

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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 <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;">REGGIE</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">ABRAHAM</div>				OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> OCT 09 REC'D Superintendent's Office Ft. Bend ISD.
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">5011 CHAPPEL HILL DR. MISSOURI CITY, TX 77459</div> <input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(713) 277-5679</div>				Date Hand-delivered or Date Postmarked <div style="font-size: 1.2em;">3:50 pm GDR</div>
	6 CAMPAIGN TREASURER NAME MS / MRS <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;">REGGIE</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">ABRAHAM</div>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">5011 CHAPPEL HILL DR. MISSOURI CITY, TX 77459</div>			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(713) 277-5679</div>			
9 REPORT TYPE		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
10 PERIOD COVERED		Month Day Year Month Day Year <div style="font-size: 1.2em;">3 / 10 / 2020 THROUGH 10 / 3 / 2020</div>			
11 ELECTION		ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 3 / 2020</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input checked="" type="checkbox"/> Other Description <div style="font-size: 1.2em;">SCHOOL BOARD</div> </div> </div>			
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **REGGIE ABRAHAM**

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1765.55

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1350.73

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

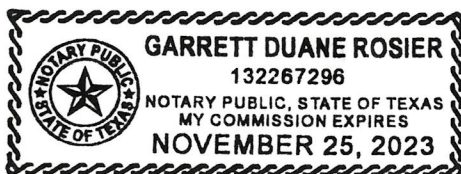
\$ 414.82

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Reggie Abraham, this the 9 day of October, 2020, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the BOT

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****REGGIE ABRAHAM****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1765.55
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1350.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

REGGIE ABRAHAM

3 Filer ID (Ethics Commission Filers)

4 Date

4-13-20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

SURYA RAGUTHU

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

1235 LAKE POINTE PKWY
#103 SUGARLAND, TX 77478

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-10-20

TO

10-3-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

NA

Amount of contribution (\$)

1465.55

Contributor address;

City;

State;

Zip Code

ONLINE CONTRIBUTIONS

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state 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

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME REGGIE ABRAHAM		3 Filer ID (Ethics Commission Filers)	
4 Date 3-28-20		5 Payee name ALPHA GRAPHICS			
6 Amount (\$) 109.42		7 Payee address; City; State; Zip Code 7051 PORTWEST DR. SUITE 130 HOUSTON, TX 77024			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description BUSINESS CARDS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3-23-20		Payee name THE UPS STORE			
Amount (\$) 1150.00		Payee address; City; State; Zip Code 5233 BELLAIRE BLVD. # 667 BELLAIRE, TX 77401			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description YARD SIGNS FLIERS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4-13-20		Payee name FACEBOOK AD			
Amount (\$) 8.01		Payee address; City; State; Zip Code ONLINE			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description ONLINE AD		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: PAGE 2		2 FILER NAME REGGIE ABRAHAM		3 Filer ID (Ethics Commission Filers)				
4 Date 9-21-20		5 Payee name AMAZON						
6 Amount (\$) 43.30		7 Payee address; City; State; Zip Code ONLINE ORDER						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description STAKES FOR 4'x8' SIGNS.					
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 6-1-2020 TO 9-1-2020		Payee name WELLPARGO BANK						
Amount (\$) 40.00		Payee address; City; State; Zip Code NA						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEEs		Description BANK MONTHLY SERVICE FEE \$10.00/MTH					
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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					
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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 Mr. Jason M NICKNAME LAST SUFFIX Burdine		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> RECEIVED OCT 02 REC'D Superintendent's Office Fort Bend ISD </div>
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 17107 Simon Ct. Richmond Tx 77407 <input type="checkbox"/> Change of Address		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 855-7175			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Andrea D NICKNAME LAST SUFFIX Burdine		Date Hand-delivered or Date Postmarked 2:28 pm / GDR
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 17107 Simon Ct. Richmond Tx 77407		Receipt # Amount \$ Date Processed Date Imaged
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 855-7175			
9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
10 PERIOD COVERED Month Day Year Month Day Year 7 16 20 THROUGH 10 02 20			
11 ELECTION <div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 11 3 20 </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>			
12 OFFICE OFFICE HELD (if any) Fort Bend ISD Position 1		13 OFFICE SOUGHT (if known) FBISD Position 1	

