FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide 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	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
	ABRA	it and	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C SON CHAPPEL MISSOURI CIT	CITY: STATE: ZIP CODE HILL DR. J, TX 77459	OCT 0 9 REC'D Superintendent's Office
Change of Address			Ft. Bend I.S.D.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 277-567		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS	МІ	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE SSOURI CITY,
(Residence or Business)	TX 77459		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 277-567		
9 REPORT TYPE	January 15 South day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3 / 10 / 2020	THROUGH Month	Day Year 3 / 2 0 2 0
11 ELECTION	ELECTION DATE		
	Month Day Year Primary	Runoff Other Description Special	tool BOARD
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

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CANDIDATE / OFFICEHOLDERFORM C/OHCAMPAIGN FINANCE REPORTCOVER SHEET PG 2			
14 C/OH NAME	REGGIE	ABRAHAM 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITTONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1765,55
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1350,73
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	S 414.82
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	^{HE} \$ 9
	TT DUANE ROSIE 132267296 PUBLIC, STATE OF TEX DMMISSION EXPIRES MBER 25, 202	true and correct and includes all inforunder Title 15, Election Code.	date or Officeholder
day of October	0.00	o certify which, witness my hand and seal of office.	, this the(

andt Duane Rosin Garrett Danne Rosier Executive Assistant to the BC	or <u>ecterer</u>	, 20 0.0	, to certify which, witness my hand and	d seal of office.
There were the set of	met Duar	Duane Rosin	Garrett Dunne Rosier	Executive Assistant to the BOT

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
	REGGIE ABRAHAM	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1765.55
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1350,73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	REGGIE ABRAHAM		3 Filer ID (Ethics Commission Filers)
4 Date 4-13-20 8 Principal occu	5 Full name of contributor □ out-of-state PAC SURYA RAGUTHU 6 Contributor address; City; 1235 LAKE POINT #103 SUGARLAND, pation / Job title (See Instructions)	State: Zin Code	7 Amount of contribution (\$) 300:00
Date 3-10-20 TO 10-3-20	Full name of contributor ロ out-of-state PAC んよ Contributor address; City; のかにいそ このてたまし		Amount of contribution $($)$ 1465,55
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

Forms provided by Texas Ethics Commission

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	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir	In Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	I		3 Filer ID (Ethics Commission Filers)
4 Date 3-28-20	5 Payee name ALPHA GRAPHIC		
6 Amount (\$)	7 Payee address; TOSI PORTWES HOUSTON, TX		State; Zip Code
8	(a) Category (See Categories listed at the top of this sched		SECC
PURPOSE OF EXPENDITURE	ADVERTISING		205
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-23-20	THE UPS STOR	E	
Amount (\$)	Payee address;	City;	State; Zip Code
1150.00	5233 BELLAIRE, TX -		t LLJ
	Category (See Categories listed at the top of this schedul		
PURPOSE OF	ADVERTISING		SIGNS
EXPENDITURE	EXPENSE	FLIEP	- 5
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, 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		
4-13-20	FACEBOOK		
Amount (\$)	Payee address;	City;	State; Zip Code
8.01	ONLINE		
	Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	ADERTISING	DNIIN	of AD
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, 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			DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol gift/Awards/Memorials Expense Prir	n Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: PAGE 2	2 FILER NAME REGGIE ABRAN	421	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
9-21-20	AMAZON		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
43.30	ONLINE ORDER		
8	(a) Category (See Categories listed at the top of this sched		
PURPOSE	ADVERTISING	STAKE	sfor
EXPENDITURE	EXPENSE	4×8'	SIGNS,
	(c) Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date $6 - 1 - 2020$ 7 - 1 - 2020	Payee name WELLFARG	to BANK	
Amount (\$)	Payee address;	City;	State; Zip Code
40.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu		FEE #10,00/MTH
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, 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			

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FORM C/OH COVER SHEET PG 1

		ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI MI	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Repeired ELVED
	Burdine		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	OCT 02 rec'd
MAILING ADDRESS	Richmond TX 7740	ו	Superintendent's Office
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 855-7175	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS/MRS/MR FIRST.	MI	A:28 pm / 6-DK Receipt # Amount \$
TREASURER	Mrs. Andrea	D	Date Processed
	Burdine	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
TREASURER ADDRESS	17107 Simon Ct.		
(Residence or Business)	Richmond TX 7740	7	
	1	1	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 855.7175	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
OUVENED	7/16/20 THRON	идн Ю	02/20
11 ELECTION	ELECTION DATE	ELECTION TYPE	
		unoff Other Description Decial	
12 OFFICE		FBSD	
	Fort Bend ISD		,
	Position 1	Position	1
	GO TO PAGE	2	

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 Fil	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,400
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,728.90
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 528.55
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 20,000
18 AFFIDAVIT			
GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMI	P/SEALABOVE	501	
Sworn to and subscr	ibed before me, b	by the said Dison Buroling	_, this the
day of Odebr	24	o certify which, witness my hand and seal of office.	
Manett Duana	Josie	Garrett Duane Rosier Execus	Live Assistant to BOT
Signature of officer a	dministering oath	Printed name of officer administering oath T	itle of officer administering oath

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER N	Jasan Burdine	20 Filer ID (Ethics Con	mmission Filers)
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,400
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 20,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1728.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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 5 Full name of contributor Image: out-of-state PAC (ID#:) W15 E1/en Cody 77494 6 Contributor address; City; State; Zip Code 27918 Warren Park Dr. Katy Tx 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date Full name of contributor I out-of-state PAC (ID#:) G/16 Brandon Perdue Fields Colling MoH Contributor address; City; State; Zip Code Date Date Date Howston TX 7700 8 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date Full name of contributor Image: Out-of-state PAC (ID#:) A//b Volanda Humphries Contributor address; City; State; Zip Code Z803 Scottsdale Palms pr. Missouri 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution $($)$ 4250 ions)
Date Full name of contributor out-of-state PAC (ID#:) G/20 Herbal Margaret Epps. Contributor address; City; State; Zip Code SOID Crusade Antonio TX Principal occupation / Job title (See Instructions) Employer (See Instruct	Amount of contribution (\$) 42000 ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

