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/MD FIRST ASHUH .	M) SUFFIX	OFFICE USE ONLY Date Received The First Wards
4 CANDIDATE / OFFICEHOLDER	•	ITY; STATE; ZIP CODE	JAN 08 RECTO
MAILING ADDRESS Change of Address	6714 APSLOY CLEER D SUGAR LAND, TX		े व्यक्तिकार्यकार्यकार्यकः वि
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 786— 9138	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS (MB) FIRST MAN FICHO	MI	Receipt # Amount \$ Date Processed
	NICKNAME LAST BERGOR	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE AWD, TX: 77479
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (760) 807-45750	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	- 1 14500 Kali	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD GOVERED	Month Day Year 04 / 26 / 20 19	Month THROUGH	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary 05/04/2019 General	ELECTION TYPE Runoff Description Special	ool BOARD
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	PosiTion 3
	до то	PAGE 2	

14 C/OH NAME	SHISH A	GRAWAL :	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				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
_		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!:				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 600/					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					
	4. TOTAL POLITICAL EXPENDITURES \$4,099.37					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
GARRE NOTARY &	ETT DUANE ROSI 132267296 public, STATE OF TEX OMMISSION EXPIRES MBER 25, 202	true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me			
Commence	pereses est	ns lever for	med			
		Signature of Car	ndidate or Officeholder			
AFFIX NOTARY STAM		A 1 1 A 1	o o			
Sworn to and subsc	ribed before me, l	by the said Ashish Agrawal	, this the			
day of January	, 20 <u>.20</u> ,	to certify which, witness my hand and seal of office				
Yanet Duane Ro	sin	Garrett Duane Rosier	Executive Assistant to BOT			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Com	mission Filers)
	ASHISH AGRAWAL	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600/
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 2,000/-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,000/
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	\$

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) 7 Name of lender Date of loan out-of-state PAC (ID#:____ \$2,000/-ISHIGH AGRAWAL City; State; Zip Code Lender address; a financial Institution? SUGARUAND, TX 77479 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; Zip Code City; State: not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (iD#:____ Interest rate State; Zip Code City; is lender Lender address: a financial Institution? Maturity date Ν Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (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.

SCHEDULE AI

/C/OH: ASHEH HERPHUAL

Date		Contributor/Vendor	Address	Contribution (\$)
1/29/2019	4/29/2019 Contribution	Sukhdeep Kohli Sugar Lan, TX	Sugar Lan, TX	\$100.00
1/29/2019	4/29/2019 Contribution	4/29/2019 Contribution Preetesh Bansal \$500.00	Westford. MA	\$500.00

Hebris Agament

SCHEDULE FI

: ASHSH AGARAWAL	
ACHISH	the state of the s
(C/OH:	and the second control of the second control
	Contraction of the first terminal and the

Date	Expense Category	Contributor/Vendor	Address	Address	Expense (\$M)
4/26/2019	Advertising Expense	Masala Radio			\$500.00
4/26/2019	Event Expense	Convenience Store			\$24.00
4/26/2019		Rev Roger Moore			\$300.00
4/30/2019		Minuteman Press	1324 Pin Oak Rd., Katy TX 77494	Katy TX 77494,	\$667.37
1/30/2019	4/30/2019 Event Expense	Jyrome Reed Slow Smoked Meats			\$500,00
4/30/2019	Advertising Expense	Rev Roger Moore			\$1,000.00
4/30/2019	Advertising Expense	Universal Signs & Banners	7825 Hwy 6S, Houston TX 77083	Houston TX 77083,	\$450.32
5/3/2019		Minuteman Press	1324 Pin Oak Rd., Katy TX 77494	Katy TX 77494,	\$222.10
5/3/2019		Universal Signs & Banners	7825 Hwy 6S, Houston TX 77083	Houston TX 77083,	\$205.68
5/3/2019	1	Rev Roger Moore			\$200.00
4/26-5/4	Banking/Credit Card Fees	Raise The Money	P.O. Box 26466, Little Rock, AR 72221	Little Rock, AR 72221	\$29.90

