FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** MI **OFFICEHOLDER** Allison NAME **NICKNAME** LAST SUFFIX Drew CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 77 Sugar Creek Blvd. MAILING Receipt # Amount **ADDRESS** Suite 375 Change of Address Sugar Land, TX 77478 Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI TREASURER NAME **NICKNAME** LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 8 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED 01/01/2023 THROUGH 03/27/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/06/2023 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) None Place SUGAR LAND District FBISD Fort Bend FBISD Trustee Position: 5 Place Sugar Land District **FBISD**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

13 C / OH NAME	NAME Drew, Allison 14 Filer ID						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information of	e candidate's or officeh	older's kno	wledge or		
Additional Pages	A COMMITTEE TYPE LOOMINTEE MANE						
W	GENERAL COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE ABORESS					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	3				
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	PLEDGES, LOANS, TRONICALLY)	\$	0.00			
	2. TOTAL POLITION (OTHER THAN		\$	250.00			
EXPENDITURE TOTALS	3. TOTAL UNITEN		\$	0.00			
	4. TOTAL POLITIC		\$	2,872.09			
CONTRIBUTION BALANCE	5. TOTAL POLITIC	ST DAY OF THE	\$	250.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.					
		Signature of C	Candidate or Officehold	er	-		
	TARY STAMP / SEAL AE						
		said	, this the		_ day		
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administeri	ng oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 6
18 FILER NA Drew, All	120 7 111	er ID	Tell' L
Editor Section 1	E SUPTOTALS		
	SCHEDULE	s	UBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	971.
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	2,872.09
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	»H \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR TO FILER	NED \$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/6 3 Filer ID 2 FILER NAME Drew, Allison 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$100.00 03/20/2023 Stubenrouch, Ruth 6 Contributor address; City; State; Zip Code 48 Bendwood Dr Sugar Land, TX 77478 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Artist Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$150.00 03/17/2023 Stubenrouch, Timothy Contributor address; City; State; Zip Code 3210 Spring Trail Dr Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) VP Pioneer Bank Version V3.5.1.3ac88bc0 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

POLITICAL EXPENDITURES 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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Cift/Awards/Memorials Expense Legal Services 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)			
	Credit Card Payment			The Instruction Guide	explains ho	ow to co	mplete this form.		
1 Total pages Schedule G:			FILER NAMI	=				3	Filer ID
	Sch: 1/2 Rpt: 5/6	١.	Drew, Alliso	on					
4	Date 03/09/2023	5	Payee name	VE SOLUTIONS IT					
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$580.06								
	Reimbursement from								
political contributions intended Missouri City, TX 7745			tv TX 77459	459					
8	PURPOSE	10	343948675-24-8W3691 5030	CONTROL VIOLET VI CO DISSESSE			(L) D	7 -	
0F		I NOTE:			(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	EXPENDITURE		Printing Ex	pense			Printing	7	neon was all wing expense
							rinding		
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Office	holder name			Office sought		Office held
_	5,611								
	Date		Payee name						
	02/27/2023 Pamela Printing								
	Amount (\$) Payee address; City; State; Zip Code								
\$184.03 550 Julie Rivers Drive									
Reimbursement from			Suite 310						
X political contributions intended			Sugar Land, TX 77479						
	PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Com			neck if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Art Event Materials			Check if Austin, TX, officeholder living expense				
EXPENDITORE			Art Event Mater			rials			
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Office held
	Date		Payee name						
	03/24/2023			e Politically Active					
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,108.00		2440 Texas	Second Linear East	June 1	p			
	Reimbursement from		Suite 343						
	X political contributions intended	Missouri City, TX 77489							
	1 (2009) (000) (000) (000)	_							
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Canvass/Tee Shirts Canvass/Tee Shirts			- 2007	-GEANY	p of this schedu	ule)	Description		neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
		7	reck if Austin, 17, unicendider living expense						
							Canvass/Tee Sin	113	
	Complete ONLY if direct	Car	ndidate/Office	holder name			Office sought		Office hold
	expenditure to benefit	Jul	and all of Office	noidel name			Office sought		Office held
	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Travel in District Travel Out of District Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 2/2 Rpt: 6/6 Drew, Allison 4 Date Payee name 02/19/2023 **Texas Victory Consultant** Amount (\$) Payee address; State; Zip Code \$1,000.00 1034 Sauliner Street Reimbursement from political contributions X Houston, TX 77019 intended Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Consultant Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH