL POLITICAL EXPENDITURES \$ 752. 52  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 847, 48						
CONTRIBUTION BALANCE	5. Total political contributions maintained as of the last day $\$847.48$						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$						
Is wear, 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.  YADIRA CASTILLO Notary ID #124453055 My Commission Expires December 26, 2022  Signature of Candidate or Officeholder							
AFFIX NOTARY STAMP/SEALABOVE							
Swom to and subscribed before me, by the sald David Rosenthal this time 11eth day of July 2019, to certify which, witness my hand and seal of office.  Wadle Cashlo Yading Oashilo Supernhaden							
Signature of officer a	sillo diministering cain	Printed name of officer administering oath	Supernumber Supern				

# SUBTOTALS - C/OH

19 F	DAVID ROSENTHAC 20 Filer ID (Ethics Co	ommission Filers)				
	CHEDULE SUBTOTALS  AME OF SCHEDULE	SUBTÖTAL AMOLINT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS ,	\$ 1600				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ "				
4.	SCHEDULE E: LOANS	\$				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 332/2				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE AT

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: / りた (
2 FILER NAME DAVID RESENTABLE	3 Filer ID (Emins Commission Filers)
4 Date 5 Full name of comributor	7 Amount of contribution (5)
HARISH JAJOO  4-16-19 6 Contributor address; Chy; State; Zip Code  62 BANDFOND CIR  SUGARLAND X. 774-79  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	50000
	utions)
ENGINEER	
Date Full name of contributor ☐ cot-of-steps PAC (10+)	Amount of contribution (S)
5-419 DEAN. HR. B.ACEK.  Contributor address; City; State; Zip Code  130 INDU STRIAL BLUD.	500 00
Principal cooupation / Job tile (See Instructions)  Employer (See Instructions)	tions)
ATTORNEY	
Date Full name of contributor	Amount of contribution (S)
6-2-19 /RFAN A BUI Contributor address; City; State; Zip Code 10918 SHETTLESTON DA. RICHMOND TX. 77407	50000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	silons)
CONSTRUCTION	
Date Full name of contributor	Amount of contribution (\$)
4-249 WINSTON GOUDNICH 4010 SHONG VIEW LN MISSOUR, CITY 18. 77459	100
Principal occupation / Job title (See Instructions)  - FINANCIAL ANALYST  - FINANCIAL ANALYST	
- FINANCIAC TIMA 93/	
•	
	NAME OF THE OWNER, THE
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I if contributor is out-of-state PAC, please see instruction guide for addition	ÆEDED at reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Barking
Consulting Expense
Contributions/Donations Made By
Candidate/OfficeInden/Political Committee

Event Expense Fees Food: Beverage Expense Colferentis Memoria's Expense Legal Services

Loan Repayment/Reimbursement OSos Overhead/Rental Expense Polling Expense Printing Expense Seleces/Vages/Ourtract Labor Solicitation/Fundralising Expense
Transportation Equipment & Related Expense
Travel by District
Other (enter a catagony not listed above)

Candidate/Officeholden/Posic		ng Expense Travel Out Of District			
Credit Gard Payment	al Committee Legal Services Salari	izes/Viages/Contract Labor Other (enter a category not listed above)			
Contract System	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	DAVID ROSEALT				
1012	,	40 0			
4 Date	5 Payee name				
4-2279.	ARCOMPUNICATON				
6 Amount (\$)	7 Payee address; City; State; Zip Cod.	la			
d Amount (p)	A TALL TO COLUMN STATE OF COLU	ic .			
9000	1.7600 G CCN F 18CD C1.				
9//	HOUSTON TX.	7700/			
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	EV EMAILS	Check if travel outside of Texas. Complete Schedule T.			
OF		Gheck if Austin, TX, officeholder living expense			
EXPENDITURE					
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/Oi		Cipros obdition			
		- Company Company Control of the Con			
Date	Payee name				
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5-4-19	100				
7 ' . ' 7	AB COMMUNICA TOUNS Payee address; City; State; Zip Cod				
Amount (\$)	Pavee address: City: State: Zip Cod	le ,			
	9600 GLENFIELD CT.	· .			
\$11500	1600 OCENTIECH CY.	·			
110	11/2/15 - 72 75	7001			
	HUUSTUN TX. 77 Category (See Categories listed at the top of this safes (see	7076			
	Calegory (See Calegories listed at the top of this safedyle)	Description :			
PURPOSE	EARLY VOTE EMAILS	Check titrarel outside of Heras, Complete Schedule T.			
OF		Check if Austin, TX, officeholder living expense			
EXPENDITURE	FOISD VOTER ROLL				
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Complete ONLY if direct	Candidate / Officeholder mame	Office sought Office held			
expenditure to benefit C/Oi	-				
6.	Payer rome				
Date	Payee name				
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5-2-19	JUDY DAG				
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Allouit (3)	Payee address; City; State; Zip Code	e			
Do -					
55					
	Gategory (See Categories listed at the top of this schedule)	Description -			
PURPOSE	DATA FINDER	Check ill transforts the of Texas. Complete Schedule I.			
OF	7. 7. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Check if Austin, TX, officeholder living expense			
EXPENDITURE		Check if Austin, 1X, oniceitology living expense			
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-	•	100			
Complete Office of the complete of the complet	Candidate / Officeholder name	Office sought Office held			
Complete <u>OMY</u> if direct expenditure to benefit C/OH		Onice near			
esperantice to person of or	•				
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
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Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Рауве пате	
4-26-19	took Rook	
7	FACE Book 7 Payee addrese; City; State; Zip Code	
6 Amount (\$)	/ Payee address; City; State; Zip Code	
50 00	FACE BOOK INTERNOT	PAYMENT
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	1 7 1	Check If travel outside of Texas, Complete Schedule T.
PURPOSE OF	FACE BOOK	Check if Austin, TX, officeholder living expense
EXPENDITURE		Check it Mustin, 17, discensides siving expense
	ADVERTISTING	
9 Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Ol	1	•
Date	Payee name	
A-30-19	FACE BOOK	
Amount (\$)	Payee address; City; State; Zip Code	1
A 2 110		
\$36.40	FACE BOOK INTERNET	PAYMENT
	Category (See Categories listed at the top of this schedule)	Description
BURBOCE	rac 3	Check if travel outside of Texas, Complete Schedule T.
PURPOSE	FACE BOOK	Check If Austin, TX, officeholder living expense
EXPENDITURE		CHECK It Wastin! 1V' cilicatiolosi sand exhana
•		
	ADVERTISTING	
Complete ONLY if direct expenditure to benefit O/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
•		
4-22-19	FACE Book	
Amount (\$)	Payee address; City; State; Zip Code	
35 💝	FACE BOOK INTERNUT	PAYMONT
	Category (See Categories listed at the top of this schedule)	Description
		·
PURPOSE	FACE BOOK	Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	1 7700 2001	Check if Austin, TX, officeholder living expense
	ADVERTISTA	
		Office south
Complete <u>ONLY</u> If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking	Fees	Office Overhead/Rental Expense	Solicitation/rundraising Expense Transportation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense	Poling Expense	Travel in District			
Contributions/Dometions Made B		Printing Expense	Travel Cart Of District			
Candidate/OfficeIndides/Politic	el Convoltes Legal Sevices	Salaries/Wages/Contract Lebor	Other (exist a category rotal sted above)			
	The Instruction Guide expla	ins how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethlos Commission Filers)			
1003	DAVID ROSENTA	561				
	IZED EXPENDITURES CHARGE	•	\$ 7			
E Data	6.0		656			
5 Date 4-24-19	FONT BEND /ND  8 Payee address; City; State;	EPENDENT				
7 Amount (\$)	8 Payee address; City; State;	Zip Code				
- D D	12551 Emily CT.	•				
25000	SUGAR LAND	7x. 77878				
9 TYPE OF	[ ]	<del>-</del> /				
EXPENDITURE	Political	Non-Political				
10	(a) Catagory (Sea Catagories Nated at the top of t	iris schedule) (b) Descriptik	247			
BUBBBB	1/2 00/					
PURPOSE OF	14 /AGE	Gneckf	I travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Gheck	if Austin, TX, officeholder living expense			
EX. ENDITORE	10.01	—				
	CAMPAIGN AD	ļ				
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TI Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
expelluture to belletit C/O	1	•				
Date	Payee name 🕜					
4-19-19	Home DEPOT					
Amount (\$)	Pavee address: City: State:	Zip Code				
00	Payee address; City; State; 5900 Hw/ 6. South	•				
77-80	13700 100 6. 30076					
6/1	MISSOURI CITY	-7X 77159				
	1111550014 0119					
TYPE OF	Political	Non-Political				
EXPENDITURE	L rungcar					
	Category (See Categories Ested at the top of the	his schedule) Descripti	on ,			
	1.	' l 🗔	ferensi කණල්ප of Teres. Complete Schledals T.			
PURPOSE	6/2 T POST FOR		·			
OF EXPENDITURE		Ctrack	il Austin, TX, officetolder living expense			
EXPERDITORE			-			
	516N	<b>9</b>				
Complete ONLY if direct	· Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/Oi		Office spedit	Cited Held			
,						
			,			
•						
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDING AS NO	EDED			

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Adventing Expense Accounting Benjara

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Considing Expense Continuities/Dimeters Weds 8						
Candidate/Officetoldan/Political Committee Legal Services Salarias/Vages/Context Labor When James a category not instruction Guide explains form to category to the form.						
1 Total pages Schedule F4: 2 OF 3	2 FILER NAME DAVID ROSGNIJAL 3 Filer ID (Ethios Commission Filers)					
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD 'S					
5 Date 4-23-19	146 Home DEPOT					
7 Ameunt (S) 27:80	1HS HOME DEPOT  B Faree eddress: Cay: State; Zo Gode 5900 Hay 6 SOUTH					
2/2	MISSOURI CITY TX. 77459					
9 TYPE OF EXPENDITURE	Political Non-Political					
to	(a) Category (See Computer Islands) to topol tribution(b) Description					
PURPOSE OF	6 12 7 - POST FOR CONTRACTOR COMPLESSMENT.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
77 Complete <u>ONEY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name Office sought. Office held					
4-29-19	THE HOME DEPOT					
Amount (\$) .	Payee address; City; State; Zip Code 15505 S.W. FREGWAY					
18	506AR (AND ZX. 77478					
Type of Expenditure	Police Thor-Police					
Purpose Of Experditure	Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)    Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top of this schedule)   Category (See Categories Fated at the top o					
	CABLE TO FOR SIGN					
Complete <u>ONLY</u> it direct expenditure to benefit CiOi	Candidate / Office hold  Z					
rgamelmangg getisengen saktemalike Aldeline Aldeline vilkt (iv v 4600 A) van de Aldeline Aldeline Aldeline	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advantating Expense
Accounting Serving
Constiting Expense
Constitutional Medicity
Constitutional Medicity
Constitutional Medicity

Event Dipense
Fess
Food Deverage Dipense
GRIDENSE Dipense

Loan Repayment/Reimbursement Office Overbead/Rer tel Expense Poling Expense Frinting Expense Salar Names Ommant Lebor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expen Transfor District Transford Of District

