CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1	·			
The C/OH Instruction C	duide explains how to complete this form.	1 Filer ID (Eigles Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE/	MS/MRS/MR FIRST	. МІ	OFFICE	USE ONLY
OFFICEHOLDER NAME	NA DAVI P	Z	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 #	Assess \$
TREASURER NAME	MA. MICHAEL		Dale Processed	
	CHAN		Date braged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / ST 6611 SUTTENS CREEK TRAIL	•	zar cone 7 7 K S G	
8 CAMPAIGN TREASURER PHONE	AREA GODE PHONE NÚMBER (281) 208-5609	extension		
9 REPORT TYPE	July 15 Sth day before ele	,	treasurer and (Office noide	
10 PERIOD GOVERED	4 125/19	THROUGH 7/	Day Year	,
11 ELECTION ·	Month Day Year Princery	ELECTION TYPE Runoff Other		
•	Month Day Year Princary 5 / 4 / 19 General	Runoff Other Description Special		
12 OFFICE	FBISD POS 7	13 OFFICE SOUGHT (8 known)	
	GO ТО	PAGE 2	*** The second of the second o	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 CAOH NAME DA	VID 1	COSENTIA C	Filer ID ((Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DATE / OFFICEHOLDER. THESE EXPENDITURES HAY HAVE BEEN MADE WITH WISHIT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS I	OUT THE CANDIDATE'S ON OFFICEHOLDER'S
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME 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		Cutical expenditures of \$100 or less, Itemized	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 752.52 \$ 847.48
CONTRIBUTION BALANCE		Olitical contributions maintained as of the last of Driving Period	* \$ 847. 48
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$
18 AFFIDAVIT	YADIRA CASTILL Notary ID #124453 My Commission Exp December 26, 20	055 pires	nation required to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE		.14 .
Swom to and subsc day of Jv(y		to certify which, witness my hand and seal of office.	Assistant to the supernlendent
Signature of officer as	sillo diministering cath	Printed name of officer administering onth	Supernulablen Title of officer administering actin

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.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4204	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	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 cooupetion / 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 .				
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9//	HOUSTON TX.	7700/				
, -						
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/O		Cipros obdition				
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Date	Payee name					
Date	ayes hane					
5-4-19	100					
7 ' . ' 7	AB COMMUNICA TONS Payee address; City; State; Zip Cod					
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\$11500	1600 OCENTIECH CY.	·				
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	Calegory (See Calegories listed at the top of this safedyle)	Description :				
PURPOSE	EARLY VOTE EMAILS	Check literal outside of Heras, Complete Schedule T.				
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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					
Amount (\$)	Pavee address; City: State; Zip Code					
Allouit (3)	Payee address; City; State; Zip Code	e				
Do -						
55						
	Gategory (See Categories listed at the top of this schedule)	Description -				
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Complete <u>OMY</u> if direct expenditure to benefit C/OH		Onice tied				
esperantice to person of or	•					
	ATTACH ADDITIONAL COPIES OF THIS 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
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9 Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held
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Amount (\$)	Payee address; City; State; Zip Code	1
A 2 110		
\$36.40	FACE BOOK INTERNET	PAYMENT
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PURPOSE	FACE BOOK	Check If Austin, TX, officeholder living expense
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	ADVERTISTING	
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Date	Payee name	
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	ADVERTISTA	
		Office south
Complete ONLY 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/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Latour Other (enter a category not listed above)						
The Instruction Guide explains 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				
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25000	SUGAR LAND	7x. 77878				
9 TYPE OF	[- /				
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	CAMPAIGN AD	ļ				
** 0 0181/ S.F			05. 1.11			
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					
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00	Payee address; City; State; 5900 Hw/ 6. South	•				
77-80	13700 100 6. 30076					
6/1	MISSOURI CITY	-7X 77159				
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TYPE OF	Political	Non-Political				
EXPENDITURE	L rungcar					
	Category (See Categories Ested at the top of the	his schedule) Descripti	on ,			
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PURPOSE	6/2 T POST FOR		·			
OF EXPENDITURE		Ctrack	il Austin, TX, officetolder living expense			
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Complete ONLY if direct	· Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/Oi		Office spedit	Cited Held			
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDING AS NO	EDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Adventing Expense Account of Benjaro