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MONE	TARY 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)
Date Do Principal occu	 5 Full name of contributor out-of-state PAC (ID#	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Date	Full name of contributor aut-of-state PAC (ID#:	Amount of contribution (\$) $4 100^{20}$
Principal occu	pation / Job title (See Instructions) Employer (See Instru-	uctions)
Date	Full name of contributor □ out-of-state PAC (ID#:	_) Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instr	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

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SCHEDULE F1

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)						
oroan ouron aymone	The Instruction Guide explains how	to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Jason Burdin	2	3 Filer ID (Ethics Commission Filers)			
⁴ Date	5 Payee name GSP					
6 Amount (\$) \$ 1,300.90	7 Payee address; 804 Aftor	city; Houston	State; Zip Code TX 770 55			
8	(a) Category (See Categories listed at the top of this schedule	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Road S				
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austir	n, 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					
9/22	IW Print					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$ 228	20718 Ivory Creek	Katy	TX 77450			
	Category (See Categories listed at the top of this schedule	Description				
PURPOSE OF EXPENDITURE	Printing	Push-C	Cards			
	Check if travel outside of Texas. Complete Schedule	Check if Austir	n, 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					
9/29	Clements HS	s FFA				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$ 100	4200 Elkins Rd	Sugarland	TX 77479			
	Category (See Categories listed at the top of this schedule	Description				
PURPOSE OF EXPENDITURE	Contribution	Fundrais	5			
	Check if travel outside of Texas. Complete Schedule	Check if Austin	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expanse Office Over Polling Expanse y Gift/Awards/Memorials Expanse Printing E	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1:		2 Files ID (Ethics Commission Filess)			
4 Date	5 Payee name Each Read				
6 Amount (\$)	7 Payee address;	Suyers Group City; State; Zip Code			
\$ 100000	P.O. Box 1974	12 Sugarland TX 77496			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Fundraising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Jason Bur	dine	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of Ioan 7-1-2020	7 Name of lender Out-of-state	PAC (ID#:)	9 Loan Amount (\$) 20,000
6 Is lender a financial Institution?	8 Lender address; City; 17107 Simon CH: R	State; Zip Code	10 Interest rate $-0 - 9_0$
Y (N)	[110] SIMO (C]. 1	77407	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal fun account (See Instruction	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	í	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

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The C/OH Instruction	n Guide explains how to con	plete this form.	1 Filer ID		2 Total pages filed: 6
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONEY
OFFICEHOLDER		Allison			OFFICE USE ONE I
NAME					Date Received
					OCT 05 REC'D
	NICKNAME	LAST	••••	SUFFIX	
		Drew			Superintendent's Office
			,		The second second
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CITY	;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	77 Sugar Creek Blvd.				
ADDRESS	Suite 375				Receipt # Amount
Change of Address	Sugar Land, TX 77478				
					Date Processed
-					
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME					
-	NICKNAME	LAST	••••••	SUFFIX	
CAMPAICN					
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F	O BOX PLEASE);	AP	r / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS					
(Residence or Business)					
(Residence of Business)					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	XTENSION		
TREASURER PHONE					
PHONE					
8 REPORT					
TYPE	January 15	X 30th day before	election	Runoff	15th day after campaign treasurer
				L	appointment (officeholder only)
	July 15	8th day before el	ection	Exceeded \$500 limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year
COVERED	07/01/2020	THE	ROUGH	09/24/2020)
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Yea	r Pri	mary	Runoff	Other
	11/03/2020		-		
		XGe	neral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT ((if known)
	Fort Bend ISD Board of		5 Place		
	Fort Bend District FBISE	D Fort Bend			
				L	***
GO TO PAGE 2					
Forms provided by T	exas Ethics Commission	www.eth	cs.state.tx.us	3	Version V1.1.0d3681a8
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 6

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				2010		
13 C / OH NAME	Drew, Allison		14 Filer ID			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ` ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 2,496.36		
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 96.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 884.00		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,552.40		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFADAVIT						
GARRETT DUANE ROSIER 132267296 NoTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023						
AFFIX NO	Signature of Candidate or Officeholder					
Sworn to and subso	Sworn to and subscribed before me, by the said Allison Drew, this the 5 day					
Signature of office	the losin cer administering	Garret Dume Resier Ex Printed name of officer administering	Title of officer	At the BOT administering oath		
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V1.1.0d3681a8		

SUBT	OTALS - C/OH	C		RM C/OH IEET PG 3 3 of 6
18 FILER NAM Drew, Alli		19 Filer ID		
	E SUBTOTALS SCHEDULE	L	SUBTO	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	950.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,546.36
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	96.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	788.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/6
2	FILER NAME			3 Filer ID
	Drew, Alliso	n		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	\$	
5	Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
	08/10/2020	Harris, Michael		contribution (\$) description
		7 Contributor address; City; State; Zip Code		\$1,546.36 Signs I
	_	1200 Smith Street		
		Suite 1550		
		Houston, TX 77002		Check if travel outside of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-JUDICIAL) (See instructions)	
	Lawyer		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 contributo	r's spouse (if any) (FOR JUDICIAL)	
16	If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

POLITICAL EX	KPENDITURES FROM PERSONAL FUNDS SCHEDULE	G
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		se
1 Total pages Schedule G: Sch: 1/1 Rpt: 6/6	2 FILER NAME 3 Filer ID Drew, Allison 3 Filer ID	
4 Date 09/10/2020	5 Payee name Texas Campaigns	
6 Amount (\$) \$462.00 X 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 Check if travel outside of Texas. Complete Schedules 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 X 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) Description Check if travel outside of Texas. Complete Schules Check if Austin, TX, officeholder living expense Signs	edule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

CANDIDATE / OFFICEHOLDERFORM C/OHCAMPAIGN FINANCE REPORTCOVER SHEET PG 1				
The C/OH Instruction G	Buide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME SHIRLEY A ROSE-GILL	SUFFIX	Date Received EIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 3011 Bonney Brid Mus	CITY: STATE: ZIP CODE 77459	OCT 0 5 REC'D Superintendent's Office	
Change of Address		ssouricity/K	W. Bond I GD.	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 799-5065	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR ROSSI	МІ	Receipt # Amount \$	
NAME	NICKNAME GULLOR	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	ADDRESS 1/01/5 Rockeide 1/01/5			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 870-3023	EXTENSION		
9 REPORT TYPE	January 15 South day before elements July 15 Bth day before elements July 15		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH	Day Year 05 / 2020	
11 ELECTION	ELECTION DATE Month Day Year Primary II / 03 / 2020 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FBISD BO		
	GO TO	PAGE 2		

Forms provided by Texas Ethics Commission

FORM C/OH COVER SHEET PG 2

and a sub-state of the state of		· -			
14 C/OH NAME SHIR	EV RO	SEGILLIAM	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T	IAN LADIER		
TOTALS	PLEDGI	ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 1335.		
	terrar and the second	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5435.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 6		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5100.36		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 5100.36 TDAY \$ 334.64		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ -O		
18 AFFIDAVIT					
NOTARY P MY CC	TT DUANE ROSI 132267296 PUBLIC, STATE OF TEX MMISSION EXPIRES MBER 25, 202	true and correct and includes all in under Title 15, Election Code.	perjury that the accompanying report is formation required to be reported by me		
AFFIX NOTARY STAM		by the said Shirley Rose - Gillian	5		
		to certify which, witness my hand and seal of office			
Mart Duem	e Rosin	Garrett Duana Rosier Execu			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 494.69
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5100.36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1115,00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Revised 9/26/2019

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: FR 4		
* FILER NAME SHIRLEY ROSE GIULAM	3 Filer ID (Ethics Commission Filere)		
4 Date 5 Full name of contributor 🛛 out-of-state PAC (ID#:	7 Amount of contribution (\$)		
06/26/20 Grady Prestage 5 Contributor address; Oity; State; Zip Code 303 Texas PKWy # Z13 MoCily TX 774/59	1000.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
Date Full name of contributor Dout-of-state PAG (10#) Og/25/2 Fort Bend Employee Federation) Amount of contribution (\$)		
09/25/20 FORT DENA EMPloyee Federa From contributor address: City: State: Zip Code 12621 WAIRport Suite 400 SLTX 77478	1002.00		
Principal occupation / Job title (See Instructions) Employer (See Instru	uotions)		
Date Full name of contributor Dut-of-state PAG (1D#: 9.15.20 Contributor address; City: State: Zip Cada	Amount of contribution (\$)		
10207 SRALLA Crosby TK 77532	100.00		
Principal occupation / Job title (See Instructions) Employer (See Instru Refired N/A-	uctions) .		
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
9.16.20 Victoria McCray Contributor address; City; State; Zip Code 10925 Beamer Houston TX 77089	100.00		
Principal occupation / Job title (See Instructions) Employer (See Instru TEUCHE	uctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
orms provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 9/26/201		

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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: D
2 FILER NAME Shirley Rose GILIAM	9 Filer ID (Ethice Commission Filere)
4 Date 5 Full name of contributor 0 out-of-state PAC (ID#:) 04/25/20 6 CUROUP EVANS- Shabazz 6 Contributor address; 0 ity; 9 Employer (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) / 00,00 tions)
Bate Full name of contributor address; City; State; Zip Code	Amount of contribution $($)$
Principal occupation / Job title (See Instructions)	
Date Full name of contributor Dout-of-state PAG (10#:) OS/22/20 MILBRY Smith Contributor address: City: State: Zip Cade 2319 Brodgreen, Missouricity 77459	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Dout-of-state PAC (ID#:) OR 01/20 PR. Anthony FORD	Amount of contribution (\$)
Le 15 E. ELM STREET MAATURTK 77488	/00.00
Principal occupation / Job title (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional a	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 9/26/201

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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A
2 FILER NAME SHIRLEY ROSE GILIAM	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Date out-of-state PAC (ID#: Date 5 Full name of contributor Dout-of-state PAC (ID#: Vanessa Bouton 6 Contributor address; City; State; Zin Code 8711 SFitzgerald Way NoCity Th	$ \frac{7}{100,00} $
8 Principal occupation / Job title (See Instructions) 9 Employer (See Inst	iructions)
Date Full name of contributor 🛛 out-of-state PAC (ID#:	Amount of contribution (\$)
9/04/20 Keith Brooks Contributor address; City; State; Zip Code 5918 Nine Mile Lane Mo City TX 77459	200.00
Principal occupation / Job title (See Instructions)	
Date Full name of contributor I out-of-state PAC (ID#: O9/33/20 Contributor address; City; State; Zip Code 2962 Green Mountain Or Pearland x7748	
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
69/29/20 Theresa Price Contributor address; City: State: Zip Code 2727 Skyview Grest HouTX 77047	200.00
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	
orms provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 9/26/2

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1		
	Instruction Guide explains how to complete this		1 Total pages Schedule A1:		
2 FILER NAME	SHIRLEY ROSE-GILI	fm	3 Filer ID (Ethics Commission Filers)		
4 Date 9/78/70 8 Principal occu	4 Date 5 Full name of contributor 🗌 out-of-state PAC (ID#:)		7 Amount of contribution (\$)		
		9 Employer (See Instruc			
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor 🛛 out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
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 for	n. 1 Total pages Schedule A2:
2 FILER NAME SHIRLEY ROSE GILLIAM	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	SUTIONS \$ 4194.69
Inac il al chim il	8 Amount of Contribution \$ 9 In-kind contribution description Zip Code 49449 Advertising 4177002 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 contributorout-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description
Contributor address; City; State;	Zip Code
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 1 If contributor is out-of-state PAC, please see Instruct	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		HIRUSY ROS	E-G1	LIAM	3 Filer ID (Ethics Commission Filers)
4 Date 0 13 7020	5 Payee na DU	RT LEVINE			
6 Amount (\$)	7 Payee ad			City;	State; Zip Code
35000	9400	Glenfield	Court 7	48 Houst	ON, TX 77036
8 PURPOSE OF	Hdy	y (See Categories listed at the top of the RHSING	iis schedule)	(b) Description	
EXPENDITURE	0	onsulting		Cons	ulting
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held
Q 17/1020	Payee na	MRT LEVIN	se		
Amount (\$) 350°°	Payee ac <i>Ale o</i> U	dress; Glenfield	Court	city; #148 Hous	State; Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this NERTISING	schedule)	Description Cons	ulting
		Check if travel outside of Texas. Complete	Schedule T.		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
8/22/2020	Payee na Nek	t Wave Strat	egies,	LLC	
Amount (\$)	Payee ad	dress;	•	City;	State; Zip Code
\$ 780 00.	2368	A Rice Blue	l 197	Houston.	TX 77005
DUDDOOD		(See Categories listed at the top of this	schedule)	Description	
PURPOSE OF EXPENDITURE	Ac	lvertising		Camp	rign Consulting
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense ense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide	explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME SHIRUBY R	OSE-GILLIAM	3 Filer ID (Ethics Commission Filers)	
^{4 Date} 09/24/20	5 Payeemame Pressed 4 Tir	ne Designs		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
228.00	2902 Bergen Br	y Lane, Fresno, TX	77545	
8	(a) Category (See Categories listed at the t	top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertisir	rg T.Sh	irts /Masks	
	(C) Check if travel outside of Texas. C	complete Schedule T. Check If Au	stin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	. Office sought	Office held	
04/19/20	Payee name Lowe's			
Amount (\$)	Payee address;	City;	State; Zip Code	
172.36	3807 FM 1097	2 Missouri City	TK 77459	
	Category (See Categories listed at the to	op of this schedule) Description	_	
PURPOSE OF EXPENDITURE	Advertisin	g Poles	FOR SIGNS	
	Check if travel outside of Texas. C	omplete Schedule T. Check if Au	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 0/04/20	Payee name			
e the totas	Next Wave Stre	ategies, LC		
Amount (\$)	Payee address;	City;	State; Zip Code	
75000	2368 A Rice B	lvcl #197 Housto	n.TX 77005	
	Category (See Categories listed at the to	p of this schedule) Description		
PURPOSE OF EXPENDITURE	Advertis	ing Camp	aignConsulting	
	Check if travel outside of Texas. C	omplete Schedule T. Check if Aus	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total page Schedule F1:	2 FILER NAME SHIRUBY ROG	E-GILLIAM	3 Filer ID (Ethics Commission Filers)
8 18 2020	S Payee name Aubrey Taylor (ommunications	;
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 2500.00	957 Nasa PRWYZS		(17058
8	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	News	paper Ad
	(C) Check if travel outside of Texas. Complete	e Schedule T. Check if Austi	in, 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	Category (See Categories listed at the top of thi	s schedule) Description	
OF			
	Check if travel outside of Texas. Complete	Schedule T. Check if Austi	n, 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 thi	s schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Pol By Gift/Awards/Mernorials Expense Prir	n Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Exp Transportation Equipment & Travel In District Travel Out Of District Other (enter a category not l	Related Expense
1 Total pages Schedule G:	2 FILER NAME SIFIRLEY ROSE-	GILLIAM	3 Filer ID (Ethics Com	mission Filers)
101 30/2020	5 Bayes name	+ Newspape	eR	
6 Amount (\$) \$1,115.00	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	3600 EPALM VALLEY BIN		Rock, TX 78	3665
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul Advertising	e) (b) Description	per Ad	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expens	e
9	Candidate / Officeholder name	Office sought	Offic	e held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Shirley Rose-Gilling	1 FRISDBUT PO	54	
Date	Payce name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedu	le) Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense	6e
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Offic	ce held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Z	ip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expens	se
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offi	ce held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED	DED	
Forms provided by Texas E	thics Commission www.ethics.sta	ate.tx.us		Revised 9/26/20

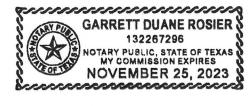
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FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete thi	s form.	1 Filer ID (Ethics Commission Filers) angiehanan@gmail.com	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS FIRST	ANGIE	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	HÀNÀŃ	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE # 903 GOLDFINCH AVE		CITY; STATE; ZIP CODE MISSOURI CITY TX 77478	OCT 0 5 REC'D Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUME (281) 460-033		EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS FIRST	WENDY	мI Е	Receipt # Amount \$
NAME	NICKNAME LAST	RACHUK	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEAS 2203 MADEWOOD DR	SE); APT / S	UITE #; CITY; MISSOURI CITY	STATE; ZIP CODE TX 77459
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUME (832 419-1457 ()	BER	EXTENSION	
9 REPORT TYPE	January 15 30t	th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th	day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 02 01 20	Year 20	Month THROUGH 10 /	Day Year 01 2020
11 ELECTION	ELECTION DATE Month Day Year	Primary	ELECTION TYP	E
	11 03 2020	General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know FBISD BOARD OF TRUSTEES P	
GO TO PAGE 2				

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

14 C/OH NAME AN	GIE HANAN		15 Filer ID (Ethics Commission Filers) angiehanan@gmail.com		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT T URES.	NITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$\$2,206.00		
		POLITICAL CONTRIBUTIONS 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			
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$2,206.00 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7,777.81				
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

GOX Sworn to and subscribed before me, by the said angle Hannam Hanan , this the

20 20 _, to certify which, witness my hand and seal of office. day .of

NIL Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Executive Assistant to 1007

Garrett Duane Resier

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

f

9 F	FILER NAME ANGIE HANAN 20 Filer ID (Ethics Con		nmission Filers)		
	nail.com				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	\checkmark	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	\checkmark				
4.	\checkmark				
5.	\checkmark	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		^{\$} 1,597.10	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	\checkmark	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
Э.	\checkmark	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 3,277.81	
0.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
1.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POL	\$		
2.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

Revised 1/1/2020

MONE	TARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 1 of 8						
2 FILER NAM	E ANGIE HANAN	3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com				
4 Date 2/24/2020	5 Full name of contributorout-of-state PAC (ID#: Arleigh Kalinowski		C (ID#:)	7 Amount of contribution (S) \$400.00		
	6 Contributor address;	City;	State; Zip Code			
	11 Howell Lane	Sugar Land	TX 77479			
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instru-	ctions)		
Date 2/24/2020	Full name of contributor Guarav Jhaveri & Jigisha Doshi		C (ID#:)	Amount of contribution (\$) \$101.00		
	Contributor address;	City;	State; Zip Code			
	7027 Argonne Trail	Sugar La	nd TX 77479			
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	ctions)		
Date 3/3/2020	Full name of contributor out-of-state PAC (ID#:) (ID#:)	Amount of contribution (\$) \$200.00		
	Contributor address;	City;	State; Zip Code			
	515 N. Adams	Arnett	OK 73832			
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	ctions)		
Date 3/3/2020	Full name of contributor Chandra Gorantla	out-of-state PAC	C (ID#:)	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 Instruc	L Ctions)		
	ATTACH ADDITI If contributor is out-of-state PAC,		DF THIS SCHEDULE AS I			

MONE	TARY POLITICAL CONTRIBUTION	S SCHEDULE A1						
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2 of 8						
2 FILER NAME	E 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 C	ode						
	911 Goldfinch Ave Sugar Land TX 7	7478						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)								
Date 3/6/2020	Full name of contributorout-of-state PAC (ID#: Wanda Hanan	Amount of contribution (\$) \$25.00						
	Contributor address; City; State; Zip C	ode						
	515 N. Adams Arnett OK 738	32						
Principal occi	upation / Job title (See Instructions) Employer (S	ee Instructions)						
Date 3/6/2020	Full name of contributor out-of-state PAC (ID#: Rachel Kung) Amount of contribution (\$) \$25.00						
	Contributor address; City; State; Zip C	ode						
	3810 Broken Pine Ct Sugar Land TX 77478							
Principal occi	upation / Job title (See Instructions) Employer (S	ee Instructions)						
Date 3/6/2020	Full name of contributor) Amount of contribution (\$) \$50.00						
	Contributor address; City; State; Zip Co	ode						
	13427 Venice Villa Lane Sugar Land TX	77479						
Principal occi	upation / Job title (See Instructions) Employer (S	ee Instructions)						
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED						
	If contributor is out-of-state PAC, please see Instruction guide for a	dditional reporting requirements.						

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MONE	TARY 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	7 Amount of contribution (\$) \$25.00
8 Principal occ	7614 Arborgate Drive Dallas TX 75231 upation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 3/20/2020 Principal occu	Full name of contributor out-of-state PAC (ID#:) Orjanel Lewis Orjanel Lewis Contributor address; City; State; Zip Code 4111 N. Creekmont Dr Fresno TX 77545 pation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$100.00
Date 3/20/2020	Full name of contributor □ out-of-state PAC (ID#:) Paige Bonnivier-Hassel	Amount of contribution (\$) \$100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instru	l ctions)
Date 6/22/2020	Full name of contributor	Amount of contribution (\$) \$50.00
Principal occu	2618 Creek Terrace Dr Missouri City TX 77459 upation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e 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	
1.5.677	6715 Aegean Trail Sugar Land TX 77479	
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru	ictions)
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 occu	Ipation / Job title (See Instructions) Employer (See Instru	ctions)
Date 8/24/2020	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code	
	2807 Fairway Sugar Land TX 77479	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ctions)
Date 8/24/2020	Full name of contributor	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code	
	1023 Goldfinch Sugar Land TX 77478	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

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MONE	TARY POLITICAL CONTRIBUTI	ONS 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 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 contributorout-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 contributorout-of-state PAC (ID#: Kristen Bray	Amount of contribution (\$) \$50.00					
	Contributor address; City; State;	Zip Code					
	10607 Saratoga Square Missouri City TX						
Principal occu	pation / Job title (See Instructions) Emplo	oyer (See Instructions)					
Date 8/27/2020	Full name of contributorout-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 occu	pation / Job title (See Instructions) Emplo	byer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED					
	If contributor is out-of-state PAC, please see Instruction guid	le for additional reporting requirements.					

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 Out-of-state PAC Ranga and Srini Vassan	7 Amount of contribution (\$) \$100.00						
	6 Contributor address; City;	State; Zip Code						
	914 Mockingbird Way Sugar Land	d TX 77478						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)								
Date 8/31/2020	Full name of contributor 🛛 out-of-state PAC Mirella Garcia	(ID#:)	Amount of contribution (\$) \$25.00					
	Contributor address; City;	State; Zip Code						
	13906 Panhandle Dr Sugar Lan	d TX 77478						
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
Date 9/1/2020	Full name of contributor 🛛 out-of-state PAC Abha Misra	(ID#:)	Amount of contribution (\$) \$25.00					
	Contributor address; City;	State; Zip Code						
	4115 Turtle Trails Ln Sugar Lan	d TX 77479						
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)					
Date 9/1/2020	Full name of contributor out-of-state PAC Ferrel Bonner	(ID#:)	Amount of contribution (\$) \$25.00					
	Contributor address; City;	State; Zip Code						
	PO Box 1063 Fresno	TX 77545						
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)					
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 Co	ode					
	11702 Casadores Drive Needville TX 774	51					
8 Principal occu	upation / Job title (See Instructions) 9 Employer (Se	ee Instructions)					
Date 9/18/2020	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) \$100.00					
	Contributor address; City; State; Zip Co	bde					
	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	Amount of contribution (\$) \$100.00					
	Contributor address; City; State; Zip Co						
	15512 N 2740 Rd Loyal OK 73	756					
Principal occu	pation / Job title (See Instructions) Employer (See	ee Instructions)					
Date 10/1/2020	Full name of contributor Stephanie Pennell) Amount of contribution (\$) \$20.00					
	Contributor address; City; State; Zip Co						
	2922 Pecan Ridge Drive Sugar Land TX 77	479					
Principal occu	pation / Job title (See Instructions) Employer (S	ee Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see Instruction guide for a						

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8 of 8
2 FILER NAME	E ANGIE HANAN	3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 10/1/2020	5 Full name of contributor out-of-state PAC (ID#:) Cathy Hunter	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code	
8 Principal occ	10307 Chapel Ct Missouri City TX 77459 upation / Job title (See Instructions) 9 Employer (See Instructions)	lictions)
Date 6/29/2020	Full name of contributor <pre> Out-of-state PAC (ID#:) Nehal Dave </pre>	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code	
	3827 Bending Key Ct Sugar Land TX 77479	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	Ictions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 2	
Principal occi	upation / Job title (See Instructions) Employer (See Instru	ictions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

PLEDGED CONTRIBUTIONS

SCHEDULE B		S	С	н	E	D	U	L	E	B
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedu	le B: 1
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
ANGIE HANA	N		angiehanan@gn	nail.com
4 TOTAL OF	UNITEMIZED PLEDGES		\$1,000.00	
5 Date 9/24/2020	 Full name of pledgor out-of-state PAC (ID#: Fort Bend American Federation of 7 Pledgor address; City; Si 12621 W. Airport Blvd #400 Sugar Lan 	f Teachers tate; Zip Code	of Pledge \$ \$1,000.00	 9 In-kind contribution description 4 4
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor 🗌 out-of-state PAC (ID#:_		Amount of Pledge \$	In-kind contribution
	Pledgor address; City; S	itate; Zip Code	Check if travel outsid	
Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	e; Zip Code		•
			Check if travel outsid	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)	
lf	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Ins			requirements.
L				

LOANS

SCHEDULE E

The	The Instruction Guide explains how to complete this form.							
2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
ANGIE HANAN	angiehanan@gmail.com							
4 TOTAL OF UN	4 TOTAL OF UNITEMIZED LOANS							
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)					
2/18/2020	ANGIE HANAN		\$500.00					
6 Is lender a financial Institution?	⁸ Lender address; City; 903 GOLDFINCH AVE Sugar	State; Zip Code Land TX 77478	10 Interest rate 0%					
Y N			11 Maturity date 12/31/2020					
12 Principal occupation	13 Employer (See Instructions)							
14 Description of Coll	ateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)					
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)					
🖌 not applicable								
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)						
Date of loan	Name of lender 🛛 out-of-state	PAC (ID#:)	Loan Amount (\$)					
3/6/2020	ANGIE HANAN	·····	\$3,500.00					
ls lender	Lender address; City;	State; Zip Code	Interest rate					
a financial Institution?	903 GOLDFINCH AVE Sugar		0%					
			Maturity date					
			12/31/2020					
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)						
		N/A						
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)					
GUARANTOR	Name of guarantor	1	Amount Guaranteed (\$)					
	Guarantor address; City;	State; Zip Code						
📈 not applicable	· · · · · · · · · · · · · · · · · · ·							
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1					
If Ic	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NE						
	, piezee ese inc							

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FORE	3OX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Office Ove Polling Ex Printing Ex Salaries/M	Overhead/Rental Expense Transpo Expense Travel Ir Expense Travel C				icitation/Fundraising Expense nsportation Equipment & Related Expense vel In District vel Out Of District ver (enter a category not listed above)				
1 Total pages Schedule F1:							3 Filer	r ID (Ethics Commission Filers)		
page 2 of 2	ANGIE HANAN						ang	liehana	n@gma	ail.com
4 Date 9/15/20	5 Payee n 2DAYP	oSTCARDS.COM								
6 Amount (\$) \$323.67	7 Payee address; City;						State;	Zip C	ode	
	621 Rich	mond Ave			Hou	iston		ТХ	77	2006
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of th IG EXPENSE	is schedule)	(b) [SIG	Descriptio NS	'n				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	[Check	if Austir	n, TX, offic	eholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		0	office soug	ght			Office he	eld
Date	Payee na	ame								
9/24/2020	2DAYPC	STCARDS.COM								
Amount (\$)	Payee a				City;		State; Zip Code			
258.72	621 Ric	hmond Ave			Hou	iston	I	ТΧ	77	7006
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this IG EXPENSE	schedule)	Description SIGNS						
		Check if travel outside of Texas. Complete	Schedule T.	[Check	if Austir	n, TX, office	eholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		0	ffice soug	jht			Office he	eld
Date	Payee n	ame								
5/4/20	NBD GR	APHICS								
Amount (\$)	Payee a	ddress;		City;				State;	Zip C	ode
	917 S. M	ason Road		Ka	aty	T	х	77450)	
PURPOSE OF EXPENDITURE		V (See Categories listed at the top of this IG EXPENSE	schedule)	SIG	escription NS	n				
		Check if travel outside of Texas. Complete	Schedule T.		Check	if Austin	i, TX, office	holder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		C)ffice sou	ght			Office h	eld
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHE	DULE AS	S NEE	DED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)						
	Total pages Schedule F1: 2 FILER NAME								
page 2 of 2 4 Date	ANGIE HANAN 5 Payee name		angiehanan@gmail.com						
9/15/20	2DAYPOSTCARDS.COM								
6 Amount (\$) \$323.67	7 Payee address;	City;	State; Zip Code						
	621 Richmond Ave	Houston	n TX 77006						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so PRINTING EXPENSE	(b) Description SIGNS							
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, 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								
9/24/2020	2DAYPOSTCARDS.COM								
Amount (\$) 258.72	Payee address; 621 Richmond Ave	^{City;} Housto	n TX 77006						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch PRINTING EXPENSE	Bigns Signs							
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
5/4/20	NBD GRAPHICS								
Amount (\$) 190.52	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 sch PRINTING EXPENSE	edule) Description SIGNS							
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held						
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED						

EXPENDITU	RES MADE BY CR	EDIT CARD	SCHEDULE F4
	EXPENDITURE CATE	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1	ANGIE HANAN		angiehanan@gmail.com
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D 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; Zip Code TX 77450
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the PRINTING EXPENSE	his schedule) (b) Description SIGNS	
	(C) Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, 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	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description	
	Check if travel outside of Texas. Compl	lete Schedule T. Check if A	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 N	EEDED
Forms provided by Texas Ethics	s Commission www.ethic	s.state.tx.us	Revised 1/1/2020

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SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G: 1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		angiehanan@gmail.com			
4/3/2020	Southwest Chase VISA					
6 Amount (\$) \$3,277.81 Reimbursement from political contributions intended	7 Payee address; P.O. Box 15298	city; Wilmii	State; Zip Code ngton DE 19850			
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description				
OF	CREDIT CARD PAYMENT	CREDIT CARD	PAYMENT			
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description				
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austir	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/(Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description				
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austir	n, 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 NEED	DED			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:7
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mrs. Kristin	мі K	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received
	Tassin		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CC 850 Saint Elmos Court Missou	nty; state; zip code ri City TX 77459	OCT 02 REC'D Superintendent's Office
	AREA CODE PHONE NUMBER	EVTENDION	1999 - Alia Contra 1999 1
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 630-2885	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Mr. Shannon		Date Processed
	Tassin	JOITIX	Date Imaged
			5,330.02
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 850 Saint Elmos Court	UITE #; CITY; Missouri City	TX 77459
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 685-2885	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 15 2020	Month THROUGH	Day Year 4 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 11 3 2020 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Fort Bend ISD Trustee, Pos. 4	13 OFFICE SOUGHT (if known) Fort Bend ISD Trust	ee, Pos. 4
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
Krist	in K Tassin		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU JIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ ₀
		POLITICAL CONTRIBUTIONS 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		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	^{AY} \$1,282.53
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	
18 AFFIDAVIT			
NOTAR'	ETT DUANE ROS 132267296 7 PUBLIC, STATE OF TI COMMISSION EXPIRE 2 EMBER 25, 20	true and correct and includes all inforr under Title 15, Election Code.	
		Signature of Candid	date or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
		by the said Kristin Tassin	2
Sworn to and subscr day of OCION	0.0	by the said $\underline{\mathcal{N}}(\mathcal{W}) = (\mathcal{U}\mathcal{S})(\mathcal{V})$ to certify which, witness my hand and seal of office.	, this the ^
	, <u>20</u> , I	a solary which, which is iny hand and sear of office.	
Mantt Duan	e Kosik		w Assistant to the BOT
Signature of officer a	aministering oath	Printed name of officer administering oath	Title of officer administering oath

Forms provided by Texas Ethics Commission

Revised 1/1/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9						
		Kristin K Tassin				
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT		
1.		\$ 1,200.00				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4. SCHEDULE E: LOANS						
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS						
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS						
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Kristin K Tas	sin		
4 _{Date} 9/23/2020	5 Full name of contributor □ out-of-state PAC Michael & Lina Sabouni 6 Contributor address; City;	C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$500.00
	6200 Savoy, Suite 100, Houston, TX		
8 Principal occu	pation / Job title (See Instructions)	ctions)	
Architects			
_{Date} 9/22/2020	Matt and Allyson Jackson Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$) \$100.00
	20507 rownstone Dr., Richmond, TX 774		
	pation / Job title (See Instructions)	Employer (See Instruc	,
Teacher		spital	
^{Date} 9/30/2020	Kevin Matocha	(ID#:)	Amount of contribution (\$) \$500.00
	1600 Highway 6 South, Suite 243, Suga	r Land, TX 77478	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Investment M	lanager	Stonehenge Coma	pnies, LLC
Date 10/1/2020	Full name of contributor Stewart Jacobson Contributor address; City;	(ID#:)	Amount of contribution (\$) \$100.00
	3323 Winnsboro, Sugar Land, TX 77478		
	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Investment Ad	visor	Dearborn & Creggs	
	ATTACH ADDITIONAL COPIES O		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Fees Offic Consulting Expense Food/Beverage Expense Polli Contributions/Donations Made By Gift/Awards/Memorials Expense Prin		onse Office O als Expense Polling E Salaries/	lling Expense Travel In District nting Expense Travel Out Of District laries/Wages/Contract Labor Other (enter a categor)		ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics (Commission Filers)
3 4 Date	Kristin K Tassin				
9/24/2020	5 Payee name Eric Pohl Photography				
6 Amount (\$) \$1,525.00 Reimbursement from political contributions intended	7 Payee address; Kerrville, TX	City;	State;	Zip Code	
8 PURPOSE	(a) Category (See Categories listed a	at the top of this schedule)	(b) Description		
OF	Consulting Expense		Web/Graphics		
	(c) Check if travel outside of Te	exas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					Office held
Date	Payee name				
9/19/2020	Constant Contact				
Amount (\$) \$21.00 Reimbursement from political contributions	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed a		Description		
	Candidate / Officeholder	exas. Complete Schedule T.		TX, officeholder living exp	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		name	Office sought		Office held
Date	Payee name				
8/25/2020	Harland Clarke Checks				
Amount (\$) \$36.65	Payee address;		City;	State;	Zip Code
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed a	t the top of this schedule)	Description		
OF	Accounting/Banking		Campaign checks	5	
	Check if travel outside of Te	xas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought	С	ffice held
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS NEEDE	Ð	

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	bunting/Banking Fees Office Opyrine.ad/Reintal sulting Expense Food/Beverage Expense Polling Expense tributions/Donations Made By Giff/Awards/Memorials Expense Polling Expense ndidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete thi		erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethic	Commission Filers)
3	Kristin K T	assin				
4 Date	5 Payee nam	ne				
9/2/2020	Texas GO	P Store				
6 Amount (\$) \$795.64 Reimbursement from political contributions intended	7 Payee address; City; 404 IH 45 S, Huntsville, TX 77340				State;	Zip Code
8 PURPOSE	(a) Category	(See Categories listed at the top of this sch	nedule)	(b) Description		
OF	Printing	Expense		Campaign sigi	ns	
	(c) C	heck if travel outside of Texas. Complete Sche	edule T.	Check if Austi	n, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
Date	Payee nam	le				
9/23/2020	Texas	GOP Store				
Amount (\$) \$ 1,732.00			State;	Zip Code		
Reimbursement from political contributions intended						
PURPOSE	Category	(See Categories listed at the top of this sch	nedule)	Description		
OF	Printing	Expense		Campaign signs	S	
	c	heck if travel outside of Texas. Complete Sche	edule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name		Office sought		Office held
Date	Payee nam	e				
9/23/2020	IW Print					
Amount (\$) \$1,153.18 Reimbursement from political contributions intended	Payee add 20718 Ivo	^{ress;} ry Creek, Katy, TX 774	450	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this sch	edule)	Description		
OF	Printing Ex	pense		Push cards		
	CI	neck if travel outside of Texas. Complete Schee	dule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name	(Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
-			13 110 11 10	complete this form.			
1 Total pages Schedule G:	2 FILER NA Kristin K T				3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nan	ne					
9/30/2020	The Home						
6 Amount (\$) \$75.55 Reimbursement from political contributions intended	7 Payee add 5900 Hwy	^{Iress;} 6 S, Missouri City, TX 7	7459	City;	State;	Zip Code	
8 PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description			
OF	Advertis	sing Expense		Campaign signs	S		
	(c)	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held	
Date	Payee nan	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	iress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
		Check if travel outside of Texas. Complete Sch	nedule T.		tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held	
Date	Payee nam	le					
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description			
	c	heck if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living e:	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEEDE	ĒD		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

					the second se
The C/OH Instruction (Guide explains hov	v to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	bene-	Ha	R	OFFICE USE ONLY
	NICKNAME	Willia	m5	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	r: Primiose Primiose and, TX 17	Cam 584	ATE; ZIP CODE	JAN 27 2021
Change of Address					BY: COK O'SCALL
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (7/3)	PHONE NUMBER		TENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Senet	ta	R	Receipt # Amount \$ Date Processed
	NICKNAME	William 3		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL		on bn.	STATE; ZIP CODE
(Residence or Business)	Pearla	nd. 1X 7°	1384		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	
	(110)	601-901			
9 REPORT TYPE	January 15	30th day before el	ection	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	tion	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year	THROUGH	Month 10	Day Year 104/20
11 ELECTION	ELECTION D/ Month Day	Yearty Primary	Runoff	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)		13 OFF		FUSTER Pos 5
14 NOTICE FROM POLITICAL COMMITTEE(S)					DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRES	S	
		GO TO F	AGE 2		

	E / OFFICEHO FINANCE RE		C	FORM C/OH OVER SHEET PG 2
15 C/OH NAME	a R. Willic	zms	16 Fil	ler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZE PLEDGES, LOANS	ED POLITICAL CONTRIBUTIONS S, OR GUARANTEES OF LOANS MADE ELECTRONICALLY)	 March March 2001 2022 1992 1992 1993 1993 1993 1993 1993 	\$ 0
		AL CONTRIBUTIONS DGES, LOANS, OR GUARANTE	ES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURE.		\$ 0
	4. TOTAL POLITICA	LEXPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING P	CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY	\$ 0
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDIN REPORTING PERIOD	G LOANS AS OF THE	\$ 0
		se complete either op	tion below:	
(1) Affidavit	Pleas GARRETT DUANE R 132267296 NOTARY PUBLIC, STATE OI MY COMMISSION EXPI NOVE MABER 25	OSIE	tion below:	
Seco		i		
NOTARY STAMP/SEAI Sworn to and subscribed	before me by Denetta	R. Williams	this the 37	day of January,
20 21, to certify	hich, witness my hand and sea	· · ·	Erecu	Title of officer administering oath
		OR		
(2) Unsworn Declaration My name is Active My address is 330	Hal. Wil	lians_, and my Sc. Canyon Pea	date of birth is	28.1966 1584
Executed in Ft.Be	(street) County, State of	$\overline{O(aS)}$, on the 12^{4}	day of (state) (month)	(zip code) (country)
		Sign	ature of Candidate/Off	ficeholder (Declarant)