Centilists/Officeholder/Politics/Committee Legal Services Salaries Wages Donavest Cabo Of wr (enter a category not listed above) The instruction Guide explains have to complete this force. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) RESENTABL 3 OF 3 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 5-3-19 TYPE OF EXPENDITURE 10 (G) Description 3m Duct PURPOSE Orack Travel our Deaf Reas, Compare School of T OF Check if Austin, TX, officeholder fiving expense EXPENDITURE 14 Complete <u>OWY</u> if direct Candidate / Officeholder name Office sought Office ned expenditure to benefit C/OH Dete Peyes name Amount (\$) City; State; Zap Code Payee address; TYPE OF Non-Police EXPENDITURE Policel Description Category (See Categories listed at the top of this schedule) Check Firstell subtide of Tenes. Complete Schledule T. PURPOSE jūneck i Austin. TK, officeralder hving excerse: EXPERDITURE Office held Complete ONLY if direct · Candidate / Officeholder name Office sought expenditure to benefit C/OH

COPY

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See CTA Instruction Guide for detailed instructions.				d:	
	ANDIDATE	MS (MRS) MR FIRST MI	OFFICE	USE ONLY	
N/	AME'	Mrs. Kristin	Filer ID #		
		Tassin  Date Received Hand Delivered Received			
M	ANDIDATE AILING DDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  850 St. Elmo's Ct	SEP 2	5 2017	
		Missouri City, TX 77459	Toxas-Ethics	Commission	
0.45500	ANDIDATE HONE	AREA CODE PHONE NUMBER EXTENSION	Receipt#	Amount\$	
	2	(281) 630-2885	Date Processed		
H	FFICE ELD any)	Fort Bend ISD Trustee	Date Imaged		
S	FFICE OUGHT known)	State Senate District 17			
TF	AMPAIGN REASURER AME	Mr. Sharmon Tassin	LAST	SUFFIX	
· TI	AMPAIGN REASURER TREET DDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE;	ZIP CODE	-	
(resid	dence or business)	Missouri City, Tx 77459			
A 2017 11 11 11 11 11 11 11 11 11 11 11 11 1	AMPAIGN REASURER	AREA CODE PHONE NUMBER EXTENSION			
P	HONE	(281) 685-2885			
	ANDIDATE IGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Governi	ment Ċode.	
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.				
		I am aware of the restrictions in title 15 of the Election of from corporations and labor organizations.	Code on cont	ributions	
			9/25/	2017	
		S/gr/ature of Candidate	Date Signe	ea 	
1		GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (	2 Total pages filed:				
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS (MR) FIRST JAY	nes D	OFFICE USE ONLY		
NAIVIE	Jim Rice	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	race lawe 11479			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 980 8071	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	hy M	Receipt # Amount \$  Date Processed		
	Suzanne Ram	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street ADDRESS (NO PO BOX PLEASE); APT / SUI 3907 Senna Pla Sugar Land, To	ce	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 980 · 9051	EXTENSION			
9 REPORT TYPE	July 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Altach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 4/25/2019	THROUGH 6	30/2019		
11 ELECTION	Month Day Yoar Primary  General	ELECTION TYPE  Runoff Olher Description  Special			
12 OFFICE	office Held (II any) FBISD Trustee Pogition 3	13 OFFICE SOUGHT (If known) FBISD Tr Position	ustee 3.		
	GO ТО F	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIGI	VIIIVAIVO	LALFORT	COVER SHEET PG 2		
14 C/OH NAME	im Ria	e (James D. Rice)	15 Filer ID (Ethics Commission Filers)		
16 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				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
	l	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 100.00		
EXPENDITURE TOTALS		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
4. TOTAL POLITICAL EXPENDITURES Does Not include Schedule Gamount \$ 10,00			unt \$10,020.62 1 DAY \$ 222.76		
CONTRIBUTION BALANCE					
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF NY OF THE REPORTING PERIOD SCHOOL AMOUNT.	* 17,157.91		
18 AFFIDAVIT		Lauren er effirm under nenellu ef	nortury that the accompanying report is		
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.  Comm. Expires 08-08-2020 Notary ID 130768971  Signature of Candidate or Officeholder					
AFFIX NOTARY STAME	P/SEALABOVE	Tanaa D Oira	16		
Sworn to and subscr day of JUIU		y the said <u>James D. Pill</u> o certify which, witness my hand and seal of office	this the		
4	<del>\</del> -	Christel A - Corral	Administrative Assistant.		
Signature of officer ad	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

## **SUBTOTALS - C/OH**

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Jim Rice		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	Net Time	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 2,481.18
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 10,020.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 1,276.40
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	TIONS	\$

p. 4 of 9.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:		
2 FILER NAME	Jim Rice		3 Filer ID (Ethics Commission Filers)		
4 Date 4/29/ 2019.	George Watanab 6 Contributor address: 7606 Bryker wa Houston, Tx. 1701	e; Zip Code ods Dr.	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)		
	Contributor address; Clty; Stat	e; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
*	Contributor address; City; State	e; Zlp Code			
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City; State	e; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	lons)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Jim Rice		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 6 19 2019 6 Is lender a financial	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)  4 1 50. 00  10 Interestrate
Institution?			11 Maturity date
Program 1	ion / Job title (See Instructions)  Manager/President	13 Employer (See Instructions)  Rice + Gardner	Consultants
14 Description of Coll	ateral V	15 Check if personal funds were account (See Instructions)	deposited into pontical
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 6   18   2019	Name of lender out-of-state if	PAC (ID#:)	Loan Amount (\$) 1分 \$1,731. 海路
Is lender a financial	Lender address; City; S	State; Zip Code	Interest rate
Institution?		4 4	Maturity date
Principal occupation	ion / Job title (See Instructions)  Amager / President	Rice Gee Instructions)	Consultants.
Description of Colla		Check if personal funds were account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
*	Guarantor address; City; S	State; Zip Code	
not applicable	The same of the sa	,	
Principal Occupation	ion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COI lender is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

		EXPENDITU	JRE CATEG	ORIES	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 Expen Gift/Awards/Memorial Legal Services The Instruction G	s Expense	Office Over Polling Ex Printing Ex Salaries/V	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed		uipment & Related I trict	
	1		Tuluo onpiui	1 11011 10 5	ompiete una ionin			
1 Total pages Schedule F1:	37	m kice	,			3 Filer ID (Eth	nics Commission	Filers)
5/14/2019	5 Payee na	hower	Cons	rult	ing, uc		-	
6 Amount (\$)	7 Payee ad	2 4	; State; Zip	p Code	),			
\$1,801.21	Suga	r Land	l, Tx	. 7	7479			
8	(a) Category	(See Categories listed at	the top of this sch	hedule)	(b) Description			
PURPOSE		200000			Check if travel ou	itside of Texas. Complete	e Schedule T.	
OF	Cons	11/22	END/11	Se	Check if Austin	, TX, officeholder livin	ng expense	
EXPENDITURE	CONT	urring	LAGUN	70	Campaign	1 Cons	ulting	•
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder na	ame		Office sought		Office held	
Date	Payee nar	ne	E_1		100			
5/29/2019	Sou-	thern c	Chine	se -	Daily			
Amount (\$)	Payee add	iress; City;	State; Zip	Code	)			
\$360.00	-						200	
PURPOSE OF EXPENDITURE	, .	see Categories listed at	the top of this sch	15C	Check if Austin,	side of Texas, Complete TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder na	me		Office sought		Office held	
Date	Payee nan	ne						
6/3/2019			Cons	bult	ing, LL	C.		
Amount (\$)	Payee add	ress; City;	State; Zip	Code				
\$800.00	3019	Arrow	head	177	1.79			
	Sucy	er varia	y / X.	11				
303484720 30 32 32	Category (	See Categories listed at I	the top of this sch	edule)	Description		9.000 (C. 1981) ( <u>P.</u> 1	
PURPOSE OF	1-1-	LAS.	r.			ilde of Texas. Complete 5		
EXPENDITURE	LOYIS	oulting.	expe	use	Check if Austin,	TX, officeholder living	expense	
		J	J		Campaig	n cons	ultino	1
Complete ONLY If direct expenditure to benefit C/OH		e / Officeholder na	ime		Office sought		Office held	
	ATTA	CH ADDITIONAL	L COPIES O	F THIS S	CHEDULE AS NEED	DED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overhead Polling Expense Polling Expense Cilt/Awards/Memorials Expense Printing Expense		pense /ages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics Commission Filers)
p. 2013	5 Payee na	m Rice	4000		
4/29/2019	Bur	+ levine/	ABC 60	mmunica	alions
6 Amount (\$)	7 Payee ac	Bellaire F	ate; Zip Code	909	
400.00	Hon	Hon, Tx.	7036	- 7499	
8	(a) Category	(See Categories listed at the to	p of this schedule)	(b) Description	70 - 30
PURPOSE	1	r			Iside of Texas. Complete Schedule T.
OF EXPENDITURE	Cons	ulting the	peuse	Check II Austin	, TX, officeholder living expense
		. J	1	Political	Expense.
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held
Date	Payee na				1241
4/30/2019	Burt	- Levine/A	-BC Con	munica	tions.
Amount (\$)	Payee ad	dress; City; Sta	ate; Zip Code	al	, , , , , , , , , , , , , , , , , , , ,
\$ 90.00	House	Hellaire	Blva. 17036	. 3499	
	Category	(See Categories listed at the to	p of this schedule)	Description	
PURPOSE	_			Check if travel out	side of Texas. Complete Schedule T.
OF EXPENDITURE	Cons	ulting Ext	sense	Check if Austin,	TX, officeholder living expense
EXPENDITORE	0117			Politica	1 Expense.
Complete ONLY if direct		ate / Officeholder name		Office sought	Office held
expenditure to benefit C/OH					
Date	Payee na	me			
5/14/2019	Fort	Bund St	ar		
Amount (\$)	Payee ad		ate; Zip Code		
\$399.00	P.O.	BOX 2369	1149	7	, .
	Category	(See Categories listed at the to	o of this schedule)	Description	
PURPOSE			•		side of Texas. Complete Schedule T.
OF	Halve	utising E	xpense	Check if Austin,	TX, officeholder living expense
EXPENDITURE	1			News pa	per Axs.
Complete ONLY if direct		ate / Officeholder name	The state of the s	Office sought	Office held
expenditure to benefit C/OH					
	АТТ	ACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS NEE	DED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Exp Gitt/Awards/Memori Legal Services The Instruction	ials Expense	Office Ove Polling Ex Printing Ex Salaries/V		Transportation I Travel In Distric Travel Out Of D	
1 Total pages Schedule F1:	2 FILER N	Jini	Rice			3 Filer ID (E	thics Commission Filers)
4 Date 6 3 2019	5 Payee na	nael	Scott				
6 Amount (\$)	7 Payee ac	ddress; Ci	ly; State; Z				
\$500.00	Hou	3 Kit	Stree		094		
8	(a) Category	(See Calegories listed	at the top of this s	chedule)	(b) Description	al outoido al Tausa Cassal	ata Cabadata T
PURPOSE OF	Adv	etisina	4			el outside of Texas. Compl ustin, TX, officeholder li	
EXPENDITURE			)		Design	of can	npaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ate / Officeholder	name		Office sought		Office held
Date	Payee na						
6/20/2019	Pan	nela Pr	intin	9			
\$5,670.41	Payee ad 550 Suq	dress; Cit Dulie ar Lau	y; State; Zi	P Code	Dr., Su 1478	lite 310	2
PURPOSE OF EXPENDITURE	,	(See Categories listed		chedule)		l outside of Texas. Comple stin, TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder n	ame		Office sought		Office held
Date	Payee na	me					
Amount (\$)	Payee add	dress; City	/; State; Zip	o Code			
PURPOSE OF EXPENDITURE	Category	(See Categories listed a	at the top of this sci	hedule)		oulside of Texas. Complet tin, TX, officeholder livi	0.50 (
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder r	name		Office sought		Office held
	ATTA	ACH ADDITIONA	AL COPIES C	OF THIS S	CHEDULE AS NE	EDED	
				STATE OF THE STATE			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

			aliane de la companya			
		EXPENDITURE	CATEGORIE	S FOR BOX 8(a)	****	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credi Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Exp Legal Services The Instruction Guide	Office Polling ense Printin Salario	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Rela Travel In District Travel Out Of District Other (enter a category not listed	ted Expense
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics Commission	on Filers)
1	JIM	Kice				
5/4/2019	5 Payee nar	ryhill T	amale	s/Tacos		
6 Amount (\$)	7 Payee add	HI SERVICE STREET	ite; Zip Code	+		
Reimbursement from political contributions intended	137 Sug	ar Creek	Cente	Freeway ry Sugarla	and, TX 774	79.
8 PURPOSE	(a) Category	See Calegories listed at the top	of this schedule)	(b) Description	The state of the s	
OF EXPENDITURE	rood/	Preverage E	expense		le of Texas. Complete Schedule T. X, officeholder living expense	
9 Complete ONLY if direct	Candid	ate / Officeholder name	reni.	Office sought	Office hel	ld
expenditure to benefit C/G		ate / Officeriolder name		Office sought	Office fiel	la .
Date	Payee nan	ne L				
15/1/2019	Fort	Bend S	ar			
Amount (\$) \$ 348.90	Payee add	lress; City; Sta	te; Zip Code			
Reimbursement from political contributions intended	Staf	ford, Tx	. 774	.97		
PURPOSE	,	See Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Adve	tising			e of Texas. Complete Schedule T. X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	Office hel	d
Date 5 / 15/2019	Payee nam	Bend St	ar			
Amount (\$)	Payee add	ress; City; Stat	e; Zip Code			
\$348双	P.O.	BOX 2360	7			
Reimbursement from political contributions intended	Stay	Hord, T)	1. 77-	497	and the	
PURPOSE	Category (	See Categories listed at the top o	of this schedule)	(b) Description	e of Texas, Complete Schedule T.	
OF EXPENDITURE	Adve	ertising			e of lexas. Complete Schedule I. K, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name	Name of the Control o	Office sought	Office held	d
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	The C/OH Instruction Guide explains how to complete this form.					
3 CANDIDATE/ OFFICEHOLDER NAME	MS (MRS)MR FIRST GRAYLE NICKNAME LAST JAMES	MI 7. SUFFIX	OFFICE USE ONLY  Date Received CEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #:  1 810 MAIDENHA  5 UGARLAND, TY  AREA CODE PHONE NUMBER  (281) 565-7191		Superintendent's Office Ft. Bend I.S.D. S. 25 p. M. Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS) MRS / MR FIRST S / HARUN NICKNAME LAST C-REG-UR	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S  1 8 0 3 RUCK FENCE  RICHMUND, 7 Y  AREA CODE PHONE NUMBER  (832) 443 - 3503	·	ZIP CODE			
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	THROUGH 07	Day Year			
11 ELECTION	Month Day Year Primary	Description				
12 OFFICE	FURTBEWIN FSD TRUSTEE, PUSITION &	13 OFFICE SOUGHT (if know	n)			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME GR	AYLE T	. JAMES	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S					
	COMMITTEE TYPE	COMMITTEE TYPE   COMMITTEE NAME				
<u>.</u> -	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ .09			
,		so, como, on dominicación de la como, on como de la como, on como de la como				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$					
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ —			
4	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,135.			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 1,429,19			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
			perjury, that the accompanying report is formation require to be reported by me			
RYPUS	YADIRA CASTIL	LLO under Title 15- Flection Code	to the reported by the			
	Notary ID #1244	Expires	///			
	December 26,	2022	25 Y			
1		Signature of Car	ndidate or officeholder			
AFFIX NOTÄRY STAF	MP/SEALABOVE		V			
		by the said Grayle James	, this the			
Sworn to and subset	. 🚗	, to certify which, witness my hand and seal of office				
Madria (	Coorillo	Yadira Castillo	Assistant to the			
Siljinature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath			

# SUBTOTALS - C/OH

19 FILER NAME  GRAYLE T. JAMES  20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,135.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ .09

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credi Card Payment	Fees ( Food/Beverage Expense F Gift/Awards/Memorials Expense F	.oan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Inow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)			
4 Date 1) 14 ) 19	5 Payee name FBRWC PAC					
6 Amount (\$) \$ 35.00	7 Payee address: City; State: Zip 1810 Maiden Hair Sugar Land, TX 7747	Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Checkif travelor	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date 1/26/19	Payee name FBC GOP					
Amount (\$)	Payee address: City: State: Zip PO Box 461 Sugar Land, Tx 774:					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Cum + r, bu + iu ~ / Duna	Description	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date 4/2/19	Payee name  FBRWC PAC					
Amount (\$)	Payee address; City; State; Zip 1810 Marchenhain Sugarland, 77 7747					
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

		1 Total pages Schedul	e K:		
The	Instruction Guide explains how to complete this form.				
2 FILER NAME	GRAPLE T. TAMES	3 Filer ID (Ethics C	Commission Filers)		
4 Date	5 Name of person from whom amount is received  WELLS FARGO BANK	8	3 Amount (\$)		
1/15/19	6 Address of person from whom amount is received; City; State;	Zip Côde	4 0 9		
	7 Purpose for which amount is received Check if	political contribution re	turned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State	; Zip Code			
	Purpose for which amount is received Check if	political contribution re	aturned to filer		
Date	Name of person from whom amount is received	a annuap errore	Amount (\$)		
	Address of person from whom amount is received; City; State	; Zip Code			
	Purpose for which amount is received Check in	f political contribution r	eturned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Stat	e; Zip Code			
	Purpose for which amount is received Check in	if political contribution (	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

2					
L		Guide explains how to compl		· ID	2 Total pages filed: 10
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Allison	MI	OFFICE USE ONLY
					Date Received
	46	NICKNAME	LAST Drew	SUFFIX	
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
	MAILING ADDRESS	77 Sugar Creek Blvd. Suite 375			Receipt # Amount
	Change of Address	Sugar Land, TX 77478			
				* 1	Date Processed
				d e	Date Imaged
5	CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	
	NAME	MR.	J.	GOODWILLE	
		NICKNAME	LAST	SUFFIX	
			PIERRE		
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	ADDRESS	5330 GRIGGS RD		SUITE F105 HOU	JSTON TX 77021
	(Residence or Business)	8			
7	CAMPAIGN TREASURER	50_particles.	IE NUMBER EXTENSI	ION	
	PHONE	832 224-0	6539		
8	REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer
		X July 15	8th day before election	Exceeded \$500 limit	appointment (officeholder only)  Final Report (Attach C/OH-FR)
				Exposure 4000 min	Final Report (Attach Groff-Frt)
9	PERIOD COVERED	Month Day Year 04/25/2019	THROUGH	Month Day 1 06/30/2019	Year
L		-		00,00,202	,
10	ELECTION	ELECTION DATE  Month Day Year	Primary	ELECTION TYPE Runoff	Other
		po de la companya de	General	Special	
11	OFFICE	OFFICE HELD (if any) Fort Bend Independent Sc	shool District Board	12 OFFICE SOUGHT	(if known)
		Trustees Place 5 District F	BISD Place Place 5 Place	ace	
	1 (		Ta a C	V 7 37	1 1 - 2 - 2 - 2 - 2
			GO TO PAG	€E 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Drew, Allison		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to dofficeholders are required to report this information	the candidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE TYPE	MMITTEE TYPE COMMITTEE NAME		
LJ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
				~ 1
16 CONTRIBUTION TOTALS	1. TOTAL POLITIC LOANS, OR GU	CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 50.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL POLITION	CAL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 106.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 3,769.20
CONTRIBUTION BALANCE	5. TOTAL POLITION REPORTING P	CAL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	<b>\$</b> 176.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPO	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the acco all information required to	ompanying report is be reported by me
ONAY PUL	TI HAN STEVEN Notary ID # 1290 My Commission E August 23, 20	\$6384 kpires 20 \$ignature o	of Candidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL AI			
Sworn to and subs	cribed before me, by the	said Alicen Drew certify which, witness my hand and seal of office.	, this the	day
Signature of offi	At Andrews	Printed name of officer administering	Title of officer	y Ywhic Administering oath

# SUBTOTALS - C/OH

			3 of 10
18 FILER NAI Drew, Alli		19 Filer ID	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	11 15	\$ 150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	<b>\$</b> 103.75
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 447.95
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 3,217.50
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION		SCHE	DULE	<b>A1</b>	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A Sch: 1/1 Rpt: 4/10	1:		
2	FILER NAME Drew, Allison			3	Filer ID		
4	Date 06/30/2019	Date 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution		3100.00
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions     WakeMed Physician Pr		ices		

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Adventising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Co		xpense orials Expense on Guide explains	Office Overhe Polling Exper Printing Expe Salaries/Wag	ense ges/Contract Labor	Travel in District Travel Out of District	ment & Related Expense
1	Total pages Schedule F1:	2		п очно одржино			3 Filer ID	
1	Sch: 1/1 Rpt: 5/10	2	Drew, Allison				o Filer ID	_
1	Date	5						
7	04/28/2019	3	Payee name Texas Democratic Party	1				6
6	Amount (\$)	7	Payee address; City;		Zip Code	2		
0	\$103.75	ľ	PO Box 116	State,	Zip Coue	,		
	Ψ100.70		, O BOX 110					
			Austin, TX 78767				, Y ×	
8	PURPOSE OF	(a	Category (See Categories liste	ed at the top of this sch	edule) (k	Description		
	EXPENDITURE		Consulting Expense				outside of Texas. Complete	
						Consulting/V		
9	Complete ONLY if direct		Candidate/Officeholder nam	ne (	Office sough	nt	Office held	
	expenditure to benefit C/OI	Н						11
								12
								5
								N .
								<i>a</i>
								-
								é é

