The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed: (13)
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	ASH ISH	MI 1		E USE ONLY
147m2	NICKNAME	AGRAW	SUFFIX	Date Receive	CEIVED
4 CANDIDATE / OFFICEHOLDER MAILING	6714 AP	SLEY CREUK	CITY; STATE; ZIP CODE	S	EP - 7 REC'D
ADDRESS  Change of Address	LuGA	e LAND, Tx	77479	Superi	intendent's Office Bend I.S.D.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (P3 L) 78	PHONE NUMBER Pb -9138	EXTENSION	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS MR	ALAW A	Mł	Receipt #  Date Processed	Amount \$
NOWL	NICKNAME	Mckes	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	DEW	BRIDGE CT,	Sugarland, (7	- 774	79
8 CAMPAIGN TREASURER PHONE	AREA CODE	24 -454	EXTENSION 9		
9 REPORT TYPE	January 15 July 15	30th day before e	ection Runoff  Exceeded Modified	treasurer (Officehold	after campaign appointment Jer Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 04	Day Year /23 /2021	Reporting Limit  Month  THROUGH 07	Day Yes	
11 ELECTION	Month Day	Year Primary	Runoff Other Description	School	BOAR)
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	I DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS	y E		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		DV-1812
86 68		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

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

15 C/OH NAME	CHISH AGRAWAL 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)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,201/-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDITURES	\$10,822.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	s Ø
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$18,082.50
	vear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	d correct and includes all information
	Heliah Hawe	l
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
Notary Pul	ENIK PATEL  blic, State of Texas   kpires 06-27-2025  ID 129472676	
NOTARY STAMP/SEAL	ASILISH ACRAIORI 67	4 day of Serienze
20 Z) to cerulity	which, witness my hand and seal of office. PATCL NOTARY PULL	dic
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR On	
My name is	, and my date of birth is	*
My address is		
	(street) (city) (state) County, State of , on the day of	(zip code) (country)

Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

19 FILERNAME ACHISH RULLAWAL	20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	a	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1,201/
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 6,500/-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (	CONTRIBUTIONS	\$ 6,500/- \$ 10,822.60
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	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 CONTRIE TO FILER	BUTIONS RETURNED	\$

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

ii tile reques	ted information is not applicable, DO NOT include this pa	go in mo roporu
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAMA	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/21	5 Full name of contributor out-of-state PAC (ID#:	\$100/-
8 Principal occu	pation / Job title (See Instructions)  9 Employer (	See Instructions)
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of contabution (4)
4/28/21	Contributor address; City; State; Zip (	Sode \$50/
Principal occur		7L76   See Instructions)
Filliopal occup	audi / 300 title (See instructions)	see histractions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/28/21	VISAT PALLOD  Contributor address; City; State; Zip C  Sumbland To 7:	7301/
Principal occup		See Instructions)
Date 412817.1	Full name of contributor out-of-state PAC (ID#:	
1,00 101	May 2000	320/
Principal occup	SUGAR LAWS Ty 7 eation / Job title (See Instructions) Employer (S	See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
FILER NAME	ASHIGH AGRA	we		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor  RAMES H SITE	- -	(ID#)	7 Amount of contribution (\$)
13/21	6 Contributor address;	City;	State: Zip Code	4300/-
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	Jupation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	ctions)
N A				

## LOANS

## SCHEDULE E

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

ii the requested	Illiorriation is not applicable, <b>DO NO</b>	i mende tina page in the rep	501t.
The	Instruction Guide explains how to compl	1 Total pages Schedule E:	
2 FILER NAME	SHISH AURAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 4/23/21	ACHELL ACRAMAN	PAC (ID#:)	9 Loan Amount (\$)  \$2000/
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y 🔞	> h happe	LAND Ty 77479	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 4/24/21	Name of lender out-of-state  ASHSH AGRAVAL	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y 100	SUGAR	LAND TX 77479	Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal fund account (See Instruct	ds were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	N.
not applicable			5
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COPender is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE struction guide for additional re	

## LOANS

### SCHEDULE E

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

If the requested information is not applicable, bo Not include this page in the report.						
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Acu	HUH AGRAWAL		-			
PAF	DH MAPPON					
4 TOTAL OF UN	IITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#:)	9 Loan Amount (\$)			
5/3/21	ASHISH AGRAWAL		\$2000/-			
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate			
Institution?	Sugarla	wo Tx 77479	11 Maturity date			
12 Principal accuration	on / Job title (See Instructions)	13 Employer (See Instructions)				
- Filiopal occupation	on 7 555 title (See modulums)	amproyer (oor mendenons)	×			
14 Description of Coll	ateral	15 Charle if paragral from	de come democitant into political			
none		account (See Instruct	ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
	To Callanto, address, Sty,	oute, zip oode				
not applicable						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)			
5/14/21	ASHULL AGRAMAN		9500/-			
-1.112		T	Interest rate			
Is lender a financial Institution?	Lender address; City;	State; Zip Code	morest rate			
Y 10	SUGARL	AND TX 77479	Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
		2 20 20				
Description of Coll	ateral	Check if pareanal fund	ds were deposited into political			
none		account (See Instructi				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable	Sity,	olate, Zip Gode				
100000 100000	on (See Instructions)	Employer (Soo Instruction -)				
1 morpar occupan	- (See mandenons)	Employer (See Instructions)				
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	DED			
If le	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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin  y Gift/Awards/Memorials Expense Printt  Legal Services Salar	Repayment/Reimbursement c Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ASH DSH AGR	AWAL	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/21	5 Payee name CSPAC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
9500/-	11418 DAK LAKE RIDER	<del></del>	4WD Tx 77498
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	CAMPAIGN ADVISOR	· VOTER	OUTRE4CH
	(c) Check if travel outside of Texas. Complete Schedule 7	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
Date	Payee name		
2 27			
4/27/21	JIM RANDLE		φ ,
Amount (\$)	Payee address;	City;	State; Zip Code
\$150/-		STAFFOLD	Tx
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	EVENT EXP	CLOA	ruf
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/28/21	BRANDING MATTERS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$108.25		FULFALAND	Tx 77479
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Aov. Ex	CAMPA	IGN MATBRIAL
	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 TH	IIS 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 Foot/Beverage Expense Gitt/Awards/Memorials Expense Lagal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name DEPOT 7 Payee address Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name XXAS CAMPAIGNLY Payee address; Amount (\$) City; State: Zip Code abod GENFIUS Category (See Categories listed at the top of this schedule) **PURPOSE** POLLWE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date THOMAS Amount (\$) Payee address: State: Zip Code MISSOUL CITY Category (See Categories listed at the top of this schedule) Description PURPOSE POLLING ET EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name CONNB ALION? 6 Amount 7 Pavee address: City: Zip Code PURPOSE OF Pour Workor EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date Payee address: Zip Code 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Amount (\$ Payee address: State: Zip Code 77478 Category (See Categories listed at the top of this schedule) **PURPOSE**

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

### 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

Credit Card Payment	The Instruction Guide explains how to c		a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ASITISH AGRAM	AL 3 Filer ID	(Ethics Commission Filers)
4 Date 5/4/2\	5 Payee name N. J. CONNEC	TIONS	
\$125)-	7 Payee address;		te; Zip Code 77459
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	POLLING EXP	VOTER Du	tedaci+
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/4/21	TEXAS CAMPALLIN.	ľ	
Amount (\$)	Payee address;	City; Sta	te; Zip Code
\$250/-	9600 CTLENFIELD CT	Houston T	~ 77096
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	POLLING EXP	Pour Worker	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officehold	er living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/6/21	NAMASTU RADIO		
Amount (\$)	Payee address;	City; Sta	te; Zip Code
\$100/-	· · · · · · · · · · · · · · · · · · ·	HOUTTON: T	e
	Category (See Categories listed at the top of this achedule)	Description	and the state of t
PURPOSE OF EXPENDITURE	ADU EXP	MEDIA	=
	Check if travel outside of Texas. Complete Schedule T	Check if Auctin, TY, officeholds	ar living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ALIAGRADULLIONAL CUPIES OF THIS	SUMEDULE 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 Gitt/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	The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME ASITISH AGRAM	AL	3 Filer ID (Eth	lcs Commission Filers)
4 Date 5/10(2)	5 Payee name MINUTEMAN PRESS			
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code
\$4,200/-	1324 PIN DAK RD	KATY	TY	77494
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXP	CAMPI	AIGN 1	MATERIAL
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	. TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/13/21	BoA			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$35/-	6	Sugar	how	Tr 77478
	Category (See Categories listed at the top of this schedule)	Description	C.	
PURPOSE OF EXPENDITURE	Accounting BANKING	FOUS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	(4)		
6/1/21	Bo A			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$16/-	Suca	HE LAND	Tx	77478
	Category (See Categories listed at the top of this achedule)	Description		
PURPOSE OF EXPENDITURE	ACCOUNTING /BANKIN	FBB	2°S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE 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/Polifical Committee

a 1 8

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (	Out Of District enter a category not listed above)
1 Total pages Schedule F1:			r ID (Ethics Commission Filers)
4 Date 6/2/21	5 Payee name BoA, BANA	- CARO	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$47.74	Su	LAR LAND 1	× 77478
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ACCOUNTING/BONKING	Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	iceholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	Company to the sign assessment of the sign	
7/1/21	BA		
Amount (\$)	Payee address;	City;	State; Zip Code
\$16/-	Suap	2 LAND T	4 77478
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ACCOUNTING/BANKING	FAZ	2
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	Cíty;	State; Zip Code
		,	Zip Jode
ni macan	Category (See Categories listed at the top of this achedule)	Description	
PURPOSE OF			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Charle H Avenue TV	ocholdes liste
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, office sought	Office held
expenditure to benefit C/OH			Onice fleid
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS	FIRST AFSHI	1	MI	OFFICE	USE ONLY
NAME	NICKNAME	CHARANIA		SUFFIX	Date Received	EIVEN
4 CANDIDATE / OFFICEHOLDER MAILING	THE STATE OF STREET STREET, ST	IAM GREEN DR	CITY; STATE; 2	ZIP CODE	JUL	
ADDRESS Change of Address	SUGAR LAN	D, TX 77479			BY: 6D	R
5 CANDIDATE/ OFFICEHOLDER PHONE	(832 )	PHONE NUMBER 687-6097	EXTENSION			d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST SUMITA		MI	Receipt #	Amount \$
10 4012	NICKNAME	GHOSH		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS ( 4607 KENESH SUGAR LAND		SUITE #; CITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 713 )	PHONE NUMBER 471-6620	EXTENSION			
9 REPORT TYPE	January 15	30th day before of	election Runoff		15th day at treasurer a (Officeholde	
	July 15	8th day before ele	ection Exceed Reporti	ed Modified ng Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year  / 1 / 21	THROUGH	Month 6	Day Year / 21	
11 ELECTION	Month Day	Primary	Runoff	Other Description		
12 OFFICE	OFFICE HELD (if any)		FORT BE		JSTEE POS	SITION 3
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 OFFICEHOL	LDER'S KNOWLEDGE OR
(0)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		go то	PAGE 2			

15 C/OH NAME		
AFSHI CHAR	ANIA	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ER THAN \$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <sub>0</sub>
	4. TOTAL POLITICAL EXPENDITURES	\$ <sub>0</sub>
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	
(1) Affidavit  NOTARY STAMP/SEAL	0.00	below: his the 157H day of TULY
21	which, witness my hand and seal of office.	is the 1977 day or 1000
Signature of officer administer	ing cath Printed name of officer administering cath	Title of offi
	OR	Title of officer administering oath
(2) Unsworn Declaratio	n	
My name is	and my date of	birth is
My address is		
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on theday of _	
	Signature of	Candidate/Officeholder (Declarant)

The C/OH Instruction (	Guide explains how to complete this for	m. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST JUDY	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST DAE	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  34 HESSENFORD ST SUGAR LAND TX 77479  JUL 27 2021  BY: GDK				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (609 ) 216-4016	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$  Date Processed		
NAME	NICKNAME LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day b	perfore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day be	fore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 4 / 22 / 21	THROUGH 7	Day Year  / 15 / 21		
11 ELECTION	World Day Teal	rimary Runoff Other Description eneral Special	50		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known FORT BEND I	SD BOARD #2		
14 NOTICE FROM POLITICAL COMMITTEE(S)	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
(=,	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIG	SN TREASURER NAME			
	COMMITTEE CAMPAIG	GN TREASURER ADDRESS			
	GO	TO PAGE 2			

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)	\$ 0.13
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 569.24
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,056.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 4,300.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
(1) Affidavit	Please complete either option below GARRETT DUANE ROSIER 132267296 **NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	adidate or Officeholder
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Judy Dae this the	27 day of Jaly
20 21 to certify	which, witness my hand and seal of office.	
- CONTROL CONTROL AS	ou Govrett Duane Kosier Execul	
Signature of officer administe	ring oath Printed name of officer administering oath  OR	Title of officer administering oath
(2) Unsworn Declaration		
(_, _, _, _, _, _, _, _, _, _, _, _, _, _		
My name is	, and my date of birth is	
My address is	(distance)	Intelligence of the second of
Executed in	(street) (city) (state of, on theday of(month)	tate) (zip code) (country), 20