The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST REC	SGIE	OFFICE USE ONLY
NAME	NICKNAME LAST ABP	SUFFIX	Date Received LVL
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;  5011 CHAPPEL  MISSOURI CITT	Part Part Part Part Part Part Part Part	OCT 28 REC'D Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 277-56-79	EXTENSION	Date Hand-delivered or Date Postmerked S: 35 am 60
6 CAMPAIGN	MS / MRS MR FIRST RE	agie m	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST ABI	PAHAM SUFFIX	Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT / S	BUITE #, CITY;	STATE, ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	# · · · · · · · · · · · · · · · · · · ·
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year 26 20
11 ELECTION	Month Day Year Primary  1 3 20 General	Runoff Other Description  Special	100L BOARD
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	A
* .			
	GO ТО	PAGE 2	

14 C/OH NAME	EGGIE /	ABRAHAM	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
- "	COMMITTEE TYPE	COMMITTEE NAME	
_	GENERAL		80
	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)	\$ \$
	The second secon	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 414.82
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	* #
NOTARY P	TT DUANE ROSIE 132267296 PUBLIC, STATE OF TEX DIMISSION EXPIRES IMBER 25, 202	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
Summermen		mi -	lidate or Officeholder
AFFIX NOTARY STAM		with said Regaie Abraham	18
Sworn to and subsci		to certify which, witness my hand and seal of office.	, this the
A D	P:	, a	utive Assistant to BOT
Signature of officer a	d // Osc	Printed name of officer administering oath	Title of officer administering oath
/ Signature of officer a	diministering oddi	. The fame of one of daming said	Assessment in the desired as seen at point a could be desired in the section of t

The C/OH Instruction C	3 Filer ID (Ethics Commission F	Filers) 2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI Mr. Jason M	OFFICE	USE ONLY
NAME	NICKNAME LAST SUFFIX	Date Received	EIVED
	Burdine	001.9	O DECID
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP COD		6 REC'D
Change of Address	Texas 77407	Vi. Kon	APPE
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) \$55-7175	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI MCS. Andrea D	Receipt #	Amount \$
NAME	NICKNAME LAST SUFFIX	Date Processed	
	Burdine	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, 17107 Simon Ct. Richmond	STATE;	ZIP CODE 77407
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) \$\$55-7175		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day aff treasurer ap (Officeholde	
	July 15 Sth day before election Exceeded Modific Reporting Limit	ed Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED		onth Day Year ) / 26 / 20	
11 ELECTION	ELECTION DATE  But the second of the second	ТҮРЕ	
	Month Bay Fear Special Descript	tion	
12 OFFICE	FBISD Position #1 FBISD	Position 1	
	GO TO PAGE 2		

14 C/OH NAME		16	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TO KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORM OF SUCH EXPENDITURES.			HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE SAMEATON TREASURED TOME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDO	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$
-		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600 93
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1000 ==
CONTRIBUTION BALANCE	1778 1277 1777	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 2,271.10
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	#E \$ 20,000°
18 AFFIDAVIT			
NOTARY NOV	ETT DUANE ROS 132267296 7 PUBLIC, STATE OF TICOMMISSION EXPIRES EMBER 25, 20	true and correct and includes all information under Title 15, Election Code.	erjury, that the accompanying report is mation required to be reported by me
		Signature of Cand	idate or Officeholder
AFFIX NOTARY STAM		by the said Tason Burdine	abia ab = 26
Sworn to and subso		2)	, this the
day of October	, 20 <u>20</u> ,	to certify which, witness my hand and seal of office.	
Manett Duam	e Kosin	-2 W 52 KG 27 M 25 W 2 276	ive Assistant to the BOT
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

### SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Comm					
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$ 20,000				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	* 1,000 =0				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COM	NTRIBUTIONS \$				
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 BU	SINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED \$				