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Considing Expense Continuities Dimetions Weds 8					
Centinate Officer interior in Committee Legal Services Salaries Wigner Officer Internation of Internation of Internation of Internation Cultures (Internation Cultures). The Instruction Guide explains have to complete this 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 (8) 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 COMPLETED TO				
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				
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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
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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

Candidate/Officeholder/Political 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.	1 Total pages filed	d:
	ANDIDATE	MS (MRS) MR FIRST MI	OFFICE	USE ONLY
N/	AME'	Mrs. Kristin	Filer ID #	
		Tassin	Hand D Received Received	elivered eived
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 a the Election Code.	s required by	title 15 of
		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 (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 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 TO 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)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEN DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE INSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TO URES.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	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	
		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 Tinclude Schedule Gamo	unt \$10,020.62 1 DAY \$ 222.76
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	
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
Note Con	HRISTEL A. CORRA ry Public, State of 1 nm. Expires 08-08-2 otary ID /3076897	true and correct and includes all in under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me ndidate 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	\ -	Christel A - Corral	Administrative Assistant.
Signature of officer ad	dministering 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 CONTRIBUTIONS		\$ 10,020.6
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 this form.								
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 Watanab 6 Contributor address: City; Stat 1606 Bryker wood Houston, Tx. 1709	7 Amount of contribution (\$) 100.00						
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)					
Date	Full name of contributor	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; 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	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)			
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

		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	g Expense Travel In District g Expense Travel Out Of Dis es/Wages/Contract Labor Other (enter a cate		uipment & Related I	
	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	5/14/2019 cenhower Consulting, 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		1.0			
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 F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Pollitica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expe Legal Services The Instruction Guide	Office Over Polling Exp ense 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	5 Payee na	m Rice	4000		
4/29/2019	Bur	+ levine/	ABC 60	mmunica	alians
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 By Candidate/Officeholder/Political Committee 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

			alian and the same of the same			
	EXPENDITURE CATEGORIES 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	THE SECOND SECON	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	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
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	14 C/OH NAME GRAYLE T. JAMES 15 Filer ID (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S						
	COMMITTEE TYPE COMMITTEE NAME						
<u>.</u> -	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC	ECIFIC					
		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					
		POLITICAL CONTRIBUTIONS 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 (Cosillo	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					
Amount (\$) 7 Payee address: City: State: Zip Code 1810 Maiden Hair 505 cr Land, Tx 77479						
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 schedule) Description Check if Austin, 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 so	. 1 🗂	utskie of Texas. Complete Schedule T. n, 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 SCHEDUL	E 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			
				*	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 difficeholders are required to report this information	the candidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE 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	AL 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 POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 106.0			\$ 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	\$ 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	\$66384 Apires Signature o	f 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	n Whan Title of officer	y Ywhic Administering oath