Maken Bound

The C/OH Instruction 6	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Jason	ω	OFFICE USE ONLY
INCIVIL	NICKNAME LAST	SUFFIX	Date Received
	Burdine		JAN 21 REC'D
4 CANDIDATE / OFFICEHOLDER		CITY; STATE; ZIP CODE	
MAILING ADDRESS	17107 Simon Ct. F	Kichmond TX 77407	Superintendent's Office Ff. Rend 1 S v.
Change of Address		11901	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(713) 855-7175		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	MI	Receipt # Amount \$
TREASURER NAME	Mrs. Andrea	D_1	Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	Burdine		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / St		STATE; ZIP CODE
TREASURER ADDRESS	17107 Simon Ct. Richmond TX 77	**************************************	
(Residence or Business)	Richmond TX 77	40 /	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 855-7175	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07/15/2019	THROUGH O\/	15/2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	}
	ERICO Trustee	,	
	FBISD Trustee Position 1		
		PAGE 2	

14 C/OH NAME		15 File	r 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 NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	and the officer of			
Additional Pages						
Additional Pages	:	COMMITTEE CAMPAIGN TOFACHOED ADDRESS	· · · · · · · · · · · · · · · · · · ·			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0			
		POLITICAL CONTRIBUTIONS	A 6.			
	1	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, \$					
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL POLITICAL EXPENDITURES \$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 28.55					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
NOTARY MY C	ETT DUANE ROS 132267296 PUBLIC, STATE OF TI COMMISSION EXPIRE EMBER 25, 20	true and correct and includes all information under Title 15, Election Code.				
	wareneene	Signature of Candidate	or Officeholder			
ACEIVAIOTADV OTARA	DISEALAPOVE					
AFFIX NOTARY STAM	IL 1 SEVENDOAS	T 0 1.	∩1st			
Sworn to and subsc	ribed before me, l	by the said Jason Burdine	this the 21 st			
day of January	<u>, 2020</u> ,	to certify which, witness my hand and seal of office.				
South Duane	Posis	Garrett Dunne Kosier Execu	true Assistant to BOT			
Signature of officer a	administering oath		tle of officer administering oath			

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS MRS / HR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	AFSHI	;	
	NICKNAME LAST	SUFFIX	Date ROSCELVEL
	· CHARANI	A -	EED A A DECE
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	FEB 04 REC'D
MAILING ADDRESS	7343 CHATHAM G	IRTEN DR.	Superintendent's Office
Change of Address	SUGIAR LAND, TX	171479.	The Planet of Co.
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(832) U87- U097		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS (MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	SUMITA		Date Processed
	NICKNAME LAST G HOSH	SUFFIX	Date Imaged
			. ,,,
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		ZIP CODE
ADDRESS (Residence or Business)	4607 KENESHA		
(Tredition of Business)	SUGAR LANDITA	71416	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	V - 1 1/1/2 A - 1
TREASURER PHONE	1713) 471-662)	
		3	
A DEDOOT TYPE		1	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	. Month	Day Year
OOVERED	07/01/2019	THROUGH 12	31/2019.
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05/04/2019 Q General	Special ,	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known))
	5)(0)	MRICH	TRUSTEE
	NIU.		10N 3.
N/		10811	
	GO ТО	PAGE 2	

14 C/OH NAME AFSHI	CHARA		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 OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE OF 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 TREASUREF ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL POLITICAL EXPENDITURES \$ 1450.00.					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1, 239. UI					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 25,000.00					
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						
Notary I	HRA N. KAMDAR Public, State of Text Expires 06-04-202 ry ID 13204698-0	under Title 15, Effection Code.				
Mora Mora	17 10 1020400040	Signature of Card	date or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE	•	V			
Sworn to and subsc	മ		, this the 30			
day of	, 20 <u>W</u> .	to certify which, witness my hand and seal of office.				
	1944	ZAHRA KAMDAR	pact.			
Signature of officer	idministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