### LOANS

### SCHEDULE E

The Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Jason Burdine		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of Ioan 7 Name of lender out-of-state PAC (ID#)  7-1-20 Jason Burdine		9 Loan Amount (\$)  \$ 20,000
6 Is lender a financial Institution? Y N  8 Lender address; City;  7 107 S.mon Ct. R	State; Zip Code	10 Interest rate  0%  11 Maturity date  12-3\-20
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral  none	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION  17 Name of guarantor  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)
Is lender Lender address; City; a financial	State; Zip Code	Interest rate
Institution? Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION  Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)	Employer (See Instructions)	1
ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	EDED

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

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jason Burdine	3 Filer ID (Ethics Commission Filers)
4 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
10/4/20	Jim Rice 6 Contributor address; City; State; Zip Con 5402 OBAN Temper Ln Sygnia	\$250°°
8 Principal occur	pation / Job title (See Instructions)  9 Employer (Se	e Instructions)
	ruction Consulting Rice &	Godner Consulting
CO 151	COLLAN CO BOLLING	0
Date 10/5/20	Full name of contributor out-of-state PAC (ID#	7.11.10.01.10
19-1	Contributor address; City; State; Zip Co. 3145, Belknap Sugarland TX 774	00
Principal occup Retire	pation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
10/9/20	Michael J Siwierka Contributor address; City: State: Zip Co 1368 Lake Point PKLY Sugarland TX 774	de \$ 250 °
Principal occup		ee Instructions) alon Fielder Colling & Mot LLP
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City; State; Zip Co	
Principal occup	pation / Job title (See Instructions)  Employer (See	ee Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

Credit Card Payment	The Instruction Guide explains how to com	Other (enter a category not listed above)  plete this form.
1 Total pages Schedule F1:	2 FILER NAME Jason Rurdine	3 Filer ID (Ethics Commission Filers)
4 Date 10-13-20	6 Payee name Fred Taylor	
6 Amount (\$) 200.	7 Payee address; Fred Taylor: 4326 Miss	City; State; Zip Code Crystal Ridge Texas 77459 Souri City St. Texas 77459
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Polling Expense	Poll workers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-13-20	Texas Compaign	nS
Amount (\$)	Payee address;	City; State; Zip Code
40000	9600 Glanfield Court Suite 148	Houston Texas 77096
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting Expose	Sign Placement Poll workers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-13-20	IW Print	
Amount (\$)	Payee address;	City; State; Zip Code
40000	20718 Ivory Creek	Katy Texas 77450
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Printing Expense	Pushcoods
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Allison NAME Date Received NICKNAME LAST **SUFFIX** Drew CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 77 Sugar Creek Blvd. MAILING Amount Receipt # **ADDRESS** Suite 375 Sugar Land, TX 77478 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** NAME NICKNAME LAST **SUFFIX** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded \$500 limit **PERIOD** Month Day Month Day Year Year **COVERED** 09/25/2020 **THROUGH** 10/24/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 χ General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Fort Bend ISD Board of Trustees: Position 5 Place Fort Fort Bend ISD Board of Trustees: Position 5 Place Bend District FBISD Fort Bend Fort Bend District FBISD **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Drew, Allison		14 Filer ID	
15 NOTICE FROM POLITICAL	candidate / officeholder.	political contributions accepted or political expenditu  These expenditures may have been made without to  I officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or
COMMITTEE(S)  Additional Pages	COMMITTEE TYPE  GENERAL	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		_
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 3,700.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,127.07
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 1,552.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFADAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Signature of	Candidate or Officehold	er
AFFIX NOT	FARY STAMP / SEAL ABO	DVE		
		aidertify which, witness my hand and seal of office.	, this the	day
Signature of office	er administering	Printed name of officer administering	Title of officer a	administering oath

### SUBTOTALS - C/OH

		3 of 9
18 FILER NAME	19 Filer ID	
Drew, Allison		
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,700.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL (	CONTRIBUTIONS	\$ 2,701.07
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICA	L CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL F	UNDS	\$ 426.00
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL	L CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CC	NTRIBUTIONS RETURNED	\$

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/9	
2	FILER NAME Drew, Allison	1			3	Filer ID	
4	Date 10/21/2020	<ul> <li>Full name of contributor  out-of-s         Fort Bend Employee Federation Loc</li> <li>Contributor address; City; State; Zip Co         12821 W. Airport         Suite 400         Sugar Land, TX 77478</li> </ul>		)	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Date 10/01/2020	Full name of contributor out-of-s Jacobsen, Stewart  Contributor address; City; State; Zip Co 3323 Winnsboro CT  Sugar Land, TX 77478	tate PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occup	pation / Job title (See Instructions) visor		Employer (See Instructions Dearborn & Creggs	5)		
	Date 09/25/2020	Full name of contributor out-of-s  Matocha, Kevin  Contributor address; City; State; Zip Co  1600 Hwy. 6  Suite 245  Sugar Land, TX 77478	tate PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Stonehenge	i)		
	Date 09/25/2020	Rice, James				Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Rice & Gardner Consult		S	
	Date 10/06/2020	Full name of contributor out-of-s Sabouni, Lina and Mourhaf Contributor address; City; State; Zip Co Palm Blvd. Missouri City, TX 77459	tate PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occup Architect	pation / Job title (See Instructions)		Employer (See Instructions Autoarch	<u> </u>		
			•				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/9
2	FILER NAME	3 Filer ID
4	Date 5 Full name of contributor out-of-state PAC (ID#:)  10/21/2020 Siwierka, Michael  6 Contributor address; City; State; Zip Code 1368 Lake Pointe Pkwy	7 Amount of Contribution (\$) \$250.
8	Sugar Land, TX 77478  Principal occupation / Job title (See Instructions)  Attorney  9 Employer (See Instruction Perdue, Brandon, Field Perdue)	, and the second
	Date Full name of contributor out-of-state PAC (ID#:)  09/25/2020 Tim, Stubenrouch  Contributor address; City; State; Zip Code  3210 Spring Trail Dr.  Sugar Land, TX 77479	Amount of Contribution (\$) \$100.
	Principal occupation / Job title (See Instructions)  Commercial Market President  Employer (See Instructions)  Pioneer Bank	ions)

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
l	Sch: 1/3 Rpt: 6/9	Drew, Allison
4	Date	5 Payee name
	10/06/2020	Fort Bend Independent
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$200.00	P.O. Box 623
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		e-Newspaer Ad
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
	Date	Payee name
	10/07/2020	Forward Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 8346
		Houston, TX 77288
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  e-Voters Guide ad
		e-voicis Guide au
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
┝	Date	Davies nome
	10/20/2020	Payee name Johnson, Andrea
	Amount (\$) \$300.00	Payee address; City; State; Zip Code TBD
	φ300.00	עפו
		TRD TV 00000
L		TBD, TX 00000
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Polling Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Poll Worker
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/3 Rpt: 7/9	Drew, Allison
4	Date	5 Payee name
	10/21/2020	Knox, Koretta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1911 Summer Place Dr
		Missouri City, TX 77489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event
		LVCIII
_	Complete ONLY !! -!!!	Condidate/Officeholder name Office accepts
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
	10/20/2020	Logo Printing & Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.51	9725 Bissonet
		Houston, TX 77036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Literature
		Campaign Elorada
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/23/2020	Logo Printing & Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$676.56	9725 Bissonet
		Houston, TX 77036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Literature
		Sampaign Exerature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/3 Rpt: 8/9	Drew, Allison
4	Date	5 Payee name
	10/10/2020	Texas Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$326.00	9600 Glenfield Court
		Suite 148
		Houston, TX 77096
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Sign Placement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Signs
		Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/13/2020	Vaskey Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	7322 Southwest Freeway
		Suite 800
		Houston, TX 77074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		e-Advertising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	
	Date	Payee name
	10/15/2020	Zoom Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	55 Almaden Boulevard
		6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Virtual Conference Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID Sch: 1/1 Rpt: 9/9 Drew, Allison Date Payee name 10/21/2020 Knox, Koretta 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 1911 Summer Place Dr Reimbursement from political contributions intended Missouri City, TX 77489 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2020 **Texas Campaigns** Amount (\$) Payee address; City; State; Zip Code \$326.00 9600 Glenfield Court Suite 148 Reimbursement from political contributions Houston, TX 77096 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Signs, Social Media **EXPENDITURE** Signs, Social Media Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