SUBTOTALS - C/OH

			3 of 10			
18 FILER NAI Drew, Alli						
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	11 154	\$ 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	;	\$ 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 CONTRIBUTION	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHED	ULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1 Sch: 1/1 Rpt: 4/10	:
2	FILER NAME Drew, Allison			3	Filer ID	
4	Date 06/30/2019	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$	\$100.00
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	/ - Il Co	-	pense rials Expense I Guide explains I	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	Travel in District Travel Out of District	ment & Related Expense
1	Total pages Schedule F1:	2		- Curuo Oxpranio	1011 10 00111		3 Filer ID	
1	Sch: 1/1 Rpt: 5/10	-	Drew, Allison				J FIICH ID	_
1	Date	5						BOURD DISTRIBUTION OF SHIP OF MARKET PROTECTION
7	04/28/2019	٦	Payee name Texas Democratic Party					
6	Amount (\$)	7	Payee address; City;	State:	Zip Code			
0	\$103.75	ľ	PO Box 116	State,	Zip Code	÷		
	Ψ100.70		7 O Box 110					
			Austin, TX 78767				1 *	
8	PURPOSE OF	(a	Category (See Categories listed	at the top of this sch	edule) (b	Description		
	EXPENDITURE		Consulting Expense			-	outside of Texas. Complet	
						Consulting/V		
9	Complete ONLY if direct		Candidate/Officeholder name		Office sough	it	Office held	
	expenditure to benefit C/O	Н						71
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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 Х 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 C Food/Beverage Expense Polling /- Gift/Awards/Memorials Expense Printing	epayment/Reimbursement verhead/Rental Expense Transportation Equipment & Related Expense 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	Code
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 (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 0	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 G	àuide 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	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 LAND, TR		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 471- 6420	EXTENSION	
9 REPORT TYPE	January 15 30th day before a	efection Runoff	teasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year V94 / 25 / 2019	THROUGH $igotimes igotimes igotim$	/30 / 2019
11 ELECTION	Month Day Year Primary 105 04 1019 05 General	ELECTION TYPE Runoff Description Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (II know	
•	6110	PBISD	TRUSTEE
: :	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 (10#:) ESMAL MAWJEE 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	etions)
Date Full name of contributor out-of-state PAC (17#1)	
5/1 19 Contributor address; City; State; Zip Code 13430 SUTUMAN TRAILS SUGAR UP TRAILS TO THE	
Principal occupation / Job title (See Instructions) Employer (See Instructions) G 1 D, IN	
Principal occupation / Job title (See Instructions) Full name of contributor OH 14 19 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 15/19 Full name of contributor 15/15/19 Full name of contributor SHAKUL JAMAL City: State; Zip Code OFTER 14/19) COO7 AUBURN PATH GUGHR UND, R. 70 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 500 0
BUSINESS OWNER	
ů Ú	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	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 O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing al Committee Legal Services Salaries	verhead/Rental Expense Tri Expense Tr Expense Tr Wages/Contract Labor Ot	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out Of District ther (enter a category not listed above)		
	. The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME APSHI CHAPANIA	3	Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name FT. BEND COUNTY	ELECTIONS	OFFICE		
6 Amount (\$)	7 Payee address; City; State; Zip Code 4570 READING RD A ROSDNO BRG, TX 7	747 (
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule) MARKETTNG	-	of Texas. Complete Schedule T. , 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	thection!	SOFFICE		
Amount (\$) 25-20	Payee address; City; State; Zlp Code 4520 PEADING PD A POSENBERG, TX 7	2471			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MARVETTWG		of Texas. Complete Schedule T. officeholder IIving expense		
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name ,	Office sought	Office held		
Date	Payee name		•		
le/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) ADVERTISING — CAMPAGA CALLUCS	Description Check if travel outside Check if Austin, TX,	of Texas, Complete Schedule T, , officeholder living expense		
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit G/OF	·				
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	<u> </u>		
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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/Politications of Candidate/Officeholder/Politications		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; Stale; 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/OF	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; U00 RMPHITHEATE	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 kiftravel outside of Texas. Complete Schedule T. k lf Auslin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
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	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS I	NEEDED Project of the Control of the

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		agory not listed above)
1 Total pages Schedule F4:		cs Commission Filers)
4 TOTAL OF UNITEMIZ	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 10.5	<u>Q</u>
5 Date 0 19	6 Payee name GSUITE	
7 Amount (\$)	8 Payce address; City; State; Zip Code 1 U 00 AMPHITHEATRE PYWY MOUNTA	HNUTEW,
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, officeho	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerolder name	ce 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 Texas Check If Austin, TX, officer	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Office folder flame	fice held