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FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT			
		<p>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.</p> <p><u><i>Jason Burling</i></u> Signature of Candidate or Officeholder</p>	
AFFIX NOTARY STAMP / SEAL ABOVE			
<p>Sworn to and subscribed before me, by the said <u><i>Jason Burling</i></u>, this the <u><i>2</i></u> day of <u><i>October</i></u>, 20<u><i>20</i></u>, to certify which, witness my hand and seal of office.</p>			
<u><i>Garrett Duane Rosier</i></u> Signature of officer administering oath	<u>Garrett Duane Rosier</u> Printed name of officer administering oath	<u><i>Executive Assistant to BOT</i></u> Title of officer administering oath	

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Jason Burdine

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS**
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,400
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 20,000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,728.90
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jason Burdine

3 Filer ID (Ethics Commission Filers)

4 Date

9/15

5 Full name of contributor

Ellen Cody

☐ out-of-state PAC (ID#:

77494

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

27918 Warren Park Dr. Katy TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/16

Full name of contributor

Brandon Perdue Fielder Collins Mott

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

1235 N Loop W #600 Houston TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16

Full name of contributor

Yolanda Humphries

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

2803 Scottsdale Palms Dr. Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20

Full name of contributor

Herb & Margaret Epps

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$2,000

Contributor address;

City;

State;

Zip Code

5010 Crusade San Antonio TX 78218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jason Burdine

3 Filer ID (Ethics Commission Filers)

4 Date

10/1

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mourhaf or Lina Sabouni

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

23 Palm Blvd Missouri City Tx 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kevin Matocha

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

1600 Hwy. 6 South Ste 245 Sugarland TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stewart Jacobson

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

77 Sugar Creek Blvd Sugarland Tx 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Jason Burdine		3 Filer ID (Ethics Commission Filers)	
4 Date 9/16		5 Payee name GSP			
6 Amount (\$) \$1,300.90		7 Payee address; 804 Afton		City; Houston	State; Tx Zip Code 77055
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Road Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/22		Payee name IW Print			
Amount (\$) \$228		Payee address; 20718 Ivory Creek		City; Katy	State; TX Zip Code 77450
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Push-Cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
Date 9/29		Payee name Clements HS FFA			
Amount (\$) \$100		Payee address; 4200 Elkins Rd		City; Sugarland	State; Tx Zip Code 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description Fundraising		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental 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 F1:		2 FILER NAME Jason Burdine		3 Filer ID (Ethics Commission Filers)	
4 Date 10/2		5 Payee name Fort Bend Buyers Group			
6 Amount (\$) \$ 100⁰⁰ \$ 100⁰⁰		7 Payee address; City; State; Zip Code P.O. Box 19742 Sugarland Tx 77496			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions		(b) Description Fundraising		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

Jason Burdine

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7-1-2020

7 Name of lender

Jason Burdine

☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

20,000

6 Is lender
a financial
Institution?Y ☒ N**8** Lender address;

City;

State;

Zip Code

17107 Simon Ct. Richmond TX
77407**10** Interest rate

-0-%

11 Maturity date

12-31-2020

12 Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15**☐ Check if personal funds were deposited into political
account (See Instructions)**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none☐Check if personal funds were deposited into political
account (See Instructions)GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Allison	<div>RECEIVED</div> <div>OFFICE USE ONLY</div> <div>Date Received OCT 05 REC'D</div> <div>Superintendent's Office</div>	
	NICKNAME LAST SUFFIX Drew		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478		Date Hand-delivered or Date Postmarked 3:43pm 6DR
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2020 THROUGH 09/24/2020		
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Fort Bend ISD Board of Trustees: Position 5 Place Fort Bend District FBISD Fort Bend	12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

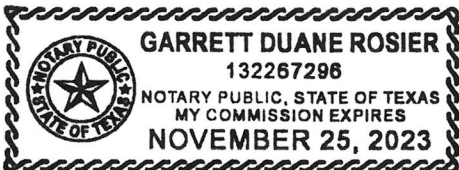
2 of 6

13 C / OH NAME Drew, Allison	14 Filer ID
-------------------------------------	--------------------


15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE TYPE	COMMITTEE NAME										
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
	<input type="checkbox"/> SPECIFIC											
COMMITTEE CAMPAIGN TREASURER NAME												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,496.36
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	96.00
	4. TOTAL POLITICAL EXPENDITURES	\$	884.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,552.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT




I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Allison Drew, this the 5 day of October, 20 20, to certify which, witness my hand and seal of office.


 Signature of officer administering

Garrett Duane Rosier
 Printed name of officer administering

Executive Assistant to the BOT
 Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 6

18 FILER NAME Drew, Allison		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	950.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,546.36
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	96.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	788.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Drew, Allison		3 Filer ID
4 Date 09/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Roseman: Perdue, Brandon, Fielder, Collins and Mott <hr/> 6 Contributor address; City; State; Zip Code 1235 North Loop W Suite 600 Houston, TX 77008	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Yolanda <hr/> Contributor address; City; State; Zip Code 2803 Scottsdale Palms Dr Missouri City, TX 77459	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Lawyer Partner		Employer (See Instructions) Perdue, Brandon, Fielder, Collins & Mott
Date 08/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Birdie <hr/> Contributor address; City; State; Zip Code 7631 S Glen Willow Lane Missouri City, TX 77489	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaya, Kiran <hr/> Contributor address; City; State; Zip Code 4507 Morning Cloud Lane Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Baylor College of Medicine

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/6	
2 FILER NAME Drew, Allison		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/10/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Michael	8 Amount of contribution (\$) \$1,546.36	9 In-kind contribution description Signs
	7 Contributor address; City; State; Zip Code 1200 Smith Street Suite 1550 Houston, TX 77002	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Lawyer		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 6/6		2 FILER NAME Drew, Allison		3 Filer ID	
4 Date 09/10/2020		5 Payee name Texas Campaigns			
6 Amount (\$) \$462.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 9600 Glenfield Court Suite 148 Houston, TX 77096			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Signs, Social Media		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, Social Media	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/10/2020		Payee name Texas Campaigns			
Amount (\$) \$326.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9600 Glenfield Court Suite 148 Houston, TX 77096			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Signs		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Shirley A</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Rose-Gilliam</div>		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RECEIVED OCT 05 REC'D Superintendent's Office Ed. Bond ISD. </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Date Hand-delivered or Date Postmarked 3:25 pm 6/26 </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Date Imaged </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">3011 Bonney Briar Dr 77459</div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Missouri City TX</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">(281) 799-5065</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Rossi</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Gillum</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">16115 Beckridge Houston TX 77053</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">(281) 870-3023</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month Day Year</div> <div>Month Day Year</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">08 / 01 / 2020 THROUGH 10 / 05 / 2020</div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year 11 / 03 / 2020 </div> <div style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FRISD BOT Pos. 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
SHIRLEY ROSE GILLIAM

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 1335.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5435.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 6

4. TOTAL POLITICAL EXPENDITURES

\$ 5100.96

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

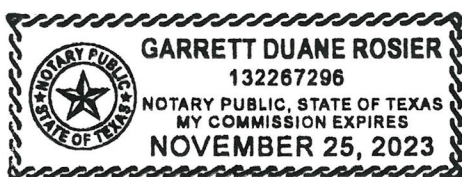
\$ 334.64

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 16, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **Shirley Rose Gilliam** this the **5** day of **October**, 20 **20**, to certify which, witness my hand and seal of office.

Garrett Duane Rosier
Signature of officer administering oath

Garrett Duane Rosier
Printed name of officer administering oath

Executive Assistant to HOBOT
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3300.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 494.69
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5100.36
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1115.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: ~~1~~ 4

2 FILER NAME

SHIRLEY ROSE GILIAM

3 Filer ID (Ethics Commission Filer)

4 Date

08/26/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Grady Prestage

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

303 Texas Pkwy # 213 No City TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/25/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Fort Bend Employee Federation

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

12621 W Airport Suite 400 SL TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-15-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Patricia Guilloey

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

10207 S RALLA Crosby TX 77532

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

9-16-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

~~Victoria~~ Victoria McCray

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

10425 Beamer Houston TX 77089

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/4

2 FILER NAME

Shirley Rose GILMAN

3 Filer ID (Ethics Commission Filer)

4 Date

09/25/20

5 Full name of contributor

☐ out-of-state PAC (ID#)

CA ROLYN EVANS-Shabazz

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2345 Rosedale St. Houston, TX 77004

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/26/20

Full name of contributor

☐ out-of-state PAC (ID#)

Amber Robinett

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

14611 Chase Village Dr No City TX 77489

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/20

Full name of contributor

☐ out-of-state PAC (ID#)

MILBRY Smith

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2319 Brodgreen, Missouri City 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/20

Full name of contributor

☐ out-of-state PAC (ID#)

DR. Anthony FORD

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

615 E. Elm Street Wharton TX 77488

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 ~~2~~ 4

2 FILER NAME **SHARON ROSE GILLIAM**

3 Filer ID (Ethics Commission Filers)

4 Date

09/15/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Vanessa Bolton

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8711 Fitzgerald Way Mo City TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/04/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Keith Brooks

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

5918 Nine Mile Lane Mo City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BILLIE GRAYS

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2902 Green Mountain Dr Pearland TX 77489

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Theresa Price

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2727 Skyview Crest Houston TX 77047

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME SHIRLEY ROSE-GILLIAM		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelsea Rose	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3011 Bonney Briar Dr Mckinney TX 77459		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME **SHIRLEY ROSE GILLIAM**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **4194.69**

5 Date **08/17/20**

6 Full name of contributor ☐ out-of-state PAC (ID#:

Michael Harris

8 Amount of Contribution \$ **4194.69**

9 In-kind contribution description
**Advertising
SIGNS
PUSH CARDS**

7 Contributor address; City; State; Zip Code

1700 Smith St Suite 1550 Houston 77002 TX

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME SHIRLEY ROSE-GILLIAM	3 Filer ID (Ethics Commission Filers)
4 Date 8/13/2020	5 Payee name BURT LEVINE	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 9600 Glenfield Court #48 Houston, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Consulting	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/13/2020	Payee name BURT LEVINE	
Amount (\$) 350.00	Payee address; City; State; Zip Code 9600 Glenfield Court #148 Houston, TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/22/2020	Payee name Next Wave Strategies, LLC	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 2368 A Rice Blvd #197 Houston, TX 77005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME SHIRLEY ROSE-GILLIAM	3 Filer ID (Ethics Commission Filers)
4 Date 09/24/20	5 Payee name Pressed 4 Time Designs	
6 Amount (\$) 228.00	7 Payee address; City; State; Zip Code 2902 Bergen Bay Lane, Fresno, TX 77545	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description T. Shirts / Masks
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 09/19/20	Payee name Lowe's	
Amount (\$) 172.36	Payee address; City; State; Zip Code 3807 FM 1092 Missouri City TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Poles for SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date 10/04/20	Payee name Next Wave Strategies, LLC	
Amount (\$) 750.00	Payee address; City; State; Zip Code 2368A Rice Blvd #197 Houston, TX 77005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME SHIRLEY ROSE-GILLIAM	3 Filer ID (Ethics Commission Filers)
4 Date 8/18/2020	5 Payee name Aubrey Taylor Communications	
6 Amount (\$) \$2500.00	7 Payee address; City; State; Zip Code 957 Nasa Pkwy #251 Houston, TX 77058	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Newspaper Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: one	2 FILER NAME SHIRLEY ROSE-GILLIAM	3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2020	5 Payee name Community Impact Newspaper	
6 Amount (\$) \$1,115.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3600 EPALM VALLEY Blvd Box 3 Round Rock, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Newspaper Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Shirley Rose-Gilliam FBISDBUT POS 4		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers) angiehanan@gmail.com</p> <p>2 Total pages filed: 17</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR MRS FIRST ANGIE MI</p> <p>NICKNAME LAST HANAN SUFFIX</p>	<p>OFFICE USE ONLY</p> <p>Date Received</p> <p>RECEIVED</p> <p>OCT 05 REC'D</p> <p>Superintendent's Office Ft. Bend ISD</p> <p>Date Hand-delivered or Date Postmarked 12:36 pm GDR</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 903 GOLDFINCH AVE MISSOURI CITY TX 77478</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (281) 460-0330</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR MRS FIRST WENDY MI E</p> <p>NICKNAME LAST RACHUK SUFFIX</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2203 MADEWOOD DR MISSOURI CITY TX 77459</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (832) 419-1457</p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p> Month Day Year Month Day Year 02 / 01 / 2020 THROUGH 10 / 01 / 2020 </p>		
<p>11 ELECTION</p>	<p> ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 03 / 2020 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known) FBISD BOARD OF TRUSTEES POSITION 1</p>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME ANGIE HANAN

15 Filer ID (Ethics Commission Filers)
angiehanan@gmail.com

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 2,206.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,206.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 520.29

4. TOTAL POLITICAL EXPENDITURES

\$ 5,395.20

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

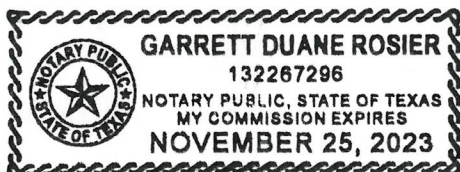
\$ 2,206.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,777.81

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Angie Hanan

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Angie Hanan Hanan, this the 5 day of October, 20 20, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to EOT

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME ANGIE HANAN		20 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,206.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$1,000.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$4,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,597.10
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,277.81
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,277.81
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 8

2 FILER NAME ANGIE HANAN

3 Filer ID (Ethics Commission Filers)
angiehanan@gmail.com

4 Date
2/24/2020

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Arleigh Kalinowski

7 Amount of contribution (\$) \$400.00

6 Contributor address; City; State; Zip Code
11 Howell Lane Sugar Land TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/24/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Guarav Jhaveri & Jigisha Doshi

Amount of contribution (\$) \$101.00

Contributor address; City; State; Zip Code
7027 Argonne Trail Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/3/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wanda Hanan

Amount of contribution (\$) \$200.00

Contributor address; City; State; Zip Code
515 N. Adams Arnett OK 73832

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/3/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Chandra Gorantla

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
6706 Oakman LN Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2 of 8****2** FILER NAME ANGIE HANAN**3** Filer ID (Ethics Commission Filers)
angiehanan@gmail.com**4** Date
3/4/2020**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Charlie Litchfield**7** Amount of contribution (\$)
\$50.00**6** Contributor address; City; State; Zip Code

911 Goldfinch Ave Sugar Land TX 77478

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
3/6/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wanda HananAmount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code

515 N. Adams Arnett OK 73832

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Rachel KungAmount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code

3810 Broken Pine Ct Sugar Land TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Larry RomeroAmount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code

13427 Venice Villa Lane Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 8****2** FILER NAME ANGIE HANAN**3** Filer ID (Ethics Commission Filers)
angiehanan@gmail.com**4** Date
3/6/2020**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Emily Villamar-Robbins**7** Amount of contribution (\$)
\$25.00**6** Contributor address; City; State; Zip Code
7614 Arborgate Drive Dallas TX 75231**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
3/20/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Orjanel LewisAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
4111 N. Creekmont Dr Fresno TX 77545

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/20/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Paige Bonnivier-HasselAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
4611 Bermuda Dr Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/22/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hazel DolarAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
2618 Creek Terrace Dr Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 8

2 FILER NAME ANGIE HANAN

3 Filer ID (Ethics Commission Filers)
angiehanan@gmail.com

4 Date
7/30/2020

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Siyi Lai

7 Amount of contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

6715 Aegean Trail Sugar Land TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/30/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Shu Rau

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code

2718 Colony Park Drive Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/24/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Bao Hoang

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code

2807 Fairway Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/24/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)

MJ Hewitt

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code

1023 Goldfinch Sugar Land TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 8
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 8/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Hunter	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 10307 Chapel Ct Missouri City TX 77459		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wanda Hanan	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 515 N. Adams Arnett OK 73832		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Bray	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10607 Saratoga Square Missouri City TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H.P & T. R. Hauber	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3147 Robinson Road Missouri City TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 8
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 8/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ranga and Srin Vassan 6 Contributor address; City; State; Zip Code 914 Mockingbird Way Sugar Land TX 77478	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirella Garcia Contributor address; City; State; Zip Code 13906 Panhandle Dr Sugar Land TX 77478	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abha Misra Contributor address; City; State; Zip Code 4115 Turtle Trails Ln Sugar Land TX 77479	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrel Bonner Contributor address; City; State; Zip Code PO Box 1063 Fresno TX 77545	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7 of 8

2 FILER NAME ANGIE HANAN

3 Filer ID (Ethics Commission Filers)
angiehanan@gmail.com

4 Date
9/14/2020

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Deb Ellefson

7 Amount of contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code
11702 Casadores Drive Needville TX 77461

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/18/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Daniel Hauschel

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
3802 Rita Elliot Court Missouri City TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/24/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Clayton Pope

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
15512 N 2740 Rd Loyal OK 73756

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/1/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Stephanie Pennell

Amount of contribution (\$) \$20.00

Contributor address; City; State; Zip Code
2922 Pecan Ridge Drive Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 8
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 10/1/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Hunter 6 Contributor address; City; State; Zip Code 10307 Chapel Ct Missouri City TX 77459	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nehal Dave Contributor address; City; State; Zip Code 3827 Bending Key Ct Sugar Land TX 77479	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com	
4 TOTAL OF UNITEMIZED PLEDGES		\$1,000.00	
5 Date 9/24/2020	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend American Federation of Teachers		8 Amount of Pledge \$ \$1,000.00
7 Pledgor address; City; State; Zip Code 12621 W. Airport Blvd #400 Sugar Land TX 77478		9 In-kind contribution description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com	
4 TOTAL OF UNITEMIZED LOANS		\$ 4,000.00	
5 Date of loan 2/18/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGIE HANAN		9 Loan Amount (\$) \$500.00
6 Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 903 GOLDFINCH AVE Sugar Land TX 77478		10 Interest rate 0%
			11 Maturity date 12/31/2020
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions) N/A	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan 3/6/2020	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGIE HANAN		Loan Amount (\$) \$3,500.00
Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code 903 GOLDFINCH AVE Sugar Land TX 77478		Interest rate 0%
			Maturity date 12/31/2020
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: page 2 of 2	2 FILER NAME ANGIE HANAN	3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 9/15/20	5 Payee name 2DAYPOSTCARDS.COM	
6 Amount (\$) \$323.67	7 Payee address; City; State; Zip Code 621 Richmond Ave Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 9/24/2020	Payee name 2DAYPOSTCARDS.COM	
Amount (\$) 258.72	Payee address; City; State; Zip Code 621 Richmond Ave Houston TX 77006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date 5/4/20	Payee name NBD GRAPHICS	
Amount (\$)	Payee address; City; State; Zip Code 917 S. Mason Road Katy TX 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: page 2 of 2		2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com	
4 Date 9/15/20		5 Payee name 2DAYPOSTCARDS.COM			
6 Amount (\$) \$323.67		7 Payee address; 621 Richmond Ave		City; Houston	State; TX
				Zip Code 77006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description SIGNS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/24/2020		Payee name 2DAYPOSTCARDS.COM			
Amount (\$) 258.72		Payee address; 621 Richmond Ave		City; Houston	State; TX
				Zip Code 77006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description SIGNS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
Date 5/4/20		Payee name NBD GRAPHICS			
Amount (\$) 190.52		Payee address; 917 S. Mason Road		City; Katy	State; TX
				Zip Code 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description SIGNS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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 F4: 1		2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 3,277.81		
5 Date 3/11/2020		6 Payee name NBD GRAPHICS				
7 Amount (\$) \$3,277.81		8 Payee address; 917 S. Mason Road		City; Katy	State; TX	Zip Code 77450
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description SIGNS		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
11 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
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

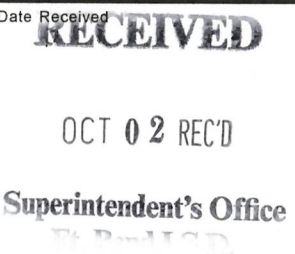
The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME ANGIE HANAN	3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 4/3/2020	5 Payee name Southwest Chase VISA	
6 Amount (\$) \$3,277.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; P.O. Box 15298 <div style="display: flex; justify-content: space-between;"> <div>City; Wilmington</div> <div>State; DE</div> <div>Zip Code 19850</div> </div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	
	(b) Description CREDIT CARD PAYMENT	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <div style="display: flex; justify-content: space-between;"> <div>City;</div> <div>State;</div> <div>Zip Code</div> </div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <div style="display: flex; justify-content: space-between;"> <div>City;</div> <div>State;</div> <div>Zip Code</div> </div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Kristin	MI K
	NICKNAME	LAST Tassin	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 850 Saint Elmos Court Missouri City TX 77459		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked 4:15pm GDC Receipt # Amount \$ Date Processed Date Imaged 5,330.02
	AREA CODE PHONE NUMBER EXTENSION (281) 630-2885		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 630-2885		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Shannon	
	NICKNAME	LAST Tassin	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 850 Saint Elmos Court Missouri City TX 77459		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 685-2885		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 15 / 2020 THROUGH 10 / 4 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) Fort Bend ISD Trustee, Pos. 4		13 OFFICE SOUGHT (if known) Fort Bend ISD Trustee, Pos. 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Kristin K Tassin

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

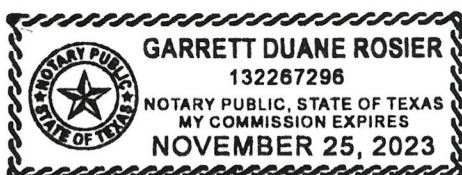
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,339.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,282.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kristin Tassin

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kristin Tassin, this the 2 day of October, 20 20, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the BOT

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Kristin K Tassin

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,200.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$5,339.02
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Kristin K Tassin		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael & Lina Sabouni 6 Contributor address; City; State; Zip Code 6200 Savoy, Suite 100, Houston, TX 77036	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Architects		9 Employer (See Instructions) AUTOARCH
Date 9/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matt and Allyson Jackson Contributor address; City; State; Zip Code 20507 rownstone Dr., Richmond, TX 77406	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Texas Children's Hospital
Date 9/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kevin Matocha Contributor address; City; State; Zip Code 1600 Highway 6 South, Suite 243, Sugar Land, TX 77478	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Investment Manager		Employer (See Instructions) Stonehenge Comapnies, LLC
Date 10/1/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stewart Jacobson Contributor address; City; State; Zip Code 3323 Winnsboro, Sugar Land, TX 77478	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Dearborn & Creggs
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME Kristin K Tassin		3 Filer ID (Ethics Commission Filers)	
4 Date 9/24/2020		5 Payee name Eric Pohl Photography			
6 Amount (\$) \$1,525.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Kerrville, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Web/Graphics		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 9/19/2020		Payee name Constant Contact			
Amount (\$) \$21.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					
Date 8/25/2020		Payee name Harland Clarke Checks			
Amount (\$) \$36.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Campaign checks		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME Kristin K Tassin		3 Filer ID (Ethics Commission Filers)	
4 Date 9/2/2020		5 Payee name Texas GOP Store			
6 Amount (\$) \$795.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 404 IH 45 S, Huntsville, TX 77340			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 9/23/2020		Payee name Texas GOP Store			
Amount (\$) \$ 1,732.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 404 IH 45 S, Huntsville, TX 77340			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					
Date 9/23/2020		Payee name IW Print			
Amount (\$) \$1,153.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 20718 Ivory Creek, Katy, TX 77450			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Push cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Kristin K Tassin	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2020	5 Payee name The Home Depot	
6 Amount (\$) \$75.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5900 Hwy 6 S, Missouri City, TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) \$ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

NICKNAME

LAST

SUFFIX

Ms. Denetta R
Williams

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3309 Primrose Canyon Ln.
Pearland, TX 77584

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

657-9371

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Denetta R
Williams

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3309 Primrose Canyon Ln.
Pearland, TX 77584

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

657-9371

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

7 / 15 / 2020

THROUGH

10 / 04 / 20

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 3 / 20

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBIIS Trustee Pos 5

14 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Denetta R. Williams

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

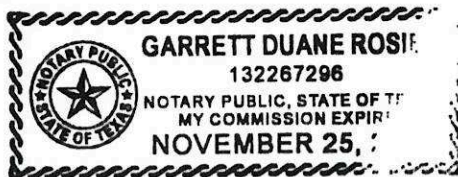
18 SIGNATURE

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.

Denetta R. Williams
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Denetta R. Williams this the 27 day of January, 2021, to certify which, witness my hand and seal of office.

Garrett Duane Rosier Garrett Duane Rosier Executive Assistant to the Port
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Denetta R. Williams, and my date of birth is 9.28.1966.

My address is 3309 Primrose Canyon Pearland TX 77584
(street) (city) (state) (zip code) (country)

Executed in Ft. Bend County, State of Texas, on the 12th day of December, 2020.
(month) (year)

Signature of Candidate/Officeholder (Declarant)