The C/OH Instruction	Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Shirley Last Suffix	Date Received  OCT 2 6 REC'D
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  30 11 Bonney Porcar Dr 77459  Missouri City TX	Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (28) 799-5065	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR POSSI GULLON  NICKNAME LAST SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;  [Le 115 Beckerdge thoushon, Th. 7-	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (781) 870-3023	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	Day Year 15 / 2020
1 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special	
2 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)	07 Pos 4
	GO TO PAGE 2	

14 C/OH NAME SH	12121	ROSE-GILLIAN 15 Filer	ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAID OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE USENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMURES.	E CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
_		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		GOMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 377.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 727.00			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 6			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6005,00			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 56.64			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ &			
18 AFFIDAVIT		1				
NOTARY MY	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  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES					
	NOVEMBER 25, 2023 § Signature of Candidate or Officeholder					
A 24/2011 (20/2020) 20/2020 (20/2020) (20/2020) 20/2020 (20/2020) (20/2020	AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subso	Sworn to and subscribed before me, by the said Shirly Rose - Gilliam this the action of October 20 20, to certify which, witness my hand and seal of office.					
South Duane	Rosin	Game H Duane Rosier Executive.	Assistant to the BOT			
Signature of officer a	administering oath	Printed name of officer administering oath Tit	le of officer administering oath			

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

19 FILER NAME, Rose-Guiram 20 Filer ID (Ethics Commission)					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2500.				
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	\$ 100500				
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	\$ 144 90				
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 256.00 8 Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of contribution (\$) 100.00 State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica credit Card Payment	Fees Onice Ove Food/Beverage Expense Polling Ex ly Gift/Awards/Memorials Expense Printing E	xpense Travel Out Of District Nages/Contract Labor Other (enter a category not illsted above)				
1 Total pages Schedule F1:	3 Wenkose. GIL	3 Filer ID (Ethics Commission Filers)				
4 Date 1/4/2020	5 Payer hame  BURT LEUIN	٥				
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
43500	9600 Glenfield Co	our #48 HouTX 77036				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising	Consulting				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
10/16/2020	Texas Victory C	onsulting				
Amount (\$)	Payee address;	City; State; Zip Code				
\$32500	1634 Sauliner	-Street HouTX 77019				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Consulting Fees				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date <sub>j</sub>	Payee name					
10/09/2020	Pressed 4 Time Dea	signs				
Amount (\$)	Payee address;	City; State; Zip Code				
3000	2902 BergenBay Lan	ue Fresnotx 77545				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Face Masks				
	Check If travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Vages/Contract Labor Othe	el Out Of District r (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ROSE. GUL	1Am 3 Fi	ler ID (Ethics Commission Filers)
10 25 w	5 Payee name ORIA MCCR	Ay	
6 Amount (\$) '	7 Payee address;	City;	State; Zip Code
300.00	3026 lakefreld Way S	ugar LAND T	X 77479
8 PURPOSE OF EXPENDITURE	Pour No Expense	Push Car	rds Distribution
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE		·	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	COLIEDUI E AC NEEDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

*		EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By cai Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E Printing E Salaries/	Expense Wages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
	Ţ	The Instruction Guide ex	plains how to	complete this form.		
1 Total pages Schedule G:	2 FILER N	HIRLAY ROS	SE-G	ILLIAM	3 Filer ID (Ethic	s Commission Filers)
10/10/2020	Fyz	zy's Taco				
6 Amount (\$)  9 144 9  Belimbursement from political contributions intended	7 Payee ad		ouri G	tutx 77	State;	Zip Code
8 PURPOSE OF EXPENDITURE	EV	(See Categories listed at the top of the Categories listed at the top of the Categories (See Categories III)	se	(b) Description Fundru	tising -	Food
		Check if travel outside of Texas, Complet	te Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	100	iate / Officeholder name Shivley Ros	5e-61	Office sought	FBISD A	office held
Date	Payee nan	ne				
Amount (\$)	Payee add	iress;		City:	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the	his schedule)	Description		
		Check if travel outside of Texas. Complete	ie Schedule T.	Check if Austin	, TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/O	Candida	ate / Officeholder name		Office sought	, iA, amounted aving	Office held
Date	Payee nam	16	8			
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	is schedule)	Description		
	C C	heck if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living e	Ynegge
Complete ONLY If direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATTAC	CH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEED!	<b>≣</b> D	

The C/OH Instruction C	Guide explains how to complete this form.  1 Filer ID (Etnics Commission Filers) angiehanan@gmail.com	2 Total pages filed 5
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS FIRST ANGIE MI	OFFICE USE ONLY
NAME	NICKNAME LAST HANAN SUFFIX	Date Record C.C.V.D.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 903 GOLDFINCH AVE Sugar Land TX 77478	OCT 2 6 REC'D Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 281 ) 460-0330	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MRS FIRST WENDY MI  NICKNAME LAST RACHUK SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; 2203 Madewood Dr MISSOURI C	CITY TX 77459
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 419-1457	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 & Sth day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Altach C/OH - FR)
10 PERIOD GOVERED	Month Day Year Month 09 / 24 / 2020 THROUGH 10/	Day Year 25 2020
11 ELECTION	Month Day Year Primary Runoff Description  11 03 2020 General Special	
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known	
	GO TO PAGE 2	

······					
14 C/OH NAME		<b>15</b> File	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$2,100.00				
EXPENDITURE TOTALS	1 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE 1 × 21 21				
	4. TOTAL POLITICAL EXPENDITURES \$ 416.76				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$2,100.00				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
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.  NOVEMBER 25, 2023  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Angie Hanan , this the					
day of October	20,20	to certify which, witness my hand and seal of office.			
Sant buane	form		Assistant to the BOT		
Signature of officer a	idministering oath	Printed name of officer administering oath T	itle of afficer administering oath		

### SUBTOTALS - C/OH

19	FILER NAME  20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$2,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 416.76
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S
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	s
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s

### MONETARY POLITICAL CONTRIBUTIONS

MONETART TOETHOAL CONTRIBO	SCHEDULE AT
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1 of 1
FILER NAME ANGIE HANAN	3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
Date D/8/2020  5 Full name of contributorout-of-state_PAC (ID#: Fort Bend Employee Federation COPE Loc  6 Contributor address; City; State	# 197 W
6 Contributor address; City; State 12621 W. Airport Blvd #400 Sugar Land TX	77478
	nployer (See Instructions)
Date Full name of contributor □ oul-of-state PAC (ID#:	Amount of contribution (\$) \$100.00
Contributor address; City; State	; Zip Code
106 Dogwood St., Sugar Land, TX 77478  Principal occupation / Job title (See Instructions)	oployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (S)
Contributor address; City; State	; Zip Code
Principal occupation / Job title (See Instructions) En	nployer (See Instructions)
Date Full name of contributor out-of-state PAC {ID#:	Amount of contribution (S)
Contributor address; City; State	; Zip Code
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1: page 1 of 1	2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com		
4 Date	5 Payee name				
10/06/2020	2 Day Postcards				
6 Amount (\$) \$416.76	7 Payee address; 621 Richmond Ave	city; Houston	State; Zip Code TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin	ck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		360		
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	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 NEE	DED		

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  MS- NICKNAME	Senetta Liliamo	1	SUFFIX	OFFIC Date Received	EUSE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BO 330 Pear / B AREA CODE (7/3)	PHONE NUMBER  657-93	CITY; STATE;  SE COMY  77584  EXTEN:	bNLN.	BY	27 2021 Dam CPK
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M 5	Senette L'AST	a	MI C SUFFIX	Receipt #  Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY	XLN. P	Peor bane	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(7/3)	PHONE NUMBER	EXTENS	SION		
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exc	noff ceeded Modified porting Limit	treasurer (Officehold	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 10	Day Year / 5 / 202	O THROUGH	Month	Day Ye.	1020
11 ELECTION	Month Day	Year Primary General	Runoff Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any	)	13 OFFICE S	SOUGHT (if known)	Trust	eeDos5
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTITHE CANDIDATE / OFFI CONSENT. CANDIDATE COMMITTEE TYPE GENERAL SPECIFIC	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ED TO REPORT THIS INFO	EXPENDITURES MAI WITHOUT THE CANDI RMATION ONLY IF TH	DE BY POLITICAL CO DATE'S OR OFFICEHO EY RECEIVE NOTICE C	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO F	PAGE 2			

Forms provided by Texas Ethics Commission

### FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

Sene+	ta R. Williams	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 587.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	HE \$
req	uired to be reported by me under Title 15, Election Code.  Signature of Candid	date or Officeholder
Affidavit	Please complete either option below:  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES  NOVEMBER 25, 2023	
NOTARY STAMP/SEAL	pefore me by Denetta R. Williams this the 2	1 day of January
but Dune Ro	which, witness my hand and seal of office.  Gavett Duom Rosier	Executive Assistant to the
gnature of officer administer	ng oath Printed name of officer administering oath  OR	Title of officer administering oath
) Unsworn Declaratio		
y name is Series y address is 330 secuted in FFBer	A County, State of Texas, on the House of birth is Office Canyon Pearland, TX (street) (state day of Tanyon County)	77584
		Officeholder (Declarant)

www.ethics.state.tx.us

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

19	FILER NAME 2	0 Filer ID (Ethics Commission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 165.00	
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 CONT	** \$ 162.16	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$433.93	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	JSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED \$	

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ha R.Willia	m5		3 Filer ID (Ethics Commission Filers)
10./6	5 Full name of contributor  APril SPiCO 6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$)
		Cissoun	CITYIIX	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date   0.18	Full name of contributor  Rafel Co  Contributor address;	out-of-state PAG  City;  OUSTON	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	es Oller	Employer (See Instruc	ctions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	11 <sup>1</sup> - 1'
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDIT	IONAL CODIES	DE THIS SCHEDUL E AS A	NEEDED
	ATTACH ADDIT	IONAL COPIES (	OF THIS SCHEDULE AS N	NEEDED

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing 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:		mes	3 Filer ID (Ethica	s Commission Filers)
10.22.20	Allied Signs	. 1 -		
108.25	6820 Harwin	Houston	State;	77030
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		*** **********************************
PURPOSE OF EXPENDITURE	Advertising Expens	e Pu	sh Co	ards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	***************************************		
10.22.20	The Home be	epot		
Amount (\$) 53.91	6800 NSanth	DUSTON A	Ehby	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Equipment	6 ft. C	/pos	3+5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	***************************************		
Amount (\$)	Payee address;	City;	State;	Zip Code
				*
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	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	S SCHEDULE AS NEED	ED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) City: State; Zip Code eimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date State: Zip Code mbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Zip Code embursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to		ostogo y not listed above)
1 Total pages Schedule G:	Benetta R. Will	iams 3 Filer ID	(Ethics Commission Filers)
10.2420	HOUSton T. St	nirt Printer	
Amount (\$)  Reimbursement from political contributions intended	7 Payee address; 9777 Harwin 7 Houston, TX	#106 11036	itate; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	+5
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; S	tate; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; Stat	e; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	