CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages f	led: (2D)
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR	ASHUH	N	И	OFFICE	USE ONLY
NAME	NICKNAME	AUGA WA		SUFFIX	Daler R. cerv d	2 2 2021
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	-	APT / SUITE #;	CITY; STATE; Z	ZIP CODE	BY: GC	2 3 2021
Change of Address	Suco	ix land,	1 > 77479			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 7	PHONE NUMBER 86 - 9138	EXTENSION			d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS /MR9 / MR	ALM A	A	и!	Receipt #	Amount \$
	NICKNAME	Merieu		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER		NO PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE;	ZIP CODE
ADDRESS (Residence or Business)	DEW	BRIDGE G	Sular	LAND	TX	77479
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER - 24 - 45	EXTENSION			
	(201) 2	7 -1)	41			
9 REPORT TYPE	January 15	30th day before	election Runoff			fter campaign ppointment er Only)
	July 15	8th day before el	ection Exceeds Reportin	ed Modified ng Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	03	Day Year / 24 / 20 2-1	THROUGH	04/	Day Yes / 22 / 24	
11 ELECTION	Month Day	Year Primary	Runoff EL	Other Description	сноог В	OARD
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU			ON #2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITH	HOUT THE CAND	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			**************************************	
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
9		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
	3	GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	MSH AGRAWAL	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	\$ 11,719	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø	
	4. TOTAL POLITICAL EXPENDITURES	\$14,639.23	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	5 / / 1.00	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAD LAST DAY OF THE REPORTING PERIOD	NS AS OF THE \$ 11, 582.50	
	swear, or affirm, under penalty of perjury, that the accompanying reported to be reported by me under Title 15, Election Code.	port is true and correct and includes all information	
160	Quired to be reported by the diluci Title 15, Election code.		
	Signatu	ure of Candidate or Officeholder	
	Please complete either option	below:	

S GARRETT DUANE ROSIER &			
8	132267296		
8	MY COMMISSION EXPIRES		
(1) Affidavit	NOVEMBER 25, 2023 \$		
6	AND		
NOTARY STAMP/SEA			
Sworn to and subscribed	before me by Ashish Agrawal	this the 23 day of April	
	which, witness my hand and seal of office.		
Sanett Duane K	osu Gamet Duone Rusier Execu	while Assistant to the BOT	
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering or	
	OR		
(2) Unsworn Declarat	ion .		
My name is	, and my date of	of birth is	
My address is	1		
	(street) (city)	(state) (zip code) (country)	
Executed in	1 1		
Executed III	County, State of , on the day o	(month) (year)	
	Cimphina	of Candidata/Officeholder (Declarant)	
	Signature	of Candidate/Officeholder (Declarant)	

SUBTOTALS - C/OH

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$11,719/
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 4,000/-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	\$ 4,000 / - RIBUTIONS \$ 14,639.23
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	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	JSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT Incl	ude this page in the fi	eport.
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
FILER NAME	ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
Date 8/24/21	5 Full name of contributor out-of-state PAC (I P PAR MBS WARAW 6 Contributor address; City; Suarralaw	State; Zip Code	7 Amount of contribution (\$) \$50/-
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	-	ID#:)	Amount of contribution (\$)
1/24/21	A CONTRACTOR AND A CONT	State; Zip Code	\$300/-
	Sugarland		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Principal occup	KIRAN RASATA	State; Zip Code	Amount of contribution (\$) \$100/- ons)
Date 8/26/21	Full name of contributor out-of-state PAC RAMBSH SHAH Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$) \$\\$500/-
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

		REC.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/28/21	6 Contributor address; City; State; Zip Code	\$100/-
Nest	RICHMOND TX 77407	,
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/30/21	Contributor address; City; State; Zip Code	\$101/-
	SUGAR LAND Fx 77479	1
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
. 1 1	HARUH KANSAL	
4/1/21	Contributor address; City; State; Zip Code	\$25/-
	RICHMOND TX 77407	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	ARIG MAKNOSTA	GI C. I
4/2/21	Contributor address; City; State; Zip Code	\$1,500/-
	SUGAR LAND Tr 77479	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	A TARANIA PRITONIA I CONTO OF THE COLUMN TARA	WEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

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 form.	1 Total pages Schedule A1:	
2 FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
. 1:=1	FORT BEND UNITED		
4/4/21	6 Contributor address; City; State; Zip Code	21000/-	
	P.O. Box 420811 Houston To 77	242	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	PADMA SRINIVASAN		
4/4/21	Contributor address; City; State; Zip Code	\$50/-	
,	SUMME LAND TX 7747	9	
Principal occup	eation / Job title (See Instructions) Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
	ARSHA ALI		
4/4/21	Contributor address; City; State; Zip Code	\$500/-	
, ,, .	SUGAR LAND TX 7747	/	
Principal occu	pation / Job title (See Instructions) Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
93	MARK ALAN HARRISON CAMPAIG	N	
4/4/21	Contributor address; City; State; Zip Code	\$250/-	
7.7.	110 0001 5 700		
Principal occur	Description / Job title (See Instructions) Hous TOW Type 7707 Employer (See I		
Filliopal occu	Employer (dee instructions)	record to the second of the f	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date	OSCAR M TELFAIR	State; Zip Code 1 77454	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Dans 1 May 2 1 20	(ID#:)	Amount of contribution (\$)
4/4/21	Contributor address; City;	State; Zip Code	\$250/-
	41881 DEQUINDER, TROY	M1 48085	*
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		(ID#:)	Amount of contribution (\$)
4/4/21	Soupably SanduJA Contributor address; City; Suute land	State; Zip Code D	\$250/-
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/4/21	Contributor address; City;	State; Zip Code Tx 77496	\$200/-
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

		**
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) KRT SHAH	7 Amount of contribution (\$)
4/4/21	6 Contributor address; City; State; Zip Code Sught Lawp 1× 77479	\$150/-
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) TOMMY PINLIPS	Amount of contribution (\$)
4/5/21	Contributor address; City; State; Zip Code	\$500/-
Principal occup	Sugge Lang Tx 77479 ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor Out-of-state PAC (ID#:) Sufat SIN GH	Amount of contribution (\$)
4/5/21	Contributor address; City; State; Zip Code	\$500/-
	Sugar long Tr 77479	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) RAMA KRUH NA SARABU	Amount of contribution (\$)
4/5/21	Contributor address; City; State; Zip Code	\$10/-
Principal occup	ation / Job title (See Instructions) LINCOLNSHIRE, IL Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	

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 form.	1 Total pages Schedule A1:	
2 FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
	MURAU MARATUI		
4/5/21	6 Contributor address; City; State; Zip Code		
1 /-		S10/-	
	PLAMO TX		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)	
Date	Full name of contributor	Amount of contribution (\$)	
	MAILEKISHAN KORYKONDA		
4/5/21	Contributor address; City; State; Zip Code	S10/-	
.1- / .	SANDA CLARA, CA	41	
Bringing cour		tructions)	
Principal occus	pation / Job title (See Instructions) Employer (See Ins	au detoris)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
	NAVEON SAJJA		
4/6/21	Contributor address; City; State; Zip Code	S100/-	
79	C (
Sucar Long, Dr 77479			
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	FERREL BONNER		
4/1/21	Contributor address; City; State; Zip Code	\$26/	
4/1/00		4-0)	
	MICROUPY CUTY TX 77450	}	
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A		

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 form.	1 Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) PANITEE CHAPDEN PATTAN ARUK 6 Contributor address; City; State; Zip Code SUGAL GND 1× 77479	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	lions)
Date	Full name of contributor	Amount of contribution (\$)
4/7/21	Such THARKAR Contributor address; City; State; Zip Code Such Land Tx 77479	\$100/-
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
4/8/21	Contributor address; City; State; Zip Code Houston Ty	\$250/-
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/8/21	Contributor address; City; State; Zip Code 12621 WARRORT SUGAR LAND, TX 77478	\$3,000/-
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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 form.	1 Total pages Schedule A1:	
2 FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
4/11/21	6 Contributor address; City; State; Zip Code	\$25/-	
7,4		. ,	
8 5: 1-1	MUSORIA CITY TO 77459		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor		
Date	PRADBUR AGRAMAL	Amount of contribution (\$)	
4/12/21	Contributor address; City; State; Zip Code	\$250/-	
7/1-/21	CYPRESS TX 77429	7	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
	ASWIN MEHTA		
4/13/21	Contributor address; City; State; Zip Code	350/	
1/15/21	SugAR LAND TX 77479	~ /	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
and the second s			
Date	Full name of contributor	Amount of contribution (\$)	
NEOFT-MED.3	NOD- PAM	Allocate of contribution (a)	
4/13/21	Contributor address; City; State; Zip Code	3250/	
.,,	PEARLAND TX 77584		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 form.	1 Total pages Schedule A1:	
2 FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
200	AMBRISH KAMDAR	21	
4/13/21	6 Contributor address; City; State; Zip Code	\$500/-	
10/21		•	
	SUGAR LAND, TX 77479		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
	NEBRA SANB	Amount of Sommodion (4)	
4/13/21		51.0-1	
4/13/21	Contributor address; City; State; Zip Code	\$100/-	
	MISSOURI CITY, TX77459	,	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)	
D-4-	Full pages of contributor	Page No Color Challe Hill Medical	
Date	Full name of contributor	Amount of contribution (\$)	
	PARTHA CHATTER-JEB		
4/13/21	Contributor address; City; State; Zip Code	\$101/-	
	Houston, De 77077	,	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
	ABHINAU BANBROES		
Lelapla	Contributor address; City; State; Zip Code	\$301/-	
-112/00	Sugare Jana Tx 77479	, ,	
0.1-1-1		M	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	uons,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
	JOHN DOMON			
4/22/21	6 Contributor address; City;	State; Zip Code	\$200/-	
	SULARLAND	Tx 77479	/	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
		•		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
T THIODER OCCU	adion / bob title (oce managina)	Employer (See marad	uona)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	itions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

LOANS

SCHEDULE E

lf	If the requested information is not applicable, DO NOT include this page in the report.					
	The I	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2 FI	LER NAME AS	HISH AGRAWAL		3 Filer ID (Ethics Commission Filers)		
4 T	OTAL OF UN	ITEMIZED LOANS		\$		
5 D	ate of loan	7 Name of lender out-of-state P	PAC (ID#:)	9 Loan Amount (\$) \$4,000/—		
а	lender financial stitution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date		
12 P	rincipal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 D	escription of Colla	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)		
	SUARANTOR NFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City;	State; Zip Code			
20 P	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
D	ate of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
а	lender financial astitution?	Lender address; City;	State; Zip Code	Interest rate		
	/ N			Maturity date		
Р	rincipal occupatio	on / Job title (See Instructions)	Employer (See Instructions)			
D	escription of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
	SUARANTOR NFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	not applicable	Guarantor address; City;	State; Zip Code			
P		on (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political redit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to d		gory not listed above)
Total pages Schedule F1:	2 FILER NAME ASHISH AGRAN	WAL 3 Filer ID (Ethio	cs Commission Filers)
3/24/21	5 Payee name MR. JI CONNEC	Luci	
Amount (\$)	7 Payee address;	City; State;	Zip Code
\$48/-	P-0-Box 2082 1	11ssouri City TX	77459
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	0
PURPOSE OF EXPENDITURE	CONSULTING EXP	CAMPAIGN AT	NON
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/29/21	MR. JI CONNECTIONS		
Amount (\$)	Payee address;	City; State;	Zip Code
\$120.72	P-0. Box 2082 M	WOULD CUTY TX	77459
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	AOV- BA	MEDIA	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	0	
3/30/21	Me. JI CONNECTION	3	
Amount (\$)	Payee address;	City; State;	Zip Code
\$33.27	P-0-BDx 2082 MI	WOULD CITY TY	77459
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	AOU. ETP	MEDIA	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

SCHEDULE F1

if the requested init	offiation is not applicable, bo Not include the	no page in the re	Porti	
	EXPENDITURE CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	pense ages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule F1:	ASHISH AGARA		3 Filer ID (Ethics	Commission Filers)
3/20/21	5 Payee name JAMES THOMAS	ß		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$25/-	Miss	OUR CITY	Tk	77459
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fass	NOTAR	-4	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
4/1/21	BANK OF AMERI	cA		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$16/-	Suca	ATR LAWS	TX	77478
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ACCOUNTING / BANKING	BANK	= FOOS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date 4/2/21	BANK CARD, BOG	A		
Amount (\$)	Payee address;	City;	State;	Zip Code
346.95		Sugarlas	VI) Th	7747P
PURPOSE OF EXPENDITURE	Accounting banking	Description FE	८८	``
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/C		the section of the se		

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 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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Othe	er (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ASHISH AGRAS	WAL 3F	iler ID (Ethics Commission Filers)
4 Date 4/4/2(5 Payee name Itor COFFEE DIGHT	MAL MARKE	TING
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$150/-	Mi	SSOUR GITT	Tx
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADV EXP	CAMP AIGH	MATORIAL
	(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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/4/21	HOME DEPOT		
Amount (\$)	Payee address;	City;	State; Zip Code
\$140.36	Suc	ar land	Tx 77458
	Category (See Categories listed at the top of this schedule)	Description	2
PURPOSE OF EXPENDITURE	AOV EXP	CAMPAICA	V (SIGN) MATDRIM
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/5/21	MINUTEMAN PRE	II	
Amount (\$)	Payee address;	City;	State; Zip Code
\$7,050/-	1324 PIN DAR RD	KATY	Tx 77494
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	A.1
OF EXPENDITURE	PRINTING EXP	CAMPAICIN	MATERIAL
	Chack if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	D

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 Gft/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME AGRAWAL 5 Payee name Zip Code 7 Payee address; 17022 QUALLBUND MIRROUR CITY (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE () WTRBACH **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH BOND INDEPENDENT State; Zip Code Amount (\$ Su GAR LAW P.O. BOX 623 PURPOSE MEDIA 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 Payee name Homes DEPOT Amount (\$) Payee address; Zip Code 8161-10 Sugar LAND Description Category (See Categories listed at the top of this schedule) CAMPMUN (SIGN) MATERIAL PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Accounting/Banking **Event Expense** Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District **Printing Expense** Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME AGRAWAL 5 Payee name 7 Payee address; 4107 INKBERRY VALLEY LN, HOUSTO 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name CAM PAIGNS City; State: Zip Code 9600 GLENFIELD CT Housoon 77041 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVUOR CONSULTING BAP EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 4/12/21 MR. JI CONNECTIONS Payee address; State: Zip Code City; Amount (\$) BUX 2082 MISSOURI GTY \$300/-TX Description PURPOSE ADVIDE CONJULTING EXF OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor O	ravel Out Of Distric ther (enter a categ	ct ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME ASHISH AGRA	WAL 3	Filer ID (Ethic	s Commission Filers)
4 Date 4/14/2\	MINUTEMAN PRES	2		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3,500/-	1324 PIN DAK RO	KATY	TX	77494
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTIME EXP	COMPAIGN	N MA	MBRIAL
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		Bet have greated decreased an artist of the decreased and the second and the seco	
4/20/21	HOME DEPOT			
Amount (\$)	Payee address;	City;	State;	Zip Code
557-83		Sucartland	TX	77478
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	AOV EMP	CAMPA IGN	Crich	MATBRIAL
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
4/20/21	TEYAS COMPAIGN	L		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$125/-	9600 GUENFIELD CT	Howson	T*	77096
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADV EXP	ComPAIG	N M	ATBRIAL
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	ED	

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 Glft/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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor C	ravel Out Of Distric Other (enter a categ	ct ory not listed above)
Total pages Softe ule F1:	2 FILER NAME ASHISH AGRA	WAL 3	Filer ID (Ethic	s Commission Filers)
Date 4/20/21	5 Payee name GEETANJAU RAS	OlO		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$100/-		Houston	TX	77056
•	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADU EXP	MEDIA		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	<u> </u>		
4/22/21	DATT PERFORMIN	14 ARTS		
Amount (\$)	Payee address;	City;	State;	Zip Code
8200/-	J	touston	Ty	77063
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADV BYP	WBOI	A	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
expellulture to belieft 0/0	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	ED	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MI FIRST 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY S **OFFICEHOLDER** Mr. Rehan NAME Date Received SUFFIX LAST NICKNAME APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** 18331 NEWMACHAR WAY MAILING **ADDRESS** ✓ Change of Address EXTENSION AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (832) 759-8715 PHONE Receipt # Amount \$ MI MS / MRS / MR FIRST CAMPAIGN **MARTHA TREASURER** Ms Date Processed NAME SUFFIX NICKNAME LAST Date Imaged LISLE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY; 7 CAMPAIGN **TREASURER** Richmond TX 77407 8718 Grasswren **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER CAMPAIGN **TREASURER** PHONE 213-6668 (713 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year Month Day 10 PERIOD Day Year Month COVERED 2021 23 02 15 2021 THROUGH 04 **ELECTION TYPE** ELECTION DATE 11 ELECTION Other Description Primary Month Day Year General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE FBISD Board of Trustee Position 2 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 8125
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8125
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8896.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 8896.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 8125
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE \$ 0
	Signature of Ca	Indidate or Officeholder
	Please complete either option below	v:
(1) Affidavit	GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	
NOTARY STAMP/SEA	before me by Rehan Ahmed this the	23 day of April
20 dl , to certify	which, witness my hand and seal of office. which, witness my hand and seal of office. Execution	Assistant to the BOT Title of officer administering oath
	OR	
(2) Unsworn Declarat	on	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (street) (street) (city) (street) (street) (street) (city) (street) (str	state) (zip code) (country) , 20, (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$8125
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	^{\$} 1000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 516.53	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	\$ 8380	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTROL TO FILER	CONTRIBUTIONS RETURNED	\$

SCHEDULE A1

If the reques	sted information is not applicable	, DO NOT ir	nclude th	is page in the	report.
The	Instruction Guide explains how to	complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME		3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	33		3 Filer ID (Ethics Commission Filers)
REHAN AHM	ED				
4 Date Feb 22, 2021	J Full Harrie of Contributor Louit-of-ctoto DAC (ID4)		7 Amount of contribution (\$)		
	6 Contributor address;	City;	State;	Zip Code	\$200
	BEST BURNESS OF A CONTRACTOR AND A STATE OF A CONTRACTOR AND A CONTRACTOR AN	Richmond	TX	77407	
	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
Director of Op	erations		Lisle Vi	olin Shop	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
Feb 22, 2021	Baseer Pirzada				
	Contributor address;	City;	State;	Zip Code	\$100
	7941 Katy Fwy #787 ,	Houston,	TX	77024	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Realtor		5th Stre	eam Realty	000 1100 00 00 00 00 00 00 00 00 00 00 0	
Date Feb 23, 2021	01 74 96000 74	out-of-state PA	C (ID#:		Amount of contribution (\$)
	Laique Rehman				\$400
Mar 27, 2021	Contributor address;	City;	State;		
	5075 Westheimer Rd Suite 6	75, Housto	n, TX 77	056	
Principal occup	eation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
Date Mar 9, 2021	Shahla Wahid	out-of-state PA			Amount of contribution (\$)
	Contributor address;	City;		Zip Code	\$25
	2601 S Braeswood Blvd Apt	1404, Hous	ston, TX	77025	
Principal occup	ation / Job title (See Instructions)		1	oyer (See Instruct	ions)
	2 Pages attach				
	ATTACH ADDITION If contributor is out-of-state PAC, pl	ease see Instr	uction guid	de for additional re	EEDED porting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
REHAN AHI	MED			
4 Date Mar 9, 2021	5 Full name of contributor Vernon Beyer	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	\$5000
	4 Ellicot Way	Sugarland	TX 77479	
acces was	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Businessman			Self Employed	
Date Mar 27, 2021	Full name of contributor Zahoor Gire	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	\$750
	1606 Potomac	Houston	TX 77057	
I 7 3		Employer (See Instruc	tions)	
Businessman			Self Employed	
Date Mar 27, 2021	Full name of contributor Muzzaffar Siddiqi	Out-of-state PAC (ID#:)		Amount of contribution (\$) \$400
	Contributor address;	City;	State; Zip Code	
	11 Laurel Wreath Trail Sug	ar Land TX 7	7498	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Businessman			Self Employed	
Date Mar 27, 2021	Full name of contributor Salman Razzaqi	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	\$
	12555 S Dairy Ashford Rd	Houston, TX		
	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Businessman			Self Employed	
9				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

The	Instruction Guide explains how		1 Total pages Schedule A1:			
2 FILER NAME					3 Filer ID (Ethics Commission Filers)	
REHAN AHI	MED					
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:		7 Amount of contribution (\$)	
Mar 27, 2021	Asif Malik					
	6 Contributor address;	City;	State;	Zip Code		
	18946 Elrington Creek Ct	Richmond	TX	77407		
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	etions)	
IT - Engineer			NCR			
	Full name of contributor					
Date Mar 27, 2021		out-of-state PA) (ID#:		Amount of contribution (\$)	
	Qamrus Salam		******			
	Contributor address;	City;	State;	Zip Code	\$150	
	2614 Night Song Dr	Pearland	TX	77584		
Principal occupation / Job title (See Instructions)		Empl	oyer (See Instruc	itions)		
Retired		n/a				
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
Mar 27, 2021	Ilyas Choudry				Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code	\$100	
8	5822 Catherwood Lane	Houston	TX	77084		
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)	
Businessman			Self En	nployed		
Date	Full name of contributor					
Mar 27, 2021	Khalid R Malik	Out-of-state PAC	; (ID#;)	Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code	\$100	
	11414 Rock Bridge Ln	Sugarland	TX	77498		
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	itions)	
Businessman		Self Em	nployed			
	XXIII-TOXINO CONTROL OF THE CONTROL					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

SCHEDULE A1

The state of the s								
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
REHAN AHM	1ED							
4 Date Apr 20, 2021	5 Full name of contributorout-of-state PAC (ID#:) Rashid Zakaria			7 Amount of contribution (\$)				
	6 Contributor address;	City;	State; Zip Code	\$500				
	4003 Thistle Hill Court	Sugarland	TX 77479					
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)				
Business	man		Self Employed					
Date	ate Full name of contributor		(ID#:)	Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal occup	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 occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instru				ctions)				
	ATTACH ADDITIO	ONAL COPIES	OF THIS SCHEDULE AS I	NEEDED				
	If contributor is out-of-state PAC, p	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			The report.		
т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:		
2 FILER NAM REHAN A	HMED		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	\$			
Directo 12 Contributor's	MOHAMMED N ABDULHAMEED 7 Contributor address; City; State; 8718 Grasswren Richmond TX 7 Cupation / Job title (FOR NON-JUDICIAL) (See Instructions) or of Operations a principal occupation (FOR JUDICIAL)	11 Employe Lisle \(\) 13 Contribu	8 Amount of Contribution \$ 9 In-kind contribution description		
	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	or (FOR NON-JUDICIAL)(See Instructions)		
	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
	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)				
1:	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see Instruction	HIS SCHEDU	LE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense	EXPENDITURE CATEG	GORIES FOR BOX 10(a) Loan Repayment/Reimbursement					
Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
	The Instruction Guide explain	s how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME REHAN AHMED	3	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$513.53				
5 Date	6 Payee name		l				
03/20/2021	Home Depot						
7 Amount (\$) 513.53	8 Payee address; 10419 Highway 6 South	City; Sugar Land	State; Zip Code TX 77407				
9 TYPE OF EXPENDITURE	Political	Non-Political					
10	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	8				
PURPOSE OF EXPENDITURE	Solicitation Expenditure	Banner / S stake drive	Banner / Sign Stakes, zip ties and stake drivers				
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held REHAN AHMED FBISD Board of Trustee Position 2						
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 s	schedule) Description					
	Check if travel outside of Texas. Complete S	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				
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	COPIES	EOP POY 9(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Loan Rep Office Ov Polling E Printing E Salaries/	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Relate Travel In District Travel Out Of District Other (enter a category not listed at			ment & Related Expense		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer	ID (Ethics	Commission Filers)
	REHAN	AHMED		in the second se		\	
4 Date	5 Payee nar	me					
Feb 22, 2021	Mauricio I	Marin					
6 Amount (\$) \$1200 Reimbursement from political contributions intended	7 Payee address; City; Richmond				d	State; TX	Zip Code 77407
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense (b) Description Website Development/ Phocards, yard sign, banner de						
	(c)	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeh	older living e	xpense
9 Candidate / Officeholder name Office sought Office sought expenditure to benefit C/OH				Office held			
Date	Payee nar	me					
Feb 25, 2021	Uzair Ahmed						
Amount (\$)	Payee address;			City;		State;	Zip Code
\$1000 Reimbursement from political contributions intended				Houston		TX	
	Category (See Categories listed at the top of this schedule)			Description			
PURPOSE OF EXPENDITURE	Solicitation Expenditure			Facebook Page Dev. and maintainence			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			expense
Complete ONLY if direct expenditure to benefit C/		late / Officeholder name		Office sought			Office held
Date	Payee nar	me			-		
Mar 10, 2021	Nasir Al	lied Signs					
Amount (\$)	Payee ad	dress;		City;		State;	Zip Code
\$3600 Reimbursement from political contributions intended	6820 Ha	arwin Dr.		Houston,		TX	77036
PURPOSE		(See Categories listed at the top of this so	chedule)	Description Yard Signs, 4x4	Signs		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeh	older living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate / Officeholder name Office sought Office held						Office held
	ATTA	CH ADDITIONAL COPIES OF	F THIS S	CHEDULE AS NEED	ED	1 More	Sheet Attached

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

				N				
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	e By ical Committee	Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains 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)		oment & Related Expense		
1 Total pages Schedule G:	Total pages Schedule G: 2 FILER NAME				3 Filer	ID (Ethics	s Commission Filers)	
	REHAN	AHMED			. 1101	ib (cuito	Commission Filers)	
4 Date	5 Payee na	me						
Mar 14, 2021	NTM							
6 Amount (\$) \$200	7 Payee address; City;			City;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State;	Zip Code	
Reimbursement from political contributions intended				Houston	1	TX	77036	
8 PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
OF EXPENDITURE	Adv	vertisement Expense		TV One Usa - T	V show	/ fee		
		Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeh	older living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought			Office held	
Date	Payee nar	me						
Mar 16, 2021	Syed	Shahzad						
Amount (\$)	Payee add	dress;		City;		State;	Zip Code	
\$930 Reimbursement from political contributions intended	9440 Hai	win Dr. Suite # E		Houston	l	TX	77036	
DUPPOSE	Category	(See Categories listed at the top of this so	hedule)	Description				
PURPOSE OF EXPENDITURE	Advertisement France			Campaign T Shir	t Printi	ng and	Business cards	
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin,	TX, officeh	older living e	expense	
Complete ONLY if direct expenditure to benefit C/0		ate / Officeholder name		Office sought			Office held	
Date	Payee nan	ne						
Mar 20, 2021	Home Dep	pot						
Amount (\$) \$516.53 Reimbursement from political contributions intended	Payee add 10419 Hig	_{dress;} hway 6 South		city; Sugar Land	l.	State; TX	Zip Code 77407	
PURPOSE OF			Description					
EXPENDITURE	Advertisement Expense			Stakes - Zip ties - Stakes Driver				
		theck if travel outside of Texas. Complete Sche	edule T.	Check if Austin, TX, officeholde		lder living ex	lder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							Office held	
	ATTA	CH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEEDE	D			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi 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 The Instruction Guide explains 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:	Schedule G: 2 FILER NAME REHAN AHMED					Commission Filers)	
4 Date	5 Payee nar						
Apr 5, 2021	Uzair Ahmed						
6 Amount (\$) \$1000 Reimbursement from political contributions intended	7 Payee add	dress;	City; Houston	State; TX	Zip Code		
8 PURPOSE OF EXPENDITURE	50 VA 5	(See Categories listed at the top of this son Expenditure	chedule)	(b) Description	Social Media Mark	eting	
	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date Apr 11, 2021	Payee nar	Control of the Contro					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
\$200 Reimbursement from political contributions intended				Richmond	TX	77407	
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Solicitation Expenditure Newsp				Add		
		Check if travel outside of Texas. Complete Sc	Check if Austin	n, TX, officeholder living ex	kpense		
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held	
Date Apr 22, 2021	Payee nar	ne Shahzad					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
\$250 Reimbursement from political contributions intended	9440 H	arwin Dr Suite#E		Houston	TX	77036	
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Advertisement Expenditure Flyer printing						
	Check if travel outside of Texas. Complete Schedule T. Chec			Check if Austin	check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
	ΔΤΤΔ	CHADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_									
		The Instruction Guide explains how to complete this form.							
	Complete only if "Report Type" on page 1 is marked "Final Report"								
1	C/OH NAME 2 Filer ID (Ethics Commission Filers)								
RE	EHAN /	HMED							
3	SIGNATURE								
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.								
	Campai	Tominbutions of make any campaign expenditures without a campaign treasurer appointment on me.							
		Signature of Candidate / Officeholder							
4		WHO IS NOT AN OFFICEHOLDER olete A & B below only if you are not an officeholder. ••							
	Α.	CAMPAIGN FUNDS							
	2673								
	Checl	only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions.							
		Too not have unexpended contributions of unexpended interest of income earlied from political contributions.							
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended								
	interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.								
	B.	ASSETS							
	Check only one:								
	I do not retain assets purchased with political contributions or interest or other income from political contributions.								
	\checkmark	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
		Signature of Candidate							
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••							
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
		Signature of Officeholder							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how t	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages file	ed:	
3 CANDIDATE/	MS / MRS / MR	FIRST		MI	OFFICE	UCE CALLY	
OFFICEHOLDER		Ctanhania		A.	OFFICE	USEONLY	
NAME	Mrs.	Stephanie			Date Received		
	NICKNAME	LAST		SUFFIX		E-1	
		Brown					
. CANDIDATE /	ADDDESS / DO BOY.		CITY: STA	TE: ZID CODE	AFC	EIV/EN	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE APR 2 3 2021						
Change of Address	1206 Blue Di	amond Dr. M	issouri City, T	X 77489	6DI		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER		ENSION	Date Hand-delivered	or Date Postmarked	
PHONE	(832)	390-9297			Receipt #	Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER	N.4-	Alexandria		N.	Date Processed	1	
NAME		Alexandria	3		Date Flocessed		
	NICKNAME	LAST		SUFFIX	Date Imaged		
		Brown					
	OTDEET ADDDESS (NO PO BOX PLEASE); APT / S	CUITE #: (CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (I	NO PO BOX PLEASE), APT 7	SUITE #,	5111,	STATE,	Ziii GGGE	
(Residence or Business)	1206 Blue	Diamond Dr.	N	Aissouri City	TX	77489	
8 CAMPAIGN	AREA CODE	PHONE NUMBER		ENSION			
TREASURER							
PHONE	(832) 39	90-9297					
	(002 / 00	30 3231					
9 REPORT TYPE	January 15 30th day before election Runoff Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before e	lection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Year		
COVERED		1 1			1 1		
	3 /	24 / 21	THROUGH	4/	22 /21		
44 54 5051014	ELECTION DA			ELECTION TYPE			
11 ELECTION	ELECTION BA						
	Month Day	Year Primary	Runoff	Other Description			
	/	/ General	Special	70			
	5/1/	21					
	V I	41	40	10F 00U0 IT			
12 OFFICE	OFFICE HELD (if any)			ICE SOUGHT (if knowr	5		
			Fo	rt Bend ISD Bo	oard of Trustees	s Position 6	
	THE POY IS FOR NOTIC	E OF POLITICAL CONTRIBUTIONS	S ACCEPTED OF POLIT	TO AL EXPENDITURES N	IADE BY POLITICAL COM	MITTERS TO SUPPORT	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN M.	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEE(S)	CONSENT. CANDIDATES	AND OFFICEHOLDERS ARE REQU	JIRED TO REPORT THIS	INFORMATION ONLY IF	THEY RECEIVE NOTICE OF	- SUCH EXPENDITURES.	
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME					
	CENEDAL	COMMITTEE ADDRESS					
Additional Pages	GENERAL	and distributed and the second					
	П	COMMITTEE CAMPAIGN TR	FASURER NAME				
	SPECIFIC	CONTINUE CANTAIGN IN	LADORER NAME				
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS			
t_{Z}							
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	\$						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2171.34					
EXPENDITURE TOTALS	\$						
	4. TOTAL POLITICAL EXPENDITURES	\$ 1526.94					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 1933.86					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$					
Signature of Candidate or Officeholder							
	Please complete either option below	:					
(1) Affidavit	GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023						
Sworn to and subscribed		23 day of April,					
20 2 , to certify Yantt Dum Signature of officer administer	Property of the second	J3 day of April , Low Assistant to the BOT Title of officer administering oath					
grandle or officer administra	OR						
(2) Unsworn Declarati	on	5					
My name is	, and my date of birth is						
With the second							
		tate) (zip code) (country)					
Executed in	County, State of , on the day of (month	, 20 (year)					
	Signature of Candid	ate/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer I	D (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2171.34
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 CONTRIBUTION	\$ 1171.34
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	TIONS \$
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	S OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	URNED \$

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 form. 1 Total pages Schedule A1:									
2	FILER NAME					3	Filer ID (Ethics Commission Filers)			
4	Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7	Amount of contribution (\$)			
	4/9/21	Elizabeth Ross								
		6 Contributor address;	City;	State;						
		1020 Brand Lane #18202	. Staf	ford,	TX 774	477	50.00			
8	Principal occup	pation / Job title (See Instructions)		9 Empl	oyer (See Instru	ctions)				
		Student		- Warner (1971)	Alief School	ol Dis	trict			
	Date	Full name of contributor	out-of-state PAC	(ID#:)		Amount of contribution (\$)			
	4/10/21	Michael Hearn								
		Contributor address;	City;	State;	Zip Code					
		510 Foxglove Dr	Missouri City		77489		100.00			
	Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)				
		Engineering/Sales		ı	MWHQuest E	nterp	rise			
	Date	Full name of contributor	out-of-state PAC	(ID#:			Amount of contribution (\$)			
	4/11/21	Sheila Jackson		water and a second						
	Applier for sundicidence (2)	Contributor address;	City;	State;	Zip Code					
		1702 Northshore Dr.	Missouri City	, TX	77459		115.00			
	Principal occup	ation / Job title (See Instructions)			oyer (See Instru	ctions)				
		Sr. Coordinator			H-E-B					
	Date	Full name of contributor	out-of-state PAC	(ID#:)		Amount of contribution (\$)			
	4/11/21	Gail Johnson								
	4/11/21	Contributor address;	City;	State;	Zip Code					
		602 Saberwood	Missouri City,	TX	77489		150.00			
	Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor □ out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)		
3/26/21	Jade Cowans				
	6 Contributor address; City;	State; Zip Code			
	4939 Birchwood Bluff Rosharor	n, TX 77583	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Customer Solutions Supervisor	Brenntag Lubri	cants		
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
0.10.0.10.4	Audrey Byrd				
3/30/21	Contributor address; City;	State; Zip Code			
	3214 Confederate Dr. Missouri	City, TX 77459	75.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	Retired				
Date	Full name of contributor ut-of-state P/	AC (ID#:)	Amount of contribution (\$)		
	Velma Pete				
3/30/21	Contributor address; City;				
	4044 Manualahira Da Missauri Ci	b. TV 77400	75.00		
Dringing Loopus	1914 Mountshire Dr. Missouri Contain / Job title (See Instructions)	ty, TX 77489 Employer (See Instruc	75.00		
Filincipal occup		Harris Health			
	Nurse	Tiairis Fleatur			
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
4/5/21	Blake Simon				
9950,585-564,655 5V	Contributor address; City;	State; Zip Code			
	P.O. Box 1513 Missouri City	, TX 77459	100.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc			
	Professor	Houston Comm	nunity College		
I					

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

SCHEDULE A1

	The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2	FILER NAME					3 Filer ID (Ethics Commission Filers)
4	Date 4/9/21	5 Full name of contributorSylvia Franklin6 Contributor address;	out-of-state PAC			7 Amount of contribution (\$)
		5410 Canterway	Houston	TX	77048	500.00
8	Principal occup	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
	F	Postal Worker		L	Inited States F	Postal Service
	Date 4/14/21	Full name of contributor Brian Clark Contributor address;	out-of-state PAC			Amount of contribution (\$)
		2818 Green Creek	Missouri City	, TX	77489	100.00
	Principal occup	ation / Job title (See Instructions)	oyer (See Instruct G Clark & Asso			
_		Financial Consultant		D(5 Clark & ASSC	ociales
	Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	4/16/21	Deron Harrington Contributor address;	City;	State;	Zip Code	
		3815 Westall Lane	Missouri City,	TX	77459	250.00
	Principal occup	eation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	At	torney		N	MLJ, Inc.	
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zi						
	Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
		ATTACH ADDIT If contributor is out-of-state PAC	IONAL COPIES (

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	form.		1	Total pages Schedule A1:
2	FILER NAME					3	Filer ID (Ethics Commission Filers)
4	Date 4/9/21	5 Full name of contributorElizabeth Ross6 Contributor address;	out-of-state PAC			7	Amount of contribution (\$)
		1020 Brand Lane #18202	2 Staf	ford,	TX 774	177	50.00
8	Principal occup	pation / Job title (See Instructions)		9 Emple	oyer (See Instru	ctions	3)
	8	Student			Alief School	ol Di	strict
	Date	Full name of contributor	out-of-state PAC	(ID#:)		Amount of contribution (\$)
	4/10/21	Michael Hearn Contributor address:	City;	State;	Zip Code		
		510 Foxglove Dr	Missouri City	TX	77489		100.00
	Principal occup	ation / Job title (See Instructions)		Emple	oyer (See Instru	ctions	3)
		Engineering/Sales			MWHQuest E	nter	prise
	Date	Full name of contributor	out-of-state PAC	(ID#:			Amount of contribution (\$)
	4/11/21	Sheila Jackson Contributor address;	City;	State;	Zip Code	•	
		1702 Northshore Dr.	Missouri City	, TX	77459		115.00
	Principal occup	eation / Job title (See Instructions)		Empl	oyer (See Instru	ctions	3)
		Sr. Coordinator			H-E-B		
	Date	Full name of contributor	out-of-state PAC	(I D#:)		Amount of contribution (\$)
	4/11/21	Gail Johnson Contributor address;	City;	State;	Zip Code		
		602 Saberwood	Missouri City,	TX	77489		150.00
	Principal occup	pation / Job title (See Instructions)	•		oyer (See Instru	ctions	3)

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

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Amount (\$) 7 Payee address; City; State; Zip Code No Physical Address (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Polling Expense (c) Check if travel outside of Texas. Complete Schedule T. Office sought Office sought	Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Gitt/Awards/Memorials Expense Printing Ex Salaries/M The Instruction Guide explains how to c	ages/Contract Labor	Travel Out Of District Other (enter a catego		
Affair	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)	
Amount (\$) 7 Payee address; City; State; Zip Code No Physical Address (a) Category (See Cutegories listed at the top of this schedule) PURPOSE OF COMPlete ONLY if direct of Check if Lovel Jordan Payee address; City; State; Zip Code Payee name 4/22/21 Call Hub Amount (\$) Payee address; City; State; Zip Code PURPOSE OF Polling Expense Polling Expense Polling Expense Candidate / Office hold of this schedule) Police sought Office hold of the schedule	Date	5 Payee name	-			
Amount (\$)	4/3/21	Call Hub				
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3/18/21 Fiverr Amount (\$) Payee address; City; State; Zip Code 60.34 No Physical Address Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Advertising Expense Campaign Sign design Check if traveloutside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Complete ONLY if direct expenditure to benefit C/O	CONTROL STOCK CONTROL CONTROL SECTION SECTION CONTROL	Office sought		Office held	
Amount (\$) Payee address; City; State; Zip Code Record	Date	Payee name		10		
Amount (\$) Payee address; City; State; Zip Code Record	3/18/21	Fiverr				
PURPOSE OF EXPENDITURE Advertising Expense Campaign Sign design Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Category (See Categories listed at the top of this schedule) Campaign Sign design Check if Austin, TX, officeholder living expense Office sought Office held		Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE Advertising Expense Campaign Sign design Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Category (See Categories listed at the top of this schedule) Campaign Sign design Check if Austin, TX, officeholder living expense Office sought Office held	60.34	No Physical Address				
PURPOSE OF EXPENDITURE Advertising Expense Campaign Sign design Check if traveloutside of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Candidate / Office held	00,04	·	Description			
Advertising Expense Campaign Sign design Check if traveloutside of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Campaign Sign design Check if Austin, TX, officeholder living expense Office sought Office held	PURPOSE	Secretarial Control Co				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held	OF	Advertising Expense	Campaig	aign Sign design		
Complete ONLY if direct Candidate / Officeholder harne		Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	ng expense	
	Complete ONLY if direct expenditure to benefit C/C		Office sought		Office held	

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
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 c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		<u> </u>	
3/27/21	Fiverr			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
25.00	No Physical Address	T		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF				
EXPENDITURE	Advertising Expense	Campaign	Sign Design	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
40-20		City;	State; Zip Code	
Amount (\$)	Payee address;	Oity,	State, Zip Godo	
	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 Ausl	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	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 Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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

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/V The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
4/5/21	3MGraphics			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
636.00	11730 S. Wilcrest Dr.	Houston	TX	77099
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	Advertising Expense	Push Cards	and Yard Sign	s
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
	3MGraphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
355.60	11730 S. Wilcrest Dr.	Houston,	TX	77099
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Advertising Expense	Yard Sig	ns	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			7
4/2/21	Malasta O Martin Statesia			
	Malcolm & Martin Strategies Payee address;	City;	State;	Zip Code
Amount (\$)	Payee address,	Oity,	otato,	Zip odd
250.00	7105 old Katy Rd # 2114	Houston	TX	77024
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Consulting Expense	Van Sys	stem	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule F2:

4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGA	TIONS		\$	78.26				
5 Date	6 Payee name								
4/5/21	3MGraphics	3MGraphics							
7 Amount (\$)	8 Payee address;		City;		State;	Zip Code			
	11730 S. Wilcrest Dr.		Houston,		TX	77099			
9 TYPE OF EXPENDITURE	✓ Political	Non-Political							
10	(a) Category (See Categories listed at the top of this school	edule) (b)	Description						
PURPOSE OF			V	mana di manana	F				
EXPENDITURE	Advertising Expense		Yard signs	and pus	in cards				
	(c) Check if travel outside of Texas. Complete Sched	lule T.	Check if Aus	tin, TX, office	holder living e	expense			
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held									
Date	Payee name					ā			
Amount (\$)	Payee address;		City;	***************************************	State;	Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political	l						
PURPOSE OF EXPENDITURE	OF								
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought		Office he	ıld			
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	EDULE AS NE	EDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	
		◆ Complete only if "Report Type" on page 1 is marked "Final	n Report" ••
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)
		nanie A. Brown	
3	designa	expect any further political contributions or political expenditures in connection with ming a report as a final report terminates my campaign treasurer appointment. I also un contributions or make any campaign expenditures without a campaign treasurer ap	nderstand that I may not accept any
		Signatur	re of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Check	only one:	
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.
		I have unexpended contributions or unexpended interest or income earned from political name of convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement.	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended
	В.	ASSETS	
	Chec	only one:	
	\checkmark	I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to
			Signature of Candidate
5		EHOLDER	
	•• Com	plete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	f, after filing the last required report as
		S	ignature of Officeholder

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 8 MS / MRS / MR FIRST CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** JUDY MRS NAME Date Received NICKNAME LAST SUFFIX DAE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** 34 HESSENFORD ST SUGAR LAND TX 77479 MAILING **ADDRESS** Change of Address PHONE NUMBER AREA CODE **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (609)216-4016 PHONE Receipt # Amount \$ FIRST MI CAMPAIGN MS / MRS / MR **TREASURER** Date Processed NAME NICKNAME LAST SLIFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN **TREASURER** 1110 PASSON FLOWER WAY RICHMOND TX 77406 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 956 821-6879 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election X Reporting Limit 10 PERIOD Day Month Day Year Year COVERED 21 ⁄ 21 3 31 21 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE FORT BEND ISD BOARD POSITION 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME JUDY DAE				16 File	r ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		IAN	\$	170.00
DEIVEN	2.	TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOAN	NS)	\$ 3	,323.42
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICA	L EXPENDITURE.		\$ 4	405.96
	448	TOTAL POLITICAL EXPEND	ITURES		\$	3,849.41
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE	LAST DAY	\$	5,857.12
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS G PERIOD	OF THE	\$	0.00
		ffirm, under penalty of perjury, t		true and co	orrect and in	ncludes all information
16.	quired to be	reported by the under file 15, L	-	Dac	,	
			Judy Signature of	1965		Mor
			Oignature of	Carididate	or Onicerio	older
		Please comp	lete either option bel	ow:		
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me	e by	this t	he	_ day of_	,
20, to certify	which, witr	ness my hand and seal of office.				
Signature of officer administr	ering oath	Printed name of off	icer administering oath		Title of offi	icer administering oath
			OR			在 国际发生的
(2) Unsworn Declarati	ion					
My name is OSCAR S.	AENZ		, and my date of birth	h is OCTO	OBER 11,	1977
My address is 1110 PA		OWER WAY	RICHMOND		77406	FORT BEND
EODT DEN	JD.	(street)	(city)	(state)	(zip code)	(country)
Executed in FORT BEN	4D	County, State of TEXAS	, on the <u>31</u> day of <u>MA</u>	onth)	, ₂₀ 21 (year) .
			Oscar Saen			
			Signature of Ca	ndidate/Offi	ceholder (D	eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	R NAME R SAENZ 20 Filer ID (Ethics Co	ommission Filers)			
PERSONAL AND PROPERTY.	EDULE SUBTOTALS IE OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,153.42			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	4. SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ (3,421.68)			
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				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2			
2 FILER NAME OSCAR SA	AENZ	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Jiahui Wan	7 Amount of contribution (\$)			
04/02/2021	6 Contributor address; City; State; Zip Code 4903 Keneshaw, Sugar Land, TX	200.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:) Randall Curry	Amount of contribution (\$)			
04/06/2021	Contributor address; City; State; Zip Code	1,000.00			
Principal occup	3422 Mimosa Way, Sugar Land, TX 77479 Deation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#:) Mourhaf Linda Sabouni	Amount of contribution (\$)			
04/07/2021	Contributor address; City; State; Zip Code 23 Palm Blvd., Missouri City, TX 77459	500.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:) Domalapalli Kmar	Amount of contribution (\$)			
04/14/2021	Contributor address; City; State; Zip Code	100.00			
Principal occu	3702 Springhill Ln, Sugar Land, TX 77479 pation / Job title (See Instructions) Employer (See Instruc	ctions)			
		195			

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

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 form.	1 Total pages Schedule A1: 2
2 FILER NAME OSCAR SA	ENZ	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	5 Full name of contributor out-of-state PAC (ID#:	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date 04/14/2021	Prithvipal and Manmeet Likhari Contributor address; City; State; Zip Code 4450 Palm Royale Blvd., Sugar Land, TX 774	250.00
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
Date 04/14/2021 Principal occur	Full name of contributor Harish & Shashi Jajoo Contributor address: City; State; Zip Code 62 Bradford Ct, Sugar Land, TX 7747 Diation / Job title (See Instructions) Employer (See	400.00
Date 04/19/2021	Full name of contributor out-of-state PAC (ID#:	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries A The Instruction Guide explains how to	Nages/Contract Labor	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers
Date 04/01/2021	5 Payee name Gabbie Mock		
6 Amount (\$) 200.00	7 Payee address;	City;	State; Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Student Show	/case
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Ocomplete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/05/2021	Jesse Torres		
Amount (\$)	Payee address;	City;	State; Zip Code
600.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/07/2021	M3 GRAPHICS INC		
Amount (\$)	Payee address;	City;	State; Zip Code
1,071.68			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Signs	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries N The Instruction Guide explains how to a	Vages/Contract Labor	Other (enter a categorial	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethic	s Commission Filers))
4 Date	5 Payee name				
04/12/2021	Southern Chinese Daily				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
720.00					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Advertisement		100	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		4		7
04/19/2021	CORREDOR CONCEPTS				
Amount (\$)	Payee address;	City;	State;	Zip Code	l l
380.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	ADVERTISING EXPENSE	Advertisement			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX. officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	1 8 1	Office held	
Date	Payee name				de la
04/21/2021	FBISD				
Amount (\$)	Payee address;	City;	State;	Zip Code	
250.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	SOLICITAION/FUNDRAISING EXPENSE	Fee		1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	, =
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX. officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (only a set of a power)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethic	s Commission Filers
1 Date	5 Payee name			
04/21/2021	MCELVY VASQUEZ INC			
6 Amount (\$) 200.00	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Services		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g 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
				7
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
,				
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T,	Check if Aus	tin, TX. officeholder living	g expense
	The state of the s			

Signature: Oscar Saung

Email: oscarsaenz.os@gmail.com

Signature: Judy Dae judy Dae (Apr 23, 2021 15:34 CDT)

Email: judy4fbisd@gmail.com

mis estat A

COH Report No. 02 - Combined

Final Audit Report 2021-04-23

Created: 2021-04-23

By: oscar saenz (oscarsaenz.os@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAGvd_e3r_spETiMjtrTcq1S75CC7DMa9R

"COH Report No. 02 - Combined" History

- Document created by oscar saenz (oscarsaenz.os@gmail.com) 2021-04-23 8:31:26 PM GMT- IP address: 75.88.130.239
- Document e-signed by oscar saenz (oscarsaenz.os@gmail.com)

 Signature Date: 2021-04-23 8:33:37 PM GMT Time Source: server- IP address: 75.88.130.239
- Document emailed to judy Dae (judy4fbisd@gmail.com) for signature 2021-04-23 8:33:39 PM GMT
- Email viewed by judy Dae (judy4fbisd@gmail.com) 2021-04-23 8:33:59 PM GMT- IP address: 66.249.80.121
- Document e-signed by judy Dae (judy4fbisd@gmail.com)

 Signature Date: 2021-04-23 8:34:52 PM GMT Time Source: server- IP address: 98.201.233.124
- Agreement completed. 2021-04-23 - 8:34:52 PM GMT

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MLS. NICKNAME	FIRST KRISTE LAST MALON		MI D. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		SOUTH FOUNT	77459		APR 2 6 2021 BY:
5 CANDIDATE/ OFFICEHOLDER PHONE		98-9619	EXTENS	SIUN	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M/A NICKNAME	BAIAN LAST MALONE		W.	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3010	(NO PO BOX PLEASE): APT VILLA LANG SURI CITY, TX	/ SUITE #: CITY	Y.	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (2-81) 3	PHONE NUMBER	EXTENS	SION	
9 REPORT TYPE	January 15 July 15	30th day before	e election Ex	inoff ceeded Modified porting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 10 / 2021	THROUGH	Month 4/	Day Year / 2021
11 ELECTION	Month Day	V 6:		Olher Description	
12 OFFICE	OFFICE HELD (if any)			SOUGHT (if known)	POSITION #6
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITU	IRES MAY HAVE BEEN MADE	WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR SEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	THE PROPERTY OF THE PROPERTY O	COMMITTEE ADDRESS			
Additional Pages	GENERAL	OOMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	100 mm m	COMMITTEE CAMPAIGN	TREASURER ADDRESS		
The state of the s		GO TO	O PAGE 2	-	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	KRISTEN D. MALONE	16 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)	\$ 2,410.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 457.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAI OF REPORTING PERIOD	ST DAY \$ 1,953.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	c
I) Affidavit	HERNAN PEREZ Notary ID #132672008 My Commission Expires September 11, 2024	
NOTARY STAMP/SEAL		
		26 day of April,
20 2) to certify	which witness my hand and seal of office. Hernan Perez	Notary Public
grature of officer administra		Title of officer administering oat
2) Unsworn Declaration	on OR	
y name is	, and my date of birth is	
ly address is		· · · · · · · · · · · · · · · · · · ·
xecuted in		state) (zip code) (country)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

TO FILER

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

6.

7.

8.

9.

10.

11.

12.

FORM C/OH COVER SHEET PG 3

S

S

\$

\$

\$

20 Filer ID (Ethics Commission Filers) 19 FILER NAME KRISTEN D. MAZONE SUBTOTAL 21 SCHEDULE SUBTOTALS **AMOUNT** NAME OF SCHEDULE \$ 2,410.00 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS 4. 457.85 \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 form.	1 Total pages Schedule A1:
2 FILER 1	KNISTEN D. MALONE	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2	5 Full name of contributor Out-of-state PAC (ID#:) Khister Malore 6 Contributor address; City; State; Zip Code 2123 SOUTH FOUNTAIN VALLEY MISSOURI CITY TX. 77459	7 Amount of contribution (\$) *\frac{1}{200.80}
8 Principa	al occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3/8/2	Full name of contributor Out-of-state PAC (ID#:) CATHEN; W. PLUMB Contributor address; City: State; Zip Code 2815 EAST PEBBLE BEACH Missour: City, Tx., 77459	Amount of contribution (\$)
Principal	l occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date 3/3 0)	Full name of contributor ANGELA KONGEN Contributor address; City: State; Zip Code 3951 PLEASANT VALLEY PAINE MISSOURI CITY TY. THY9	Amount of contribution (\$)
Principal	I occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date 41, F	Full name of contributor out-of-state PAC (ID#) KNISTEN MALDNE Contributor address: City: State: Zip Code 2123 SOUTH FOUNTAIN VALLEY DRIVE MISSOURI GTY TY. 7459	Amount of contribution (\$)
Principa	I occupation / Job title (See Instructions) Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	LISTER D. MALONE	3 Filer ID (Ethics Commission Filers)
	Full name of contributor JENNA PITMAN City; State:	\$ 100.00
Principal occup	ation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date 4/8/24	Full name of contributor Out-of-state PAC (ID# JULIA HANNY Contributor address; City; State	, , , , , , , , , , , , , , , , , , , ,
Principal occupa	ition / Job title (See Instructions)	oloyer (See Instructions)
Date 4/8/21	Full name of contributor Contributor out-of-state PAC (ID# Winderson Mc marris Contributor address; City; State:	\$ 200.00
Principal occup	ation / Job title (See Instructions)	ployer (See Instructions)
Date 4/12/21	** *** *** *** *** *** *** *** *** ***	Amount of contribution (\$) # 206.00 Zip Code
Principal occup	ation / Job title (See Instructions)	ployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE A1

-241-				
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2	FILER NAME	KNISTER A. MALONE		3 Filer ID (Ethics Commission Filers)
4	Date 4/13/21	CATHERINE ZAUPEL	C (ID#) State; Zip Code	7 Amount of contribution (\$)
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
	Date 4/13/21	LAWNERS BELL	C (ID#) State; Zip Code	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	Date 식/13/기	Full name of contributor out-of-state PA MELISA GANAWAY Contributor address; City;		Amount of contribution (\$) 9 50.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date 4/9121	Full name of contributor MIDDEMAN MESSENCE, Contributor address; City;	エアC・ State; Zip Code	Amount of contribution (\$) 4 500.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	15	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		
		ii continuitor la cut-or-atate i Ao, piedae see mat	gaine for additional f	- F

SCHEDULE A1

	The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 4 of 4
2	FILER NAME	PISTEN D. MALONE	8	3 Filer ID (Ethics Commission Filers)
4	Date 4/13/21	DR. ELISSA WEDEMEYE	C#) State; Zip Code	7 Amount of contribution (\$) 9 100.00
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
10-	Date 4/14/2)		State; Zip Code	Amount of contribution (\$) ¶ 200.60
	Principal occup	ation / Job title (See Instructions)	ons)	
	Date	Full name of contributor out-of-state PAC (I Contributor address; City;		Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	Date	Full name of contributor out-of-state PAC (I Contributor address; City;	D#) State; Zip Code	Amount of contribution (\$)
	Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)
		ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		

SCHEDULE F1

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

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E. Gift/Awards/Memorials Expense Printing E	xpense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME KRISTEN A. MAI	LONE	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/21	5 Payee name Lowes		
6 Amount (\$) \$45.34	7 Payee address;	City	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVENTISING	STAKES P	for BANNER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/9/21	TRACTOR SUPPLY		
Amount (\$) # 355.25	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ANSINISTNE	Pasts Fa	n BANKEN
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	warning and the second	
4/19/21	GO DADDY		
Amount (\$)	Payee address:	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	SUPPLIES
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

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

2052

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 Pinnting 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 KRISTEN D. MALO	NE	3 Filer ID (Ethics	Commission Filers)		
4 Date 4/22/21	KRISTEN D. MALD 5 Payee name FACEBK NAZYEZSIT					
6 Amount (\$) \$10.00	7 Payee address;	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	SUPPLIE	ſ		
	Check If Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
4/22/21	FALSOK NAZYEZSH					
Amount (\$)	Payee address;	City;	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	orition	OFFICE SUPPLIES				
	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 4/1/21	Payee name PAY PAL					
Amount (\$) 5.29	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTINE BANKING	Description FES				
	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 NEE	DED			

FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST MI **OFFICEHOLDER** Allison NAME NICKNAME LAST SUFFIX Drew ZIP CODE Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / **OFFICEHOLDER** 77 Sugar Creek Blvd. MAILING Receipt # Amount **ADDRESS** Suite 375 Change of Address Sugar Land, TX 77478 Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST TREASURER** NAME **NICKNAME** LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 8 REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Exceeded modified July 15 8th day before election Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED 03/24/2021 **THROUGH** 04/21/2021 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/01/2021 X General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) FBISD Trustee Position 6 Place Fort Bend District **FBISD**

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 8	
18 FILER NAME Drew, Allison 19 Filer ID		W 12-9-	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	S	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	800.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4. X SCHEDULE E: LOANS	\$	500.00	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,100.13	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	E KARAL S	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	50.00	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	= 10 m m m m m m m m m m m m m m m m m m	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES 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. Sch: 2/2 Rpt: 5/8 3 Filer ID 2 FILER NAME Drew, Allison 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$50.00 04/07/2021 West, Karen 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Clinical Psychologist Self Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 04/09/2021 Yancey, Rick \$50.00 Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$100.00 03/30/2021 Yeung, Bridget Contributor address; City; State; Zip Code 538 Lombardy Drive Sugar Land, TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Sugar Land Retired Council Member Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 04/03/2021 Zhang, Simon Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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Forms provided by Texas Ethics Commission

Version V1.1.eeb5f84f

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

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 (onter a category pot listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					t egory not listed above)
1	Total pages Schedule F1: Sch: 1/1 Rpt: 7/8	2 FILER NAME Drew, Alliso				3 Filer ID	7) I 4.01.4
4	Date 04/15/2021	5 Payee name Harrison, D	ave				397 11
6	Amount (\$) \$180.00	7 Payee addre		State; Zip Cod	le		A Designation of the last of t
8	PURPOSE OF EXPENDITURE	(a) Category (s Printing Ex	ee Categories listed at the top DENSE	p of this schedule)		travel outside of Texas. Comple Austin, TX, officeholder living ex	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	jht	Office held	
	Date 04/14/2021	Payee name Sprint2Prin	t	State; Zip Co	do		
	Amount (\$) \$920.13	Payee addre 8748 Clay Houston, T	Rd	State, Zip Co	ie.		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Yard Signs					
Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH			Office sou	ght	Office held	I	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete th	is form.		2 Total pages filed:
7				8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIR: Allis		MI	OFFICE USE ONLY Date Received
	NICKNAME LAS		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUI 77 Sugar Creek Blvd. Suite 375	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
Change of Address	Sugar Land, TX 77478		v =	Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRS	ST	MI	
-	NICKNAME LAS		SUFFIX	A =
TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	JMBER EXTENSION		
8 REPORT TYPE	January 15 3 July 15 X 8	Oth day before election	Runoff Exceeded modified	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
	July 13	urruay belore election	reporting limit	Timal Report (Attach Cron-11)
9 PERIOD COVERED	Month Day Year 03/24/2021	THROUGH	Month Day 04/21/202	Year 1
10 ELECTION	ELECTION DATE Month Day Year 05/01/2021	Primary X General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT FBISD Trustee P FBISD	(if known) Position 6 Place Fort Bend District
11.1.40		GO TO PAGE 2		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 8	
18 FILER NAME Drew, Allison	er ID	eng Satisfic	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUB	SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	800.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	1-4-5	
4. X SCHEDULE E: LOANS	\$	500.00	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,100.13	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	50.00	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	\$		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/8 3 Filer ID FILER NAME Drew, Allison 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$50.00 04/07/2021 West, Karen Contributor address; City; State; Zip Code Missouri City, TX 77459 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Clinical Psychologist Self Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 04/09/2021 Yancey, Rick Contributor address; City; State; Zip Code Sugar Land, TX 77479 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 03/30/2021 Yeung, Bridget \$100.00 Contributor address; City; State; Zip Code 538 Lombardy Drive Sugar Land, TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Sugar Land Retired Council Member out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$100.00 04/03/2021 Zhang, Simon Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense 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: 1/1 Rpt: 7/8	Drew, Allison
4	Date	5 Payee name
L	04/15/2021	Harrison, Dave
	\$ Amount (\$) \$180.00	7 Payee address; City; State; Zip Code Sugar Land, TX 77479
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ı	OF EXPENDITURE	Printing Expense
ı	EXPENDITORE	Check if Austin, TX, officeholder living expense
ı		Push Cards
ı		
	O Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	04/14/2021	Sprint2Print
Γ	Amount (\$)	Payee address; City; State; Zip Code
ı	\$920.13	8748 Clay Rd
l	+3_00	
	PURPOSE	Houston, TX 77080
ı	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter if the value statistic of Taylor Complete Schedule T
ı	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
١		Check if Austin, TX, officeholder living expense
ı		Yard Signs
ı		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Adeola OMI OFFICE USE ONLY			
NAME	Addie Heyliger Suffix Date Received Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE APR 23 2021 ALICE DUE : CITY; STATE; ZIP CODE APR 23 2021			
Change of Address	Missouri City TX 77459 BY: GOK			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked (832) 244 -58 6 1 Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	Mrs. Soniah J. Date Processed			
TO WILL	NICKNAME LAST SUFFIX Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4714 Forest Home Drive Missouri City TX 77459			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) $721-1896$			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	3 /23 / 21 THROUGH 4 /21 / 21			
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other				
	Month Day Year Primary Runoff Other Description 5 / 1 / 2 Seneral Special			
42 055105	OFFICE HELD (Family)			
12 OFFICE	Fort Bend ISD - Pasition 6			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(C)	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		Carried Control of the Control of th			
15 C/OH NAME	eola O. Heyliger	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 545,0°			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,690,00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 120.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,738.27			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	07			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$			
THE STANDARD VALUE SERVICE IN T	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information			
re	quired to be reported by me under Title 15, Election Code.				
	Signature of Ca	andidate or Officeholder			
Ø					
	Please complete either option below	v:			
	Treestation of the state of the				
	GARRETT DUANE ROSIER				
(1) Affidavit	132267296 (1) Affidavit NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES				
	NOVEMBER 25, 2023				
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by Adeola O. Heyliger this the	23 day of April			
20 2 (, to certify	which, witness my hand and seal of office.				
Sarrett Duane Ro	où Garrett Duane Rosier Executive Ass	island to the BOT			
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration					
My name is	, and my date of birth is	3			
My address is,,,,					
		state) (zip code) (country)			
Executed in	County, State of, on theday of(mont	, 20 (year)			
-	Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

19	Meola O. Heyliger 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11, 145,00
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	\$ 17,560.60
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	\$ 4,067.
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	\$
-		

SCHEDULE A1

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

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8
FILER NAME	Adeola O. Heyliger	3 Filer ID (Ethics Commission Filers)
Date 2 Principal occur	5 Full name of contributor out-of-state PAC (ID#) Fort Bend Employee Federation 6 Contributor address; City; State; Zip Code 12621 W. Airport BIVD Sugar Land TX 77478 Suite 400 Dation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 3,000.
Date 4/1/21	Full name of contributor out-of-state PAC (ID#) Marvelyn Harris Contributor address; City; State; Zip Code Missouri City Tx 77459	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 4/3/21 Principal occu	Full name of contributor out-of-state PAC (ID#:) Baig Mohammed Contributor address; City; State; Zip Code 13112 Haven Falk In. Sugarland Tx 77478 Dation / Job title (See Instructions) Employer (See Instruc	Amount of contribution (\$) 500.00
Date 4/3/21	Full name of contributor out-of-state PAC (ID#:) Leslie Mack Contributor address; City; State; Zip Code 2515 Edgedale Missouri City TX 77489	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

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

	and the State Control of the Control	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Adeola O. Heyliger	3 Filer ID (Ethics Commission Filers)
Date 1/4/21	5 Full name of contributor out-of-state PAC (ID#) Michael J. Siwierka 6 Contributor address; City; State; Zip Code 1368 Lake Pointe Sugar Land TX 77478	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 4/6/21	Full name of contributor out-of-state PAC (ID#:) Mourhaf Sab ouni Contributor address; City; State; Zip Code 23 Palm BIVD Missouri CHY TX 77459	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4 /6/21	Full name of contributor out-of-state PAC (ID#:) Kenneth R. Demerchant Contributor address; City; State; Zip Code 60 Schubach D. Sygar Land TX 77479	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 4/8/21	Full name of contributor out-of-state PAC (ID#:) Darryl & Carter Contributor address; City; State; Zip Code \$5651 Willers Way Houston TX 77056	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employer (See Instru	ictions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

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 form.	1 Total pages Schedule A1:
2 FILER NAME	Ideola O. Heyliger	3 Filer ID (Ethics Commission Filers)
RES DECEMBER OF THE PROPERTY O	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 100,00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See In	structions)
Date 3/25/21	Full name of contributor	Amount of contribution (\$)
Principal occup	Kndervick of Cool.com ation / Job title (See Instructions) Employer (See In	estructions) -
3/25/21	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date 3/25/21	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
	g*	
	ATTACH ADDITIONAL CODIES OF THIS SCHEDUL	AS NEEDED

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 form.	1 Total pages Schedule A1:
Adeola O. Heyliger	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) 3/25/21 Clousergloria @ gmail; com	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Palmer House Contributor address; City; State; Zip Code Palmerhouseministry Camailicom	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) Sarelyn Sauls Contributor address; City; State; Zip Code garelyn Choustonluxwyliving. Com Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Katvina Hartwell Contributor address; City; State; Zip Code Khartwell @inspiredhands.net	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
4	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 form.	1 Total pages Schedule A1:
2 FILER NAME Adeola O. Heyliger	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: Christopher Floyd. 6 Contributor address; City; State; Zip Code Chrisfloyd 4 @ gmail. Com	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#: State: Zip Code Cindy Lewis Contributor address: City: State: Zip Code Cindylew 98 @ gmail.com	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) 100,00
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#: State	Amount of contribution (\$) 200, 0
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

ii aic requeek		
The li	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Adeola O. Heyliger	3 Filer ID (Ethics Commission Filers)
2/2/	Full name of contributor out-of-state PAC (ID#) James Mattox 6. Contributor address; City; State; Zip Code Jmattox 37 @ gmail . com	acc.
8 Principal occup	ation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date 3/25/21	Full name of contributor out-of-state PAC (ID#:) Lynn Clouser Contributor address; City; State; Zip Code 14nn. clouser e yahoo.com	Amount of contribution (\$) 450,00
Principal occupa	ation / Job title (See Instructions) Employer (See Instru	actions)
Date 3/25/21	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instru	uctions)
Date 3/2 6 /21	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) . 750.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

If the requested information is not applicable, be not morado the page in the	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8
2 FILER NAME Adeola O. Heyliger	3 Filer ID (Ethics Commission Filers)
3/26/21 5 Full name of contributor out-of-state PAC (ID#) Alexis Rylander 6 Contributor address; City; State; Zip Code alexis rylander @ gmail: com	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Neeta Sane Contributor address; City; State; Zip Code Neeta & Neeta Sane.com	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	rions)
Date Full name of contributor out-of-state PAC (ID#:) Werbert Stone III Contributor address; City; State; Zip Code has 3+vey e gmail.com	Amount of contribution (\$) 250;
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#) Frank Farley Contributor address; City; State; Zip Code Fraleyfrank e hofmail, com	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

ii iile reques	ted information is not applicable, be not installed the page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8
2 FILER NAME	Adeola O. Keyliger	3 Filer ID (Ethics Commission Filers)
* •	5 Full name of contributor out-of-state PAC (ID#:) Rhyan MayS 6 Contributor address; City; State; Zip Code The famu 64@ gmail com	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 4/7/21	Full name of contributor out-of-state PAC (ID#:) YVETTE Mitchell Contributor address; City; State; Zip Code Mitchye 10@hotmail. com	Amount of contribution (\$) 400.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Pate 4/9/21	Full name of contributor out-of-state PAC (ID#:) Kemit Wooley Contributor address; City; State; Zip Code Wooley 0812 @gmail. com	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 4/14/21	Full name of contributor out-of-state PAC (ID#:) Lynette Keddix Contributor address; City; State; Zip Code lynettered; x 23 Eyahav. com	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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 co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adesle Heylig		3 Filer ID (Ethics 0	Commission Filers)
4 Date 4/10/21	5 Payeename 3M graphics			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
7,268.30	Houston To			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expen	moilen		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living of	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
4/12/21	Texa Campaigne	,		
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	Houstor, IX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expan			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/12/21	Texas Campai	gn		
Amount (\$)	Payee address;	City;	State;	Zip Code
165.00	Houston, tx			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expose	Pists		
	Check if travel outside of Texas, Complete Schedule T.	Check if A	ustin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS N	EEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Office Overhead/Rental Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District **Printing Expense** Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date Zip Code State: City; 7 Payee address (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE mailon dvertising Experi EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Loung and the Politice Zip Code State: 1,250.W Description PURPOSE pour esty OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 3 7 Payee address Amount (\$) State; Zip Code 1.00 Reimbursement from political contributions intended (a) Category (See Cate (b) Description ries listed at the top of this schedule) 8 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 Amount (\$) State; Zip Code 545,00 Reimbursement from political contributions Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee address: State: Zip Code Amount (\$) 1251.00 Reimbursement from political contributions intended Description Category (See Cat PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE G

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date /3 /21	5 Payee name Texas Victory	consuling	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; Houston, TX	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	
EXPENDITURE	(c) Check If travel outside of Texas. Complete Scho	edule 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
Date 4/10 /01	Payee name Texas Victory	Consultin	
Amount (\$) Reimbursement from political contributions intended	Payee address; Houston, Tx	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	hedule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date //// 21	Payeename 1exas Victory	Consulting	
Amount (6) 500 C Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this see		a, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.

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

Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category n	ot listed above)
1 Total pages Schedule G:	2 FILER NAME Adeola HeyGo	re	3 Filer ID (Ethics Co	ommission Filers)
4 Date 4/21	5 Payee name Andrew Johnson	m		
Reimbursement from political contributions intended	7 Payee address; Ho ws fm TX	City;	State;	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Check if Austin, 1	TX, officeholder living expe	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T.	Description Check if Austin	TX, officeholder living exp	ODEO
Complete ONLY if direct expenditure to benefit Ch	Candidate / Officeholder name	Office sought		ffice held
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Check if Austin, Office sought	TX, officeholder living exp	ense Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	suide 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 Rafat U
NAME	NICKNAME LAST SUFFIX Jilani
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2023 PLANTATION BEND DR SUGAR LAND TX 77478 APR 2 3 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked (832) 277-3230
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Receipt # Amount \$ Marium Date Processed
	NICKNAME LAST SUFFIX Siddiqui Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 2190 NORTH LOOP WEST #104, HOUSTON TEXAS 77018
(Residence or Business)	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 715-0733
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 23 / 21 THROUGH 4 / 23 / 21
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description
	5 / 1 / 21 General Special —
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) FBISD BOARD OF TRUSTEES-POS 6
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE COMMITTEE NAME
Additional Pages	GENERAL COMMITTEE ADDRESS
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME RAFAT ULAIN JILANI		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,463.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 42.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 500.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
100	uned to be reported by the under this 13, Election Code.	0
	Kajale	le Company
	Signature of Ca	ndidate or Officeholder
eo y communicación de la c	Please complete either option below	r.
	S GARRETT DUANE ROSIER S	
(1) Affidavit	132267296 NOTARY PUBLIC, STATE OF TEXAS	
(1) Amaevic	NOVEMBER 25, 2023	
NOTARY STAMP/SEA	_	
Sworn to and subscribed	before me by Rafat Ulain Jilani this the	hue Assistant to the BOT
20 $\frac{21}{110}$, to certify	which, witness my hand and seal of office.	Luc Assel I to the BOT
Signature of officer administer	100	Title of officer administering oath
	ÖR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	· · · · · · · · · · · · · · · · · · ·	
Executed in	(street) (city) (s County, State of , on the day of (month)	tate) (zip code) (country), 20) (year)
	Signature of Candid	late/Officeholder (Declarant)

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: Rafat Ulain Jilani 1 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 0.00 6 Payee name 5 Date 04/21/2021 Allied Signs Zip Code City: State: 8 Payee address; 7 Amount (\$) 6820 Harwin Dr. Houston, TX 77036 TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Invoice 1816 - 4mm Yard signs and Stakes PURPOSE Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Zip Code City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Schries Masser/Centrad Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to a	vages/Contract Labor	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1: 5	2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics	Commission Filers)
4 Date 04/13/2021	5 Payee name Door Direct	ď		
4,350.00	7 Payee address; 751 E. Bayou Pines Suite Q Lake Charles, LA 70601	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	(b) Description Design, Print, Pla Doorhangers	anning/Mapping	and Delivery of
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/20/2021	Ultra Mobile			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.68	https://www.ultramobile.com/			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead	Phone Number/Cel	lular Plan for Cam	paign Phone Number
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/20/2021	Callhub.io			
Amount (\$)	Payee address;	City;	State;	Zip Code
	https://ecllbub.jc/			
125.00	https://callhub.io/			
125.00	Category (See Categories listed at the top of this schedule)	Description		
125.00 PURPOSE OF EXPENDITURE		Description Campaign Peer Plan	to Peer Textinç	g Platform and
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Campaign Peer Plan	to Peer Texting	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Campaign Peer Plan		

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

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

Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Other/Printing Expense	Voter Data	, Street Map, Ft.Ben	d County Map
Category (See Categories listed at the top of this schedule)	Description	A) 15 1/A (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Payee address; Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133	City;	State;	Zip Code
Fort Bend Elections Commission			
Payee name			
Candidate / Officeholder name	Office sought		Office held
Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Food and Beverage Expense	Campaign Mee	eting and Volur	teer coordination
Category (See Categories listed at the top of this schedule)	Description		
11797 S Texas 6, Sugar Land, TX 7	7498		
Payee address;	City;	State;	Zip Code
DDK KABOB GRILL			
Payee name			
	Office sought		Office held
(C) Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living	
Advertising/Printing			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
6820 Harwin Dr. Houston, TX 77036	3		
7 Payee address;	City;	State;	Zip Code
100 100 100 100 100 100 100 100 100 100			
Rafat Ulain Jilani			s Commission Filers)
	Allied Signs 7 Payee address; 6820 Harwin Dr. Houston, TX 77036 (a) Category (See Categories listed at the top of this schedule) Advertising/Printing (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name DDK KABOB GRILL Payee address; 11797 S Texas 6, Sugar Land, TX 7 Category (See Categories listed at the top of this schedule) Food and Beverage Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Fort Bend Elections Commission Payee address; Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133 Category (See Categories listed at the top of this schedule) Other/Printing Expense	5 Payee name Allied Signs 7 Payee address; City; 6820 Harwin Dr. Houston, TX 77036 (a) Category (See Categories listed at the top of this schedule) Advertising/Printing (b) Description Invoice 1796 -Banne Push Cards (4th pmt Push Cards (4th pmt Office sought Payee name DDK KABOB GRILL Payee address; City; 11797 S Texas 6, Sugar Land, TX 77498 Category (See Categories listed at the top of this schedule) Food and Beverage Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Category (See Categories listed at the top of this schedule) Payee name Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133 Category (See Categories listed at the top of this schedule) Other/Printing Expense Description Voter Data	Rafat Ulain Jilani 5 Payee name Allied Signs 7 Payee address; City; State; 6820 Harwin Dr. Houston, TX 77036 (a) Category (See Categories listed at the top of this schedule) Advertising/Printing (b) Description Invoice 1796 - Banner, Banner Stand, Can Push Cards (4th pmt) & Invoice # 1805 (\$ (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Payee name DDK KABOB GRILL Payee address; City: State; 11797 S Texas 6, Sugar Land, TX 77498 Category (See Categories listed at the top of this schedule) Food and Beverage Expense Campaign Meeting and Volun Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving Candidate / Officeholder name Office sought Payee name Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133 Category (See Categories listed at the top of this schedule) Other/Printing Expense Description Voter Data, Street Map, Ft.Bend

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 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 Contract Contracts and Contract Contracts and Con

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	vages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 5	2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2021	5 Payee name Riaz Ali Rehmatullah		
		Cit	
240.00	7 Payee address; 225 Floor Daniel, Apt # 17103 Sugar Land, Tx 77478	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	event expense	Sound Equipme meet & greet on	nt/ event rental and setup for 3/28
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/30/2021	HAWKTECH SOLUTIONS c/o HAMI	EED MOHAMM	MAD
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	SH Excel Business Centre, 5th Floor, Satya India (hameed@hawktechsolution.com)	Colony, Shaikpet, H	Hyderabad, 500008, Telangana State,
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		design, hosting and maintenance; d installment)
OF	BELLEGIST OF WASTER VENERAL SERVICES SE	campaign website graphic design (2nd	
OF	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd	d installment)
OF EXPENDITURE Complete ONLY if direct	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd	d installment) tin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd	d installment) tin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd	d installment) tin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/30/2021	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS	campaign website graphic design (2nd Check if Aust Office sought	d installment) tin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OFDate 03/30/2021 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS Payee address;	campaign website graphic design (2nd Check if Aust Office sought	d installment) tin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OFDate 03/30/2021 Amount (\$)	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS Payee address; 6820 Harwin Dr. Houston, TX 77036	campaign website of graphic design (2nd Check if Aust Office sought City; Description Invoice 1796 -Ba	d installment) tin, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/30/2021 Amount (\$) 500.00 PURPOSE OF	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS Payee address; 6820 Harwin Dr. Houston, TX 77036 Category (See Categories listed at the top of this schedule)	campaign website graphic design (2nd Check if Aust Office sought City; Description Invoice 1796 -Bayard Signs and	otin, TX, officeholder living expense Office held State; Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/30/2021 Amount (\$) 500.00 PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS Payee address; 6820 Harwin Dr. Houston, TX 77036 Category (See Categories listed at the top of this schedule) Advertising and Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd Check if Aust Office sought City; Description Invoice 1796 -Bayard Signs and	of installment) tin, TX, officeholder living expense Office held State; Zip Code anner, Banner Stand, Campaign Push Cards (3rd pmt)

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 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	, one management in English to 1 ming Ex	Vages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F1: 5	2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics	Commission Filers)
4 Date 03/29/2021	5 Payee name Allied Signs			×
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
200.00	6820 Harwin Dr. Houston, TX 77036			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising & Printing	Invoice 1796 -Bar Yard Signs and P		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ł	Office sought		Office held
Date	Payee name			
03/29/2021	HAWKTECH SOLUTIONS c/o HAMI	EED MOHAMM	AD	
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	SH Excel Business Centre, 5th Floor, Satya India (hameed@hawktechsolution.com)	Colony, Shaikpet, Hy	derabad, 500008	3, Telangana State,
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising	campaign website de graphic design (1st in		maintenance;
	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	714	Office held
Date	Payee name			No. of the second secon
03/27/2021	Shan Shirts			
Amount (\$)	Payee address;	City;	State;	Zip Code
175.00	8000 Harwin Drive, Suite 520, Hous	ton, Texas 7703	6	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Campaign T-Sh	nirts	
	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 NEE	DED	

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

5 F 4 Date 5 03/24/2021 6 Amount (\$) 7	2 FILER NAME Rafat Ulain Jilani 5 Payee name Elite Banquet Hall 7 Payee address; 11315 S Texas 6 h, Sugar Land, TX 7	City; 77498	3 Filer ID (Ethics	s Commission Filers)
03/24/2021 6 Amount (\$)	Elite Banquet Hall Payee address; 11315 S Texas 6 h, Sugar Land, TX	motion today will	State:	
	11315 S Texas 6 h, Sugar Land, TX	motion today will	State:	
	V. V. A. D. C.			Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Event Expense/Food and Beverage Expense	Candidate Meet	and Greet Eve	nt (3/20) 3rd Pm
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		71	
03/29/2021	Elite Banquet Hall			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	11315 S Texas 6 h, Sugar Land, TX	77498		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense/Food and Beverage Expense	Candidate Meet	and Greet Eve	nt (3/20) 4th Pm
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/26/2021	Allied Signs			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	6820 Harwin Dr. Houston, TX 77036			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising/Printing	Invoice 1796 -Ba Yard Signs and F		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED	

SCHEDULE A1

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

Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1:
AIN JILANI		3 Filer ID (Ethics Commission Filers)
Benjamin Ruemke 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 150.00
upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Amna Mahmood		Amount of contribution (\$) 300.00
pation / Job title (See Instructions)	Employer (See Instruct	ions)
		Amount of contribution (\$)
 upation / Job title (See Instructions)	Employer (See Instruc	tions)
Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	
upation / Job title (See Instructions)	Employer (See Instruc	tions)
	AIN JILANI 5 Full name of contributor out-of-state in Benjamin Ruemke 6 Contributor address; City; 3701 Kirby Dr #530, House operation / Job title (See Instructions) Full name of contributor Amna Mahmood Contributor address; City; 3 Crown Trl, Sugar Land, TX, 77498 Inpation / Job title (See Instructions) Full name of contributor out-of-state Contributor address; City; Upation / Job title (See Instructions)	AIN JILANI 5 Full name of contributor Benjamin Ruemke 6 Contributor address; City; State; Zip Code 3701 Kirby Dr #530, Houston, TX 77098 upation / Job title (See Instructions) Full name of contributor Amna Mahmood Contributor address; City; State; Zip Code 3 Crown Trl, Sugar Land, TX, 77498 pation / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code pation / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code

SCHEDULE A1

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

The I	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Rafat Ulain	Jilani	3 Filer ID (Ethics Commission Filers)
Date 03/29/2021	5 Full name of contributor out-of-state PAC (ID#	100.00
Principal occup	pation / Job title (See Instructions) 9 Employer (See In	estructions)
Date 03/29/2021	Full name of contributor out-of-state PAC (ID#	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)
Date 03/29/2021	Full name of contributor out-of-state PAC (ID#:	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date 03/29/2021	Full name of contributor Anwar Qadeer Contributor address; City: State: Zip Code 6134 San Felipe Houston Texas 7705	500.00
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SUBTOTALS - C/OH

19 FILE	T ULAIN JILANI	Filer ID (Ethics Commis	ssion Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,050.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	SCHEDULE E: LOANS		0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		9,463.59	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		372.38	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$	0.00	

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE/ ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ (MS / MRS / MR 6 CAMPAIGN TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): STATE: ZIP CODE TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Day Year COVERED THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Day Other Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S REPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Edtrina Moss	Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 128, 21		
	4. TOTAL POLITICAL EXPENDITURES	\$ 128.21		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY \$ -O		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	s —		
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, that the accompanying report is true a	nd correct and includes all information		
	quired to be reported by me under Title 15, Election Code.			
	Edit 1.	1		
	(altrenul)	1037		
	9 00000000	100		
	Signature of Candi	date or Officeholder		
	Discount to the second of the second			
	Please complete either option below:			
	1 CAS AND #1250 OC			
	TARY PUBES			
	= 3° 1 ° E			
(1) Affidavit				

	before me by Edina LAHRICE MOSS this the			
NOTARY STAMP/SEA	L Exp. ANS			
	before me by Edking LAtrice Moss this the &	3Rd day of April		
Sworn to and subscribed	before me by KCTRINA LATRICE MOSS this the	3 day of April.		
20 2 to certify	which, witness my hand and seal of office.			
Canantal Man CASSANDRAY MOSS Notacy				
Signature of officer administe		Title of officer administering oath		
AND DESCRIPTION OF THE PERSON NAMED IN	OR			
(0) II				
(2) Unsworn Declarati	on			
	, and my date of birth is	· ·		
My address is		*		
	(street) (city) (state	e) (zip code) (country)		
Executed in		, 20		
	(month)	(year)		
	Signature of Candidate	e/Officeholder (Declarant)		

SUBTOTALS - C/OH

19	FILER NAME Edtring Moss	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL 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	\$ 128.21
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	\$

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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Consulting Expense Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE 100 Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 202 Amount (\$ Pavee address: City; State: Zip Code Reimburs ment from political contributions intended Description 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 Payee name Amount (\$) Payee address; State Zip Code 99,21 Reimbursement from political contributions intended Category (See Categories listed at the top of this sche 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 Office held Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY VADEEM **OFFICEHOLDER** NAME Date Received ADDRESS / PO BOX; CANDIDATE / DELBARTON DA OFFICEHOLDER MAILING **ADDRESS** Change of Address AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MICHELLE **TREASURER** Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN 15210 DELBARTON **TREASURER ADDRESS** (Residence or Business) EXTENSION AREA CODE 8 CAMPAIGN TREASURER 876-2398 PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit 10 PERIOD Month COVERED THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Year Month Description X General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 700000 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **EXPENDITURE TOTALS** TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 6. LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code Signature of Candidate or Officeholder Please complete either option below: マントノントノントノントノント GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES (1) Affidavit NOVEMBER 25, 2023 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Garrett Dione Kosier Printed name of officer administering oath Signature of officer administering oath OR (2) Unsworn Declaration __, and my date of birth is __ My name is _ My address is _ (country) (zip code) (city) (street) , on the ___ ____County, State of ___ (year) (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILERNAME NATK	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	\$ 700-60
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL (CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	. \$ 1000.00
4. SCHEDULE E: LOANS	\$ 322.90
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FR	OM 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 CA	\$ 977.52
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FRO	DM PERSONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CON	NTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FI	ROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS TO FILER	S, AND CONTRIBUTIONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Date 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:__ Full name of contributor Date 20000 Contributor address; Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:____ Date State; Zip Code City; Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page	in the report.	
	<u> </u>	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:	
2 FILER NAME NAMEEM NAIK	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES	\$	
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount 9 In-kind contribution description	
Sugar Lows TX	l. Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) 11 Employer (See	Instructions)	
Date Full name of pledgor	Amount In-kind contribution description	
Principal occupation / Job title (See Instructions) Employer (See	nstructions)	
Date Full name of pledgor	Amount of In-kind contribution description	
	Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$ description	
	Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
If contributor is out-of-state PAC, please see Instruction guide for		

SCHEDULE F4

ii iiie requested iiiioiii	lation is not applicable, 2 s as a	15 (Tab.) 3	. \
EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	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 Other (enter a category not listed above)
		s now to complete this form.	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	2 FILERNAME NADEZM N		2 LIGE ID (CRIRCA COMMISSION LIGES)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 3 1 1	6 Payee name SHTU STWICK	STATION	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
40.32	Sulantano	TX.	1
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE		ice. SAS	
OF EXPENDITURE	POULWA EXPER	185 775	
EN ENDITER	(c) Check if travel outside of Texas. Complete		ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Povos name		
Date	Payee name		
1000	Davis address:	City;	State; Zip Code
Amount (\$)	Payee address;	⊚ ποτ≱.•	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of th	is schedule) Description	
h Methodological and a military state.	Catogory (See See See See See See See See See Se		
PURPOSE OF		f .	
EXPENDITURE	Check if travel outside of Texas. Complet	e Schedule T. Check if	Austin, TX, officeholder living expense
		Office sought	Office held
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	Pavised 9/47/202

SCHEDULE F4

If the requested inform	autori is not application
La	EXPENDITURE CATEGORIES FOR BOX 10(a) Supplement Solicitation/Fundraising Expense Loan Repayment/Relimbursement Solicitation/Fundraising Expense
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Frinting Expe
	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	2 FILER NAME NATIC
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 1111	6 Payee name Go DANDY. Com
7 Amount (\$)	8 Payee address; City; State; Zip Code
89.79	AZ
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	AWENTSING EXPENSE ENERSITE
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political Non-Political
	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 Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
l	Revised 8/17/202

SCHEDULE F4

If the requested informa	ation is not applicable, DO NOT include this page in the report.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	The Instruction Guide explains now to complete the 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	2 FILER NAME NADEEM NATK
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO TO THE STATE OF
5 Date	8 Payee address; City; State; Zip Code 59 69 Southfull Frug
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Grant Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office held
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office hold
Date	Payee name City: State; Zip Code
Amount (\$)	Payee address; City; State; 2.9 cccs
TYPE OF EXPENDITURE	Political Non-Political 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/Oh	Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

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

If the requested inform	ation is not applicable, DO NOT include this page in the report.
2 15	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Foes Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above)
	3 Filer ID (Fthics Commission Filers)
1 Total pages Schedule F4:	2 FILER NAME NATH NATH
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 4 9 21	6 Payee name SHOW SEAVER STATION State: Zip Code
7 Amount (\$)	8 Payee address;
51.55	HOUSTON TR.
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	POLING EXPENSE THS
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political Non-Political
	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/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11. Jh. Tours Ethios Commission

SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME AMERICAN NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name Thorp City: State; Zip Code
7 Amount (\$)	Davee address:
44.08	Houston Ta.
9 TYPE OF EXPENDITURE	Political Non-Political (b) Description
10	(a) Category (See Categories insect that
PURPOSE	FOOD & REVERGE EVENT EXPENSE
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	
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Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11.1 L. Taura Ethios Commission

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	The lectricion Guide explains how to complete this form.
a total Edit	3 Filer ID (Ethics Commission Files)
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TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
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7 Amount (\$)	8 Payee address;
22.47	Sulantano Tx
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
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Date	City; State; Zip Code
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Amount (\$)	Payee address; City; Non-Political
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Amount (\$) TYPE OF EXPENDITURE	Payee address: Political Non-Political Category (See Categories listed at the top of this schedule) Description
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address: Political Non-Political Category (See Categories listed at the top of this schedule) Description
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; Political Non-Political 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 Candidate / Officeholder name Office sought Office held
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SCHEDULE F4

	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Sy Event Expense Food/Beverage Expense Folling Expense Printing Expense Salarias/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F4:	2 FILERNAME NADEM NOTE	3 Filer ID (Ethics Commission Filers)
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TOTAL OF UNITEWI		3
Date 4/3(21	6 Payee name SAVOY RESTURANT	State; Zip Code
Amount (\$)	8 Payee address; City;	
13-27	Houston 1x	
TYPE OF EXPENDITURE	Political Non-Political (b) Description	
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OF EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name Office sought	
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	Non-Political	
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EXPENDITURE	Political Category (See Categories listed at the top of this schedule) Description	
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense **Event Expense** Advertising Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME NAPREM NATE 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name Zip Code State: 8 Payee address; 7 Amount (\$) Sul unhart D Non-Political Political TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE DE BENZAMUE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: City; Payee address; Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Political

Non-Political

Description

Office sought

Check if Austin, TX, officeholder living expense

Office held

TYPE OF

EXPENDITURE

PURPOSE OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Advertising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Accounting/Banking Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ CARLOINA GALVAN 8 Payee address; City; Howton TA 6 Payee name Zip Code 7 Amount (\$) Non-Political TYPE OF Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description CONSULTING SXP SOCIAL MEDIA PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City; Payee address; Amount (\$) Non-Political TYPE OF Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

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

If the requested inform		
	EXPENDITURE CATEGORIES FOR BOX 10(a)	_
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5 Date A 16 M	6 Payee name MEEFMOOD	State: Zip Code
7 Amount (\$)	8 Payee address; City;	
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9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	ADVENTISAWA EXPENSE NEWSP	
EXPENDITORE	(c) Check if travel outside of Texas. Complete	Austin, TX, officeholder living expense Office held
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	
Date	Payee name	State: Zip Code
Amount (\$)	Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF		
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held
50 E		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

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SCHEDULE F4

If the requested inform	ation is not applicable, bo NoT include this page
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services EXPENDITURE CATEGORIES FOR BOX 10(a) Legal Services
1 Total pages Schedule F4:	2 FILER NAME NATIO 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 19 7 7 Amount (\$)	6 Payee name SHU GENICE STATION 8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. (b) Description Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
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SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Advertising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Zip Code State: 8 Payee address; 7 Amount (\$) Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) FUENT EXPENSE PURPOSE BEVERME OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City; Payee address; Amount (\$) Non-Political TYPE OF Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Advertising Expense Travel In District Travel Out Of District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: NADEZM NATIC 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name Mourian TX. 5 Date Zip Code 8 Payee address; 7 Amount (\$) TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 CARSS PRINTING EXP PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; Payee address; Amount (\$) Non-Political TYPE OF Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense	
1 Total pages Schedule F4:	2 FILER NAME	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
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7 Amount (\$)	Loustow, TX	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description EVENT EXPENS (c) 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	Payee name	
Date Amount (\$)	Payee name Payee address; City; State; Zip Code	
Date	Payee address; City; State; Zip Code Political Non-Political	
Date Amount (\$)	Payee address; City; State; Zip Code Political	
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; City; State; Zip Code Political	
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code Political	

SCHEDULE F4

If the requested inform	ation is not applicable, DO NOT include this page in the report.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	EVENT EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Committee Legal Services EVENT Expense Food/Beverage Expense Giff/Awards/Memorials Expense Food/Beverage Expense Giff/Awards/Memorials Expense Food/Beverage Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.
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4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date A 1 1 1 7 Amount (\$)	6 Payee name AGHA Jule 8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if Iravel outside of Texas. Complete Schedule T. (b) Description (c) Check if Austin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF	Category (See Categories listed at the top of this schedule) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office action to the complete Schedule T. Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

If the requested inform	lation is not applicable, 2		. / /
	EXPENDITURE CATEGO	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense I Gift/Awards/Memorials Expense I Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor New 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)
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4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$
5 Date AMM	6 Payee name SHM SER	21/28 Clor/100	A
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
40.0	Houlton	v Th	, 1
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	E 51	Austin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of this	schedule) Description	
OF EXPENDITURE	- Complete S	Schadule T Check if	Austin, TX, officeholder living expense
	Check if travel outside of Texas. Complete S	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/Oh		A	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	NEEDED
		tate by us	Revised 8/17/202

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MLS. NICKNAME	FIRST KRISTE LAST MALON		MI D. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		SOUTH FOUNT	77459		APR 2 6 2021 BY:
5 CANDIDATE/ OFFICEHOLDER PHONE		98-9619	EXTENS	SIUN	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M/A NICKNAME	BAIAN LAST		W.	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3010	(NO PO BOX PLEASE): APT VILLA LANG SURI CITY, TX	/ SUITE #: CITY	Y.	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (2-81) 3	PHONE NUMBER 80 - 7608	EXTENS	SION	
9 REPORT TYPE	January 15 July 15	30th day before	e election Ex	inoff ceeded Modified porting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 10 / 2021	THROUGH	Month 4/	Day Year / 2021
11 ELECTION	Month Day	V 6:		Olher Description	
12 OFFICE	OFFICE HELD (if any)			SOUGHT (if known)	POSITION #6
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITU	IRES MAY HAVE BEEN MADE	WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR SEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	THE PROPERTY OF THE PROPERTY O	COMMITTEE ADDRESS			
Additional Pages	GENERAL	OOMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN T	FREASURER NAME		
	100 mm m	COMMITTEE CAMPAIGN	TREASURER ADDRESS		
The state of the s		GO TO	O PAGE 2	-	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	KRISTEN D. MALONE	16 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)	\$ 2,410.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 457.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAI OF REPORTING PERIOD	ST DAY \$ 1,953.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	.
I) Affidavit	HERNAN PEREZ Notary ID #132672008 My Commission Expires September 11, 2024	
NOTARY STAMP/SEAL		
		26 day of April,
20 2) to certify	which witness my hand and seal of office. Hernan Perez	Notary Public
ignature of officer administra		Title of officer administering oat
2) Unsworn Declaration	on OR	
y name is	, and my date of birth is	
ly address is		· · · · · · · · · · · · · · · · · · ·
xecuted in		state) (zip code) (country)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

TO FILER

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

6.

7.

8.

9.

10.

11.

12.

FORM C/OH COVER SHEET PG 3

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\$

\$

20 Filer ID (Ethics Commission Filers) 19 FILER NAME KRISTEN D. MAZONE SUBTOTAL 21 SCHEDULE SUBTOTALS **AMOUNT** NAME OF SCHEDULE \$ 2,410.00 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS 4. 457.85 \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 form.	1 Total pages Schedule A1:
2 FILER 1	KNISTEN D. MALONE	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2	5 Full name of contributor Out-of-state PAC (ID#:) Khister Malore 6 Contributor address; City; State; Zip Code 2123 SOUTH FOUNTAIN VALLEY MISSOURI CITY TX. 77459	7 Amount of contribution (\$) *\frac{1}{200.80}
8 Principa	al occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3/8/2	Full name of contributor Out-of-state PAC (ID#:) CATHEN; W. PLUMB Contributor address; City: State; Zip Code 2815 EAST PEBBLE BEACH Missour: City, Tx., 77459	Amount of contribution (\$)
Principal	l occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date 3/3 0)	Full name of contributor ANGELA KONGEN Contributor address; City: State; Zip Code 3951 PLEASANT VALLEY PAINE MISSOURI CITY TY. THY9	Amount of contribution (\$)
Principal	I occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date 41, F	Full name of contributor out-of-state PAC (ID#) KNISTEN MALDNE Contributor address: City: State: Zip Code 2123 SOUTH FOUNTAIN VALLEY DRIVE MISSOURI GTY TY. 7459	Amount of contribution (\$)
Principa	I occupation / Job title (See Instructions) Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	LISTEN D. MALONE	3 Filer ID (Ethics Commission Filers)
	Full name of contributor out-of-state PAC (ID#	\$ 100.00
Principal occup	ation / Job title (See Instructions) 9 Em	oloyer (See Instructions)
Date 4/8/24	Full name of contributor JULIA HANN Contributor address; City, State:	, , , , , , , , , , , , , , , , , , , ,
Principal occupa	tion / Job title (See Instructions)	oloyer (See Instructions)
Date 4/8/21	Full name of contributor out-of-state PAC (ID#	\$ 200.00
Principal occup	ttion / Job title (See Instructions) Em	ployer (See Instructions)
Date 4/12/21	Full name of contributor ALBERT MOPPERT Contributor address: City: State	\$ 20000
Principal occup	ation / Job title (See Instructions)	ployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE A1

-241-				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2	FILER NAME	KNISTER D. MALONE		3 Filer ID (Ethics Commission Filers)
4	Date 4/13/21	CATHERINE ZAUPEL	State; Zip Code	7 Amount of contribution (\$)
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
	Date 4/13/21	LAWNERS BELL	State; Zip Code	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	Date 식/13/기	Full name of contributor out-of-state PA MELISA GANAWAY Contributor address; City;		Amount of contribution (\$) 9 50.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	Date 4/9121	Full name of contributor MIDDEMAN MESSENCE, Contributor address; City;	**C (ID#) ギャこ State; Zip Code	Amount of contribution (\$) 4 500.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ons)
	15	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		
		ii continuitor la out-or-atate i Ao, piedae see mat		

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:		
2	FILER NAME	PISTEN D. MALONE	8	3 Filer ID (Ethics Commission Filers)	
4	Date 4/13/21	DR. ELISSA WEDEMEYE	State; Zip Code	7 Amount of contribution (\$) 9 100.00	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
	Date 4/14/2)		©#) State; Zip Code	Amount of contribution (\$) ¶ 200.60	
Principal occupation / Job title (See Instructions) Employer (See Instruc				ons)	
	Date	Full name of contributor out-of-state PAC (I Contributor address; City;		Amount of contribution (\$)	
	Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)	
	Date	Full name of contributor out-of-state PAC (I Contributor address; City;	State; Zip Code	Amount of contribution (\$)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
	A				
	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

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

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E. Gift/Awards/Memorials Expense Printing E	xpense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME KRISTEN A. MAI	LONE	3 Filer ID (Ethics Commission Filers)	
4 Date 4/5/21	5 Payee name Lowes			
6 Amount (\$) \$45.34	7 Payee address;	City	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVENTISING	STAKES P	for BANNER	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/9/21	TRACTOR SUPPLY			
Amount (\$) # 355.25	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ANSINISTNE	Pasts Fa	n BANKEN	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	warning and the second		
4/19/21	GO DADDY			
Amount (\$)	Payee address:	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	SUPPLIES	
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/OI	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL CORIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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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 Pinnting 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 c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME KRISTEN D. MALO	NE	3 Filer ID (Ethics	Commission Filers)
4 Date 4/22/21	KRISTEN D. MALD 5 Payee name FACEBK NAZYEZSIT			
6 Amount (\$) \$10.00	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	SUPPLIE	ſ
	(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
Date	Payee name			
4/22/21	FALSOK NAZYEZSH			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	orition	OFFICE	SUPPLIE	S.
	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 4/1/21	Payee name PAY PAL			
Amount (\$) 5.29	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTINE BANKING	Description FES		
	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 NEE	DED	