	Commission Filers)
AFSHI LHARANIA	
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	\$ 1450.00
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/C	рн \$
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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPEN	DITURE CATEGO	RIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Y Gift/Awards/Mei I Committee Legal Services	O Expense Pr norials Expense Pr	office Overhead olling Expense rinting Expens alaries/Wages	e /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 pages Schedule F1:	2 FILER NAME	CHARPA	JIA		3 Filer ID (Ethics Commission Filers)
4 Date 08 10 19	5 Payee name	TAN LA	KHAN) (
6 Amount (\$)	7 Payee address; 23914 SHAW FATY TX	City; State; Zip C) BERFY L 7740	ANE		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories I	sted at the top of this sched	dule) (ib	F***	utside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officehold	der name		Office sought	Office held
Date 8\15\19\.	Payee name RASHID	KHORHI	HZ .		
Amount (\$)	Payee address; 10622 SU SUGAR	City; State; Zip C GAR TRA LAND,	ACE 1	DP.	,
PURPOSE OF EXPENDITURE	Category (See Calegories II PHNTNG t		dule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	ler name	<u> </u>	Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip C	Code		
PURPOSE OF EXPENDITURE	Category (See Categories li	sted at the top of this sched	iule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	der name	· · · · · · ·	Office sought	Office held
	ATTACH ADDITI	ONAL COPIES OF	THIS SCH	EDULE AS NEE	DED

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 MES. ALUSON	Mi	OFFICE USE ONLY
	NICKNAME LAST DEFN	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; FF JUGAR CREEK SUITE 3F5 SUGAR LAND / TX	CITY; STATE; ZIP CODE BWD. FF4F0	JAN 15 REC'D Superintendent's Office Ft. Bend I.S.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (892) 376. 7768	EXTENSION	Date Hand-delivered or Date Postmarked GDK 15 Jan 1000 4 39 m
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	GOOWIUE	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	PERRE		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 5330 GRIGGS R		F HOUSTON TX
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 224.453	EXTENSION D	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before el		Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 2019	THROUGH 12	/31 / 2019
11 ELECTION	ELECTION DATE Month Day Year Primary	€LECTION TYPE	
	Month Day Year Drimary	Description	
12 OFFICE	FORT BEND ISD BOARD OF TRUSTEES POSITION 5	13 OFFICE SOUGHT (if known)
	GO ТО	PAGE 2	

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Con		nmission 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 CON	ITRIBUTIONS	\$ 26,00
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 100.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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 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)

Gredit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME DREW, ALUSON	3 Filer ID (Ethics Commission Filers)
^{4 Date} 12. F. 2019	5 Payee name CKDENCE BANK	
6 Amount (\$) 26.00	2 FILER NAME DREW, ALU SON 5 Payee name CABENCE BANK 7 Payee address: 4647 SWETWATER BLVI SUGAR LANP, TX 77	City; State; Zip Code H 9
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Strvice CHARGE
	(c) Check if travel outside of Texas. Complete Schedule T.	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	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Рауее пате	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	DREW, AUSON	3	Filer ID (Ethics Commission Filers)
4 Date 12 6.2019	ROGER G. MOORE 1	VINISTRIES	
6 Amount (\$) 100 . 00 Reimbursement from political contributions intended	DREW, AUSON 5 Payee name ROGER G. MOORE 7 Payee address; 2513 PRINCESS LINE MISSOURI CITY, TX	City; 77459	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ANNUTICE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, 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		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Calegories fisted at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/G		Office sought	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

The C/OH Instruction G	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 GRAYLE	M1	OFFICE USE ONLY Date Received
	NICKNAME LAST JAMES	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1810 MAIDENHAIN	otry: state: zip code い い, アメーフタフタ	JAN 13 RECD
Change of Address	_		Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 565-719)	EXTENSION	Date Hand-delivered or Date Postmarked CDR 1/13/3630 5:40pp
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	S ITARON	.,	Date Processed
	GR EGOR	<u>2</u> y	Dale Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1803 ROCK FENCE	RICHMOND	77406
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 443-3503	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 67 / 16 / 19	Month	Day Year / 1 5 / 20
	01/16/11	THROUGH	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	 }
	FT BEND TSD TRUSTEE, PUSITION &		
	GO ТО	PAGE 2	

		the state of the s	
14 C/OH NAME	AYLE JA		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH. URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	IAN
TOTALS	PLEDGI	ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ • 07
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 150.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 1279. 26
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT	· · · · · ·		
	TT DUANE ROSIEI 132267296 UBLIC, STATE OF TEXA MMISSION EXPIRES MBER 25, 2023	true and correct and includes all info under Title 15 Election Code.	perjury, that the accompanying report is permation required to be reported by me didate of Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, l	by the said Grayle James	, this the <u>13</u>
day of Januay		to certify which, witness my hand and seal of office.	
Landt Dua	al pri	Garrett Duane Rosier	Executive Assistant to Boy
Signature of officer a	<i>1</i> /1 0	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
	GRATLE JAMES		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: 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 CO	NTRIBUTIONS	\$ 150,00
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$.07
	WAR THE		

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

Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	GRAYLE JAMES	3 Filer ID (Ethics Commission Filers)
4 Date 12 12 19	FORTBEND FUPEPENDENT	
6 Amount (\$)	7 Payee address; POBOY 623 SUGARLAND, TY 7	City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADVERTISING	AD FOR LOCAL PAPER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S 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 Schedu			dule K:
2 FILER NAME	GRAYLE JAMES	3 Filer ID (Ethics	s Commission Filers)
4 Date 7/31/14 1/15/20	5 Name of person from whom amount is received WELLS FARGU BANK 6 Address of person from whom amount is received; City; State		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		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check 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; Sta		
	Purpose for which amount is received Check 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; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

Plofo

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. James 3 CANDIDATE / MS / MRS //MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date RIA LOCATION NICKNAME SUFFIX JAN 13 RECT ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; GADO CHOM TERRACE LANE 4 CANDIDATE/ OFFICEHOLDER MAILING Superintendent's Office **ADDRESS** gar Land, Tx. 77479 Ft. Bend I CE Change of Address 5 CANDIDATE/ **OFFICEHOLDER** (201) 980. 8071 Date Hand-delivered or Date Postmarked PHONE 1/13/2020 S:40pm 6 CAMPAIGN MS / MRS / MR TREASURER NAME Date Processed SUFFIX Date Imaged Suzanne STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE 3907 Senna Place **TREASURER ADDRESS** Sugar Land, Tx. 77479 (Residence or Business) 8 CAMPAIGN EXTENSION **TREASURER** (201) 980. 9051 PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded \$500 ilmit 8th day before election Final Report (Attach C/OH - FR) 10 PERIOD Month COVERED 12/31/2019 7/1/2019 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Description Month 5/4/19 Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE FBISD Trustee FBISD Trustee Position 3 Position 3 **GO TO PAGE 2**

14 C/OH NAME	im Rice	(James D. Rice) 15 FIL	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOFURES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS .	
,		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		ACMINISTER OLUMBIA PER COUNTY AND ACCOUNTY	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0.00
	4. TOTALI	Political expenditures L'include Schedule G amount	\$ 512.00
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 222.76
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE YOF THE REPORTING PERIOD SCHOOL AMOUNT	\$17,6 6 9.91
NOTARY P	IT DUANE ROSIE 132267296 UBLIC, STATE OF TEX MMISSION EXPIRES MBER 25, 202	true and correct and includes all information under Title 15, Election Code.	required to be reported by me
AFFIX NOTARY STAMP	/SEALABOVE	Signature of Candidate of	or Officeholder
Sworn to and subscrib	ned hefore me hi	the said James D. Rice	, this the
day of <u>January</u>	2	certify which, witness my hand and seal of office.	, and are
Sand Duane	Posis	Garrett Dyane Rosier Execu	dive Assistant to BUT
Signature of officer add	ministering oath		e of officer administering oath

p. 3 of 5.

SUBTOTALS - C/OH

19 FILERNAME 20 Filer ID (Ethics Co	ommission 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	\$
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	\$512.00
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 Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel in District By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District
1 Total pages Schedule G: p, lof 2 4 Date	2 FILER NAME Jim Rice. 3 Filer ID (Ethics Commission Filers)
7/8/2019	Fort Bend Independent
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 623 Sugar Lund, Texas 77487
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AN EAR TO Check if travel outside of Texas, Complete Schedule T. (b) Description Wews paper Ad 9 Check if Austin, TX, officienoider living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 10/25/2019	Pamela Printing
Amount (\$) \$ 0.00.00 Reimbursement from political contributions intended	Pamela Printing Payee address; BEO Julie Rivers Dr. Suiters 10 State; Zip Code Sugar Land, Tx. 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held H
Date 12/1/2019	Payee name Consulting, LLC Payee address; State: 7 Stat
Amount (\$) P 5 6 00 Reimbursement from political contributions	Payee address; City; State; Zip Code No 19 Arrow Head Sugar Land, Tx. 17479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Consulting Expense Campaign Consulting
complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel ouisief of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P. 545.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

WADEFRO	JWI PER	SONALF	UNDS				3011	LDULL 🤝
		EXPENDIT	URE CATEGO	ORIES FO	R BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	nse F Ils Expense F	Office Overhea Polling Expens Printing Expen Sataries/Wage	se s/ContractLabor	Travel In Dist Travel Out O	n Equipme trict f District	Expense nt & Related Expense not listed above)
1 Total pages Schedule G:	2 FILER NA					3 Eilor 10	/Ethion C	ommission Filers)
P. 2 of 2		Jim K	ive _			3 Filer ID	(Einics C	mmission rilers)
4 Date /1/2019	5 Payee nar	+ Bend	. Inde	pen	dent			
6 Amount (\$) Reimbursement from political contributions intended	P.O. Sua	dress; Pex Co an Lav	23 id, Te.	xas	City;	7	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	1	(See Categories listed at	the top of this sched	iule) (b) USC	News	paper	XX	9.
	(c) [Check if travel outside of 76x	as, Complete Schedu	le T.	Check if Aus	stin, TX, officeholder	living expe	nse
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder r	iame	Offic	ce sought		Of	fice held
Date	Payee nan	ne	, , , , , , , , , , , , , , , , , , ,					
,	,							
Amount (\$)	Payee add	iress;			City;	Si	ate;	Zip Code
Reimbursement from political contributions intended				÷				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at	the top of this sched	ule)	Description			
		Check if travel outside of Tex	as. Complete Schedul	eT.	Check if Aus	lin, TX, officeholder	living expe	150
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder n	ame	Offic	e sought		Off	ice held
Date	Payee nam	ie						
Amount (\$)	Payee add	ress;			City;	State	; 2	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See Categories listed at t	ne top of this schedu	le) l	Description			
	CI	neck if travel outside of Texa	s. Complete Schedule	т.	Check if Austi	n, TX, officeholder l	ving expen	se
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candida	te / Officeholder na	ime	Office	e sought		Offi	ce held
	ATTAC	:HADDITIONAL C	OPIES OF TH	IIS SCHED	OULE AS NEE	DED		

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA

1 CANDIDATE NAME	rd B Rosestal 2 FILERID#	3 Total pages filed:		
See ACTA Instruction Guide for detailed instructions. Use this form for changes to existing information <i>only</i> . Do not provide information previously disclosed.				
4 CANDIDATE	NEW MS/MRS/MR FIRST MI	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX	Date Received		
	Kosenthal	Superintendent's Office		
5 CANDIDATE MAILING ADDRESS	6910 Oak Bay Co	Date Hand-delivered or Postmarked COL Dan 15, 2020 12:59 pr		
	Missouri City TX 77459	Receipt # Amount \$ Date Processed		
6 CANDIDATE PHONE	NEW AREA CODE PHONE NUMBER EXTENSION	Date Imaged		
	(281) 685 -1081			
7 OFFICE HELD (if any)	FBISD Trustee Pus 7			
8 OFFICE SOUGHT (if known)	NEW			
9 CAMPAIGN TREASURER NAME	NEW MS/MRS/MR FIRST MI NICKNAME Toan B. Rosental	LAST SUFFIX		
10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#: CITY: STATE; 6910 Oak Bay Cir 1755 ones City, TX 7745	ZIP CODE		
11 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION (281) 499-1883			
12 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.		
	I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of		
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.			
	<u> </u>	1/15/2020		
· · · · · · · · · · · · · · · · · · ·	Signature of Candidate	Date Signed		
GO TO PAGE 2				

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 MI	OFFICE USE ONLY
NAME	Mr. David D	Date Received
	NÍCKNAME LAST SUFFIX	
	Kosenty !	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
MAILING ADDRESS	6910 Oak By Cor	
Change of Address	Massouri Cab, tx 77459	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(281) 685-1081	Date (talle-delivered of Date) obtained
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	Date Processed
	Rosental	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	6910 Oak Bay Co	
(Residence or Business)	, , , , , , , , , , , , , , , , , , ,	o%
****	Massouri City, TX 7745	
8 CAMPAIGN TREASURER	AREA CODE	
PHONE		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Bth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year Month	Day Year
COVERED	7/15/19 THROUGH 1/	15/2020
11 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year Primary Runoff Other Description	
A A A A A A A A A A A A A A A A A A A	5/4/19 General Special	
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known	n)
	FBISD Pos 7	
	GO TO PAGE 2	

FORM C/OH COVER SHEET PG 2

14 C/OH NAME)aurd	B. Resently 15 Fil	er 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	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	
	1	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 \$			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 2518.74	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0	
18 AFFIDAVIT		and the second s		
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 Gode NOVEMBER 25, 2023 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said <u>had B. Rosen Hal</u> , this the <u>15</u>				
day of, 20, to certify which, witness my hand and seal of office.				
Lault Duane Rosie Govrett Duane Rosier Executive Assistant to BOT				
Signature of officer a	dministering oath	Printed name of officer administering oath	itle of officer administering oath	

Forms provided by Texas Ethics Commission

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 MI MS Advola NICKNAME LAST SUFFIX Addu Heyriga	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4220 OUR FOREST TO MISSOUR; City, TO 72407	FEB 2 6 2021 BY: CAX 2: 34
OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (\$32) 244 - 5861	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI M. Milkname LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 4222 Oak Forest A missouri city, Ty 72459	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 7 1 2019 THROUGH 12	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
2 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Trustle Pos. 6	
	GO TO PAGE 2	

14 C/OH NAME	la Hey	lige 1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL		- [11] - [11] - [12] - [12] - [12]		
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	N \$.10		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 97.				
	4. TOTAL POLITICAL EXPENDITURES \$ 1,497.20				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,576.94				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* Ø		
GARRI NOTARY MY C	ETT DUANE ROS 132267296 PUBLIC, STATE OF TE COMMISSION EXPIRES EMBER 25, 20	true and correct and includes all infor under Title 15, Election Code. XAS 23	erjury, that the accompanying report is rmation required to be reported by me		
AFFIX NOTARY STAME	P/SEALABOVE	Signature of Cand	idate or Officeholder		
Sworn to and subscr	ibed before me, b	y the said Holeola Hey liger	, this the		
day of February		o certify which, witness my hand and seal of office.	, and and		
Sand Dagre	Rosin		ive Assistant to BOT		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

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 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 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	19 FILER NAME Adrola Hey Cige	ommission Filers)				
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SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 12.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ \$	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	\$				
	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB RETURNED TO FILER	\$				

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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages, Schedule F1:	2 FILER NAME Adeola Heylige		3 Filer ID (Ethics Commission Filers)		
4 Date 8 6 2	MARS Scholar	iship Ad			
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
300.00	MCBC D MISSOUR	i city, TX			
8	(a) Category (See Categories listed at the top of this school				
PURPOSE OF	Ad for Scholarship		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
EXPENDITURE	70 80 300	_			
9 Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/Ol	Н ,	<u> </u>			
Date	Payee name	1			
9/03	FBCDP Fundra	Ser			
Amount (\$)	Payee address; City; State; Zip	Code /			
1000	Sugarland Tx				
	Category (See Categories listed at the top of this sche	edule) Description			
PURPOSE	Donation Political La	n mike Check If travel ou	tside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check If Austin	, TX, officeholder living expense		
		,	4		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/07	Letitic Planne-1	Canpaign			
Amount (\$)	Payee address; City; State; Zip (Code			
100.00		*			
	Category (See Categories listed at the top of this sche	edule) Description			
PURPOSE	cartetribution / Donation.	Check if travel ou	tside of Texas. Complete Schedule T.		
OF EXPENDITURE	Boldribution/ Donation Made by Candidate Officet	Check if Austin.	, TX, officeholder living expense		
	mean by canon	, 4			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					