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee **Legal Services** Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID Sch: 1/2 Rpt: 6/10 Drew, Allison \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 106.00 5 Date Payee name 05/04/2019 Bar Louie Amount (\$) Payee address; City; State; Zip Code \$111.86 16089 City Walk Sugar Land, TX 77479 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/29/2019 Off The Vine Bistro Amount (\$) Payee address; City; State; Zip Code \$69.26 2865 Dulles Ave Missouri City, TX 77459 TYPE OF Х Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID Sch: 2/2 Rpt: 7/10 Drew, Allison 106.00 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name Date 05/04/2019 Vino & Vinyl Amount (\$) Payee address; City; State; Zip Code \$160.83 15977 City Walk Sugar Land, TX 77479 9 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 1/3 Rpt: 8/10 Drew, Allison 4 Date Payee name 05/04/2019 Cartes, Rodney Amount (\$) Payee address; City; State; Zip Code \$1,020.00 1209 Adams Reimbursement from political contributions Missouri City, TX 77489 intended **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE Block Walking** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 05/11/2019 Hightower, Robert (Mr.) Amount (\$) Payee address; City; State; Zip Code \$150.00 5239 Honeyvine Dr. Reimbursement from political contributions intended Clear Lake, TX 77048 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** Sign Removal Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/30/2019 Lundy, Hazel Amount (\$) Payee address; City; State; Zip Code \$120.00 17022 Quail Bend Dr. Reimbursement from political contributions intended Missouri City, TX 77489 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** Polls Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O' Food/Beverage Expense Polling E /- Glift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule G: Sch: 2/3 Rpt: 9/10	2 FILER NAME Drew, Allison	3 Filer ID					
4 Date 05/04/2019	5 Payee name Martinez, Joseph						
6 Amount (\$) \$1,220.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip C 10110 Berry Limb Dr. Houston, TX 77099	7 Payee address; City; State; Zip Code 10110 Berry Limb Dr.					
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Consulting Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Consulting					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					
Date 05/01/2019	Payee name Slow Cooked Meats, LLC						
Amount (\$) \$500.00 Reimbursement from political contributions intended	Payee address; City; State; Zip C 14423 Lazy Willow Court  Missouri City, TX 77489	code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Event Catering					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					
Date 05/28/2019 Amount (\$)	Payee name Texas Democratic Party Payee address; City; State; Zip C	code					
\$103.75  Reimbursement from political contributions intended	PO Box 116  Austin, TX 78767						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Consulting/VAN					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense **Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel in District Accounting/Banking Consulting Expense Contributions/ Donations Made By -Polling Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 3/3 Rpt: 10/10 Drew, Allison Date Payee name 06/28/2019 **Texas Democratic Party** Payee address; State; Zip Code 6 Amount (\$) City; \$103.75 PO Box 116 Reimbursement from political contributions intended Austin, TX 78767 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Consulting/VAN Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit CIOH

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	2 Total pages filed:				
3 CANDIDATE / MS (MRS) MR FIRST MI OFFICEHOLDER NAME			OFFICE USE ONLY		
NAME .	Date Received				
	CHARANIA		RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	7343 CHATHAM G		JUL 15 REC'D		
Change of Address	SUGAR LANDITR	77479	Superintendent's Office		
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) U87 - U097	EXTENSION	PI. Bend ISD  Date Hand-delivered or Date Postmarked  CUR July IS 2019		
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST SUMITA	MI 	Receipt # Amount \$  Date Processed		
	altos H	•	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	_	ZIP CODE		
(Residence or Business)	SUGAR VAND, TR				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 471- WW 20	EXTENSION			
9 REPORT TYPE	January 15 30th day before a	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach O/OH - FR)		
10 PERIOD COVERED	Month Day Year 7019	THROUGH $igotimes igotimes igotim$	/30 / 2019		
11 ELECTION	ELECTION DATE  Month Day Year Primary  S 04 2019 General	ELECTION TYPE  Runoff  Other  Description  Special	· · · · · · · · · · · · · · · · · · ·		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (II know			
	0.170	PBISD	TRUSTOE		
:	NIA	Posi	TION 3		
GO TO PAGE 2					

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#### FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 26 Filer ID (Ethics Commission Filers) 19 FILER NAME SUBTOTAL 21 SCHEDULE SUBTOTALS TRUOMA NAME OF SCHEDULE SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. SCHEDULE B: PLEDGED CONTRIBUTIONS 3. 4. SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 5. \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 7. 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 9, SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 11.

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS

RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME AFSHI CHARANIA	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  ESM AL MAW JEE  6 Contributor address; City; State; Zip Code  4023 TURTLE TRAILS SUGAR LAND	7 Amount of contribution (\$) 25. 00
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  SOLE TE	UTNOWGY INC
Date   Full name of contributor     out-of-state PAC (**#:	Amount of contribution (\$)
5/1 19 Contributor address; City; State; Zip Code 13430 SUTUMAN TRAILS SUGAR UTN TRAILS	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  G 1 D, INC.	
Principal occupation / Job title (See Instructions)  Full name of contributor  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)  750.00
Date Full name of contributor  15 19 Full name of contributor  COLON GWON Contributor address;  City: State; Zip Code  OFFER 14 24 19)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  500 0  479  ctions)
- BUSINESS OWNER	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	EEDED I reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Folling I y Gift/Awards/Memorials Expense Printing Il Committee Legal Services Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense 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:	2 FILER NAME AFSHI CHAPANIA		3 Filer ID (Ethics Commission Filers)						
4 Date	5 Payee name FT. BEND COUNTY	BLECTION	s office						
6 Amount (\$)	7 Payee address; City; State; Zip Code 4570 READING RD A ROSDNO BRE, TX 7	747 (							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule)  MARKETTNE	I —	utside of Texas. Complete Schedule T. n, TX, officeholder living expense						
EXPENDITORE									
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
Ce/14/19	PT. BEND COUNTY	trection	NS OFFICE						
Amount (\$) 25-20	Amount (\$) Payee address; City; State; Zlp Code  1520 PEADING PD A POSENBERS, TX 7 747								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  MARVETTWG		, utside of Texas. Complete Schedule T. n, TX, officeholder Ilving expense						
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
6/13/19	APREEN ALL		·						
Amount (\$)	Payee address; City; State; Zip Code								
2000 00	N/A·								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTIGING — CAMPMEN	Description Check if travel o Check if Austi	utside of Texas, Complete Schedule T, n, TX, officeholder living expense						
0	Candidate / Officeholder name	Office sought	Office held						
	Complete ONLY If direct Candidate / Officeholder name Office sought Office neid expenditure to benefit C/OH								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
			Davised 0/0/0015						

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other forces astronomy of lighted should

Candidate/Officeholder/Politication		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME HFSHI CAPANIA	3 Filer ID (Ethics Commission Filers)
5 2 19	5 Payee name PATANER TECH	
800 - 47	7 Payee address; City; State; Zip Code	· .
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	Navieting door	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	
5/2/19	STRIPE	·
Amount (\$)	Payee address; Clty; State; Zlp Code	•
1-03	SAN FRANCIS	CO, CA
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	OFFICE EXPENSE	Check If travel outside of Texas, Complete Schedule T, Check If Austin, TX, attitleholder living expense
•	FEE	
Complete <u>ONLY</u> if direct expenditure to benefit G/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/3/19	STRIPE	
Amount (\$)	Payee address; City; State; Zip Code	
7.55	SAN FRACISCO,	CA:
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	OPFICE EXPENSE	L_J Check if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidas/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CHARANIA 5 Payee name

ZESHAN | SHAO - 1460 PAD 10.

7 Payee address; City; State; Zip Code ZEESHANON AIR. COM (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** MARKETING Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name AGAS PESTAURANT Gity; State; Zlp Code Amount (\$) Payee address; WILCREST DR SOFT RIGOTZUE Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas, Complete Schedule T. PURPOSE 12 INT EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Рауее пате RESTAURANT. Payee address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE EVENT EXPENSE-OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH

# EXPENDITURES MADE BY CREDIT CARD ...

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 expla	ins how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	ZED EXPENDITURES CHARGEI	TO A CREDIT CARD	\$ [U.80			
5 Date 4/30/19	6 Payee name GSUITE					
7 Amount (\$) 5. 25	8 Payee address; City; State; LUOO RMPHITHEATR	Zip Code E PKWY MOU	INTAIN VIEW, CA 94043			
9 TYPE OF EXPENDITURE	Political	Non-Political	-			
10	(a) Category (See Categories listed at the top of	this schedule) (b) Descripti	on			
PURPOSE OF EXPENDITURE	OFFICE- EMAIL	OCC Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
5 30 19	Payee name CISUITE					
Amount (\$)	Payee address; City; State	TRE PKWY (	NOUNTAINVIEW, CA			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of OFFICE - EMPIL	ACCT LICHOOL	tion k if travel outside of Texas. Complete Schedule T. k lf Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
٧						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# EXPENDITURES MADE BY CREDIT CARD ...

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fess Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Political		tegory not listed above)				
1 Total pages Schedule F4:		ics Commission Filers)				
4 TOTAL OF UNITEMIZ	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \U.\.	0_				
5 Date 0 19	6 Payee name CISUITE					
7 Amount (\$)	8 Payer address; City; State; Zip Code 1 UOO AMPHITHEATRE PYWY NOUNTAINUIEW, CA 94048.					
9 TYPE OF EXPENDITURE	Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas  Check if Austin, TX, officeh					
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder name	ice held				
Date	Payee name	•				
Amount (\$)	Payee address; City; State; Zip Code	,				
TYPE OF EXPENDITURE	Political Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texa  Check if Austin, TX, office					
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Office folder flame	ffice held				

COPY

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

,						
See	1 Total pages filed	i:				
2 CANDIDATE NAME	OFFICE USE ONLY  Filer ID #  Date Received Delivered Received					
3 CANDIDATE MAILING ADDRESS	Tassin  ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  860 St. Elmo's Ct  Mi's Souri City, TX 77459	SEP 2.5 2017				
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION $(281) 630-2885$	Receipt#  Date Processed	Amount\$			
5 OFFICE HELD (If any)	Fort Bend ISD Trustee	Date Imaged				
6 OFFICE SOUGHT (if known)	State Senate District 17					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME  Mr. Shannon Tassin	LAST	SUFFIX			
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: CITY: STATE;  850 St. Elmo's Ct  MISSOURI City, Tx 77459	ZIP CODE	-			
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 685-2885		·			
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the To					
	the Election Code.  I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.  Signature of Candidate					
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MS. Adeola NICKNAME LAST Heyliger	SUFFIX	OFFICE USE ONLY  Date Received  DECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;  4/22 Oak Forest:  MISSOUR: City 7  AREA CODE PHONE NUMBER	CITY; STATE; ZIP CODE  TY 73459  EXTENSION	FEB 2 6 2021 BY: GIOK 2: 34/m
OFFICEHOLDER PHONE	(832) 244-5861		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Milton NICKNAME LAST Ley Lige	MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		City, TX 774:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( ) 922 - 5	EXTENSION -/2-3	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	7 THROUGH 6	Day Year 30 2019
11 ELECTION	Month Day .Year Primary  General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	Fort Bend ISD Trustee Pos. 6	13 OFFICE SOUGHT (if known	
	<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	la Hey	lige	15 Filer ID (Ethics Commission Filers)				
16 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						
	SPECIFIC COMMITTEE ADDRESS						
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ .14				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 196.90						
	4. TOTAL POLITICAL EXPENDITURES \$ 2, 396.90						
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 2,396.90 SDAY \$ 3,014.04				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* <b>#</b>				
18 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.  132267296							
NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 Signature of Candidate or Officeholder							
AFFIX NOTARY STAMP/SEALABOVE							
Sworn to and subso	cribed before me,	by the said Holeola Heyliger	, this the _26				
day of February , 20 21 , to certify which, witness my hand and seal of office.							
Sanett Duane Rosin Garrett Duane Rosier Executive Assistant to BOT							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

# SUBTOTALS - C/OH

19	FILER NAME  Holiola Heyliger  20 Filer ID (Ethics Con	20 Filer ID (Ethics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2250.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 650.00 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Sprates of Evel Ceppen Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Fundasisa-White Rose GAM OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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 (extra extraory act listed shows)

Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Date Reimbursement from Missouri City political contributions intended 8 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name eimbursement from political contributions intended (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Fundaisin Experi OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED