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  Jason	<b>₩</b>	OFFICE USE ONLY
	NICKNAME LAST BURdin	SUFFIX	Received July 15, 2000
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	Richmond TX 77407	FBISD Superintendents CARico
Change of Address			- 4 *
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) PHONE NUMBER 855-7175	EXTENSION -	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Andrea	$\mathcal{D}_{_{MI}}$	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Burdine		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	Richmond TX	STATE; ZIP CODE 77407
(100,000,000,000,000,000,000,000,000,000			
8 CAMPAIGN TREASURER PHONE	(713) 855-7175	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Volume 16 / 2020	THROUGH	Pay Year / 2020 07/15/
11 ELECTION	Month Day Year Primary  11 / O3 / 2020 General	Runoff Other Description  Special	
12 OFFICE	Fort Bend ISD Board of Trustee #	13 OFFICE SOUGHT (if known	)
,	go то	PAGE 2	

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	,	
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL	LINITEMIZED DOLUTION CONTRIBUTIONS (OTHER TWO	
TOTALS		UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR	\$
		RIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL	POLITICAL CONTRIBUTIONS	
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50000
			700
EXPENDITURE	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	
TOTALS			\$
	4. TOTAL POLITICAL EXPENDITURES \$		\$
CONTRIBUTION	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 6 574 55		057456
BALANCE		ORTING PERIOD	* 270.22
OUTSTANDING			\$ 528.55 \$ 20,000
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	s 70 aao
	LAST DI	AT OF THE REPORTING PERIOD	20,00
18 AFFIDAVIT			
ZIIIIIIIII		I swear, or affirm, under penalty of perjury,	that the accompanying report is
•	TT DUANE ROSIE	0	
	132267296	under Title 15, Election Code.	
	UBLIC, STATE OF TEX		
A VEGETE	MBER 25. 202		
Secretaria		- Jawn 6	
		Signature of Candidate	or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
		7 0 1	. 6
Sworn to and subsci	ribed before me	ov the said SON Budine	, this the 15
-T. h.	200	y and data	
day of Jary		to certify which, witness my hand and seal of office.	
Sanot Duan	Sanet Duane Rosei Govrett Duane Rosner Executive Assistant to the BOT		
Signature of officer a	Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath		

### **SUBTOTALS - C/OH**

19	FILER NAME 20 Filer ID (Ethics Co		mmission Filers)
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		\$ 20,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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	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	\$

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME	Jason Burdin	2	3 Filer ID (Ethics Commission Filers)		
4 Date 04/25/20	Balfour 6 Contributor address; City;	State; Zip Code TX 77043	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	-	AC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED		

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 comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Jason Burdine		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 20,000
5 Date of loan 7 Name of lender out-of-state 7-1-2020 Dason Burdine		9 Loan Amount (\$) \$\frac{1}{20},000
6 Is lender a financial Institution?  8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N) 11101 SIMON CI	(IC) (IO of 1)/	11 Maturity date 12-31-2020
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral  none	Check if personal fund account (See Instruction	ls were deposited into political ons)
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
	State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender Lender address; City; a financial	State; Zip Code	Interest rate
Institution? Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral  none	Check if personal fund account (See Instructi	ls were deposited into political ons)
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional rep	

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 MI  ATS HI  NICKNAME LAST SUFFIX  CHARATULA	Pate Received Received July 17, 2020 FBISD Sopenfundation
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE  7343 CHATHAM GREEN DR.  AREA CODE PHONE NUMBER EXTENSION  (832) U81-U097	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/NIR FIRST MI SUMITA  NICKNAME LAST SUFFIX  GHOSH	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  FUED LENES HAW CT.  SUGAR LANDIN 17479	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 471 - U 620	
9 REPORT TYPE	January 15	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month  OI / OI / 2020 THROUGH OU/	Day Year 30 20 20 .
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Description  General Special	
12 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  FBLSD TR  POSIT	USTEE 10N 3
	GO TO PAGE 2	tie. Trabica til II. I a i

## CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 2

14 C/OH NAME		146	Pt. ID (Pal.)	
AFSHI CHARANIA				
16 NOTICE FROM POLITICAL COMMITTEE(S)	AL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	and the second s		
	SPECIFIC	COMMITTEE ADDRESS		
		I.		
		I .		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN		
TOTALS		S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$			
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 4,059.65	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3.179.90.			
OUTSTANDING LOAN TOTALS	.6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 25,000 D	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of perju	rv. that the accompanying report is	
The state of the s	ZAHRA N. KAMDA	true and correct and includes all informa		
	ary Public, State of	Texas		
	mm. Expires 06-04-		PROPERTY STORY LAW Y.	
Samue 1	Notary ID 1320469		A	
		Signature of Candida	y Oulceholder	
AFFIX NOTARY STAMP	//SEALABOVE	,		
	0 0-1	the said AFSHI CHARANIA	, this the	
day of JULY	day of TULY 26 70 , to certify which, witness my hand and seal of office.			
	half TAHER VANDAR ATT			
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of officer administering oath	
orms provided by Texas Eth	ice Commission	www.athics state tv us		

## SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Com	mission 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	\$4059.65
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM 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/Reintal Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (expense a reteriory not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political		ges/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
Total pages Schedule F1:	2 FILER NAME AFSHI CHARANI	A 3 Filer ID (Ethics Commission Filers)
Date 02/01/20	5 Payee name ARSALAN LAKH	ANI
6 Amount (\$)	7 Payee address; City; State; Zip Code 23914 SHAW BERRY	
2,809.45	(LATY, TX 77493	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE		Check if Austin, TX, officeholder living expense
OF EXPENDITURE	OTHER	Someond William III
* *		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	1 2	
Date	Рауее пате	
02/11/20	RASHID KHOKAR	
Amount (\$)	Payee address; City; State; Zip Code	15.20
1,250.00.	10622 SUGARTRA SUGAL LAND, TX	77498
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	PLINTING	Check if Austin, TX, officeholder living expense
	EXPENSE	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
, h		
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	7.2	A 126.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
4 - 15 (27 E. 23)	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 MS/MRS/MR **FIRST** MI CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Allison Received Jaly 15, 2020 NAME FBISD Superintentents SUFFIX NICKNAME LAST office Drew Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 1:00 PM 77 Sugar Creek Blvd. MAILING Amount Receipt # **ADDRESS** Suite 375 Change of Address Sugar Land, TX 77478 Date Processed Date Imaged **CAMPAIGN** MS/MRS/MR **FIRST** MI **TREASURER** NAME **NICKNAME** LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** REPORT **TYPE** 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) Final Report (Attach C/OH-FR) Х July 15 8th day before election Exceeded \$500 limit **PERIOD** Day Year Month Day Year COVERED 01/01/2020 **THROUGH** 06/30/2020 10 ELECTION **ELECTION TYPE ELECTION DATE** Month Day Year Primary Runoff Other General Special 11 OFFICE 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) Fort Bend ISD Board of Trustees: Position 5 Place Sugar Land District FBISD Fort Bend

# 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 expendit These expenditures may have been made without I officeholders are required to report this information	t the candidate's or officeh	older's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
	J SFECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
16 CONTRIBUTION	TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER	THAN PLEDGES.	Τ.	
TOTALS	LOANS, OR GU	ARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00
		E <mark>AL CONTRIBUTIONS</mark> PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	2,025.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLES	SITEMIZED	\$	83.00
-	4. TOTAL POLITIC	AL EXPENDITURES		\$	1,383.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE	LAST DAY OF THE	\$	1,486.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFADAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  Signature of Candidate or Officeholder					
	TARY STAMP / SEAL AB				1
Sworn to and subs	cribed before me, by the s	aid Allison Drew	, this the15		day
of July	, 20 <u></u> , to c	ertify which, witness my hand and seal of office.			
Shouth	Dume Rose	Garrett Dunne Rosier	Executing Assi	tant to	the BOT
Signature of office	cer administering	Printed name of officer administering	Title of officer a	administeri	ing oath

## SUBTOTALS - C/OH

				COVER S	3 of 10
	LER NAN rew, Allis				
		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,025.00
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	5	\$	689.07
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	693.94
10	). 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
1:	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
-					
1					

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/10 2 FILER NAME 3 Filer ID Drew, Allison 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2020 Brink, Andrew and Catherine \$200.00 6 Contributor address; City; State; Zip Code Bittersweet Ct Richmond, TX 77406 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Lawyer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2020 Glover, Relena \$50.00 Contributor address; City; State; Zip Code Braes Bayous Dr. Houston, TX 77071 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2020 Jones, Orangegy \$25.00 Contributor address; City; State; Zip Code Lazy Spring Ct. Houston, TX 77489 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2020 Perdue, Brandon, Fielder, Collins and Mott, LLP \$500.00 Contributor address; City; State; Zip Code 1235 North Loop West Suite 600 Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2020 Pierre, J. Goodwille \$500.00 Contributor address; City; State; Zip Code 5330 Griggs Rd Suite F105 Houston, TX 77021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/10 2 FILER NAME 3 Filer ID Drew, Allison Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 01/30/2020 Sabouni, Lina and Mourhaf \$500.00 6 Contributor address; City; State; Zip Code Palm Blvd. Missouri City, TX 77459 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Architect Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/31/2020 Stubenrouch, Timothy \$150.00 Contributor address; City; State; Zip Code 3210 Spring Trail Dr Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) VP Pioneer Bank Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2020 Yeung, Bridget \$100.00 Contributor address; City; State; Zip Code 538 Lombardy Drive Sugar Land, TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Retired Council Member** City of Sugar Land

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

Food/Beverage Expense Gift/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 Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 1/2 Rpt: 6/10	Drew, Allison
4	Date	5 Payee name
	05/04/2020	Amazon
6	Amount (\$) \$85.44	7 Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Γ	Date	Payee name
	02/04/2020	Brandani's
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	3340 FM 1092 Rd  Missouri City, TX 77459
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Analytics / Campaign Event Planning
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/13/2020	Payee name FORT BEND CHAMBER COMM
	Amount (\$) \$350.00	Payee address; City; State; Zip Code  445 Commerce Green Blvd  Sugar Land, TX 77478
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Reception
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

Legal Services 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 3 Filer ID Sch: 2/2 Rpt: 7/10 Drew, Allison Date Payee name 03/09/2020 GoDaddy Amount (\$) Payee address; City; State; Zip Code \$79.99 14455 N. Hatden Scottsdale, AZ 85260 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. SSL Cert **EXPENDITURE** Check if Austin, TX, officeholder living expense Internet SSL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/04/2020 Kroger Amount (\$) Payee address; City; State; Zip Code \$50.64 18861 University Blvd. Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraiser Event 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)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Consulting Expense Polling Expense Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 1/3 Rpt: 8/10 Drew, Allison 4 Date Payee name 01/29/2020 Costco 6 Amount (\$) Payee address; City; State: Zip Code \$92.50 17520 Southwest Fwy Reimbursement from political contributions intended X Sugar Land, TX 77478 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Launch Event / Future Event Supplies Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/16/2020 GoDaddy Amount (\$) Payee address; City; State; Zip Code \$50.00 14455 N. Hatden Reimbursement from political contributions intended X Scottsdale, AZ 85260 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Website/Internet Expense **EXPENDITURE** Internet Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/29/2020 Kroger Amount (\$) Payee address; City; State; Zip Code \$103.62 18861 University Blvd. Reimbursement from political contributions intended X Sugar Land, TX 77479 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Launch Event / Event Supplies Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 2/3 Rpt: 9/10 Drew, Allison 4 Date Payee name 01/27/2020 Nesossi Photography Payee address; City: State: Zip Code 6 Amount (\$) 522 Brooks St \$77.94 Reimbursement from political contributions intended X Sugar Land, TX 77478 (b) Description Check if travel outside of Texas. Complete Schedule T. 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF **Photography Services EXPENDITURE** Photography Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/16/2020 Olive Garden State; Zip Code Amount (\$) Payee address; City; 5005 Sweetwater Blvd, \$284.07 Reimbursement from political contributions intended X Sugar Land, TX 77479 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Kickoff Event Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/27/2020 Party City Amount (\$) Payee address; City; State; Zip Code \$42.98 16734 Southwest Fwy Reimbursement from political contributions intended |X| Sugar Land, TX 77479 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE Event Supplies** Office held Complete ONLY if direct Candidate/Officeholder name Office sought 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	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 3/3 Rpt: 10/10	2 FILER NAME Drew, Allison
4	Date 01/15/2020	5 Payee name eVoice
6	Amount (\$) \$42.83	7 Payee address; City; State; Zip Code 700 W 7th St
	Reimbursement from political contributions intended	Los Angeles, CA 90017
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone/Text Service
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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 ) FIRST  GRAYLE  NICKNAME  LAST  JAMES	MI	OFFICE USE ONLY  Date Received  Taly 13, 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #:  1810 Maidenhair  Sugar Land,	TY 77479	FBISD Suprintendents
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 2 SI) 5 6 5 - 7191	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  SHARON  NICKNAME LAST  GREGOR	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU  1803 ROCK FCN  RICHMOND, TX	CC.	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 932) 443-3503	EXTENSION	
9 REPORT TYPE	July 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  (31 16 20	THROUGH 07	Day Year
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	Runoff Other Description	
2 OFFICE	FT Bend ISD Trustee Position 2	13 OFFICE SOUGHT (if known)	
	GO TO P	AGE 2	

14 C/OH NAME GRA	ME JAH		15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL SUPPORT THE BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE IS SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OF SUCH EXPENDITURES.			ITHOUT 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	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR SUBUTIONS MADE ELECTRONICALLY)	s . 06			
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1279.32			
OUTSTANDING LOAN TOTALS	6. TOTAL P	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LY OF THE REPORTING PERIOD				
18 AFFIDAVIT						
S GAR	RETT DUANE R 132267296 RY PUBLIC, STATE O IT COMMISSION EXPI	Under Title 15-Exection Code	erjury, that the accompanying report is irmation required to be reported by me			
AFFIX NOTARY STAME			lidete or Officeholder			
\	Sworn to and subscribed before me, by the said Grayle James this the					
day of July		certify which, witness my hand and seal of office.				
Signature of officer	Kosen		sultive Assistant to BOT			
Signature of officer ad		Printed name of officer administering oath	Title of officer administering oath			
rms provided by Texas Eth	ics Commission	41.				

### **SUBTOTALS - C/OH**

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
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 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 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	s .06

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

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:	
2 FILER NAME  GRAYLE JAMES  3 Filer ID (Ethics (			s Commission Filers)	
Jar Jury 2020	5 Name of person from whom amount is received  WELLS FAREO  6 Address of person from whom amount is received: City: Star	te; Zip Code	8 Amount (\$) - 66	
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	ite; Zip Code	Amount (\$)	
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City: State	e; Zip Code	Amount (\$)	
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received  Address of person from whom amount is received: City; Sta	te; Zip Code	Amount (\$)	
	Purpose for which amount is received Check if p	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

p. 1 of 4

## 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 JAW  NICKNAME  LAST  RICE	nes D Suffix	OFFICE USE ONLY  Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE		CITY; STATE; ZIP CODE  PACE LANE  11479  EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Dore NICKNAME SUZANNE RAM	othy MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3907 Senna Place Sugar Land, T.  AREA CODE PHONE NUMBER (281) 980. 9051	ce	ZIP CODE	
9 REPORT TYPE  10 PERIOD COVERED	July 15 30th day before elect  Month Day Year	Exceeded \$500 limit  Month	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)  Day Year	
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	THROUGH  ELECTION TYPE  Runoff Other Description Special	,	
12 OFFICE	FBISD Trustee Pogition 3.	e FBISD Tr Position		
GO TO PAGE 2				

p. 2 of 4

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME Jim Rice (James D. Rice) 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ 0.1			\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 296.23	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 222.76			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD GAMOUNT	\$17,966.14	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of perjury, true and correct and includes all information		
	HRISTEL A. CORRA	AL Under Title 15 Floation Code		
Con	nm. Expires 08-08-2	020		
Se Official V	lotary ID 13076897		ax .	
		Signature of Candidate	or Officeholder	
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said James D. Pile, this the 14				
day of JMIV, 20, to certify which, witness my hand and seal of office.				
4	Christel A. Corral Administrative Assistant			
Signature of officer and	dmir/stering oath	Printed name of officer administering oath Tit	le of officer administering oath	

p. 3 of 4

### **SUBTOTALS - C/OH**

19 FILER NAME  Tim Rice  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	\$296.23
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 Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

**Printing Expense** 

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Candidate/Officeholder/Political Committe
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The mediation calls explains non-		
1 Total pages Schedule G:	2 FILER NAME  Tim Rice		3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/5/2020	5 Payee name Icen hower Consulting	ng, the. I	LL C.
Reimbursement from political contributions intended	0000000	7479	ě
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expuse	Campaig	n Consuling TX, officeholder living expense
Date	Payee name		
5/22/2020	Fort Denk Indepu	udent	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 623 Sugar Wund, Texas	17487	3 ¥
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Newspa ☐ Check if Austin,	TX, officeholder living expense
Date 6 / 3 / 2020	lanhower Consulting	, 44	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3019 A rrow Nead Sugar Land, Tx.	17479	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expunse	Campui Cheok if Austin,	TX, officeholder living expense
Date   3   2020	Fort Bend Star	et.	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Pox 2369 Stafford, Tx. 77497		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Adventising	Newsp	el outside of Texas, complete Schedule T)  OFFICE OFFI
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 PIRST	B	OFFICE USE ONLY
147 1111	NICKNAME LAST  Dave Rose-H	SUFFIX	Date Received  July 14, 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	6910 Oak Bay 1	STATE; ZIP CODE	PBISD Superintendents
Change of Address	Missouri City	TX 77459	
5 CANDIDATE/ OFFICEHOLDER PHONE	(281) 685 - 108	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs Doan	<u> </u>	Date Processed
	ROSA Hay	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE#; CITY;	STATE; ZIP CODE
(Residence or Business)	Missours G.	h,TX 77	-459
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (28/ ) 685 -108/	EXTENSION	
9 REPORT TYPE	July 15 30th day before electrical and a second sec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 15 / 2020	THROUGH 7	Day Year / 15 / 2020
11 ELECTION	Month Day Year Primary  General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	FBISD Pos 7	13 OFFICE SOUGHT (if known)	
	<b>GO TO</b> I	PAGE 2	

14 C/OH NAME	)avid	B Roserthal 15 File	r 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.				
	GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ O		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O		
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ O		
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					
GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS  MY COMMISSION EXPIRES  NOVEMBER 25, 2023  Signature of Candidate or Officeholder					
	Sworn to and subscribed before me, by the said Daud Rosential , this the				
day of July	0.40	to certify which, witness my hand and seal of office.	_, this the		
And Dugan	Para	Carrett Duane Rosier Execut	us Assidad to the ROT		
Signature of officer a	dministering oath		tle of officer administering oath		

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST  Mrs. Kristin	мі <b>К</b>	OFFICE USE ONLY	
NAME	Mrs. Kristin		Date Received	
	Tassin			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	City, TX 77459		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281 ) 630-2885	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
NAME	Mr. Shannon		Date Processed	
	Tassin	SOTTIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU  850 Srt. Elmo's Court, Missouri		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281 ) 685-2885	EXTENSION		
9 REPORT TYPE	January 15  30th day before elected at the state of the s		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01/15/2020	THROUGH 07/16/	Day Year	
11 ELECTION	Month Day Year Primary  11/03/2020  General	Runoff Cher Description		
12 OFFICE	Fort Bend ISD Trustee, Position	13 OFFICE SOUGHT (if known) 14 Fort Bend ISD Trus	stee, Position 4	
GO TO PAGE 2				

14 C/OH NAME	Kristin K	Tassin	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	ITICAL  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 THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>O</b>
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ <b>O</b>
	4. TOTAL	POLITICAL EXPENDITURES	\$ <b>O</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* <b>0</b>
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  NOVEMBER 25, 2023  Kristin Tassin			
3		Signature of Cano	lidate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		
	ibed before me, b	y the said Kristin Tassin o certify which, witness my hand and seal of office.	, this the
Marrett Duane Rosin Garrett anone Rosing Executive Assistant-to the BOT			
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath
* 1 11 7 7			

### SUBTOTALS - C/OH

19 FILER	mmission Filers)		
	DULE SUBTOTALS 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	NTRIBUTIONS	\$
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 FUN	IDS	\$
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 CONTRIBUTI RETURNED TO FILER	ONS	\$

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••			
1	C/OH I	IAME  2 Filer ID (Ethics Commission Filers)		
3	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.			
		Signature of Candidate / Officeholder		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••		
	О.	CAMPAIGN FUNDS  I do not have unexpended contributions or unexpended interest or income earned from political contributions.  I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.  ASSETS  only one:  I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate		
5	·· Com	HOLDER  blete this section only if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		
a		Signature of Officeholder		

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 MI O	OFFICE USE ONLY
	Addie Neyliger	MECEIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  4222 Oak Forest  Missouri City, Tx. 77459	FEB 2 6 2021 BY: GDK 2: 34pm
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 244-5861	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. Milton  NICKNAME  LAST HEVLIGER  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  Missouri City, Tx 77459	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 922-5123	
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  1 15 20 THROUGH 6	Day Year / 20
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special	
12 OFFICE	Fort Bend ISD Position 6	7)
	GO TO PAGE 2	

14 C/OH NAME	deola	Heyliger "	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	* 1
1 4	GENERAL		
. *		COMMITTEE ADDRESS	
	SPECIFIC		
'	11 1		3
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	, 1		
,		COMMITTEE CAMPAIGN TREASURER ADDRESS	
•		La caracteristica de la caract	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ .03
EXPENDITURE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 60.00		
TOTALS			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 310.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 310.00 \$ 1,206.97
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	The state of the s
18 AFFIDAVIT			
y .	ħ.		erjury, that the accompanying report is rmation required to be reported by me
,		Adu O. Hey ing	<u></u>
		Signature of Cand	date or Officeholder
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said Adda Hey light the said Adda Hey light the 26			
Sworn to and subscribed before me, by the said / YOUCIU TRY INJUL., this the, this this the, this the, this the, this this the, this this the, this this, this this the, this this the, this this this, this this this, this			
Savett Duane Rosin Garrett Duane Rosier Executive Assistant to 807			
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath			

## SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics of	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTÖTAL 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	\$ 250.00
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/O	4 \$
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

#### **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)

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) 4 Date 5 Payee name 7 Payee address; (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF 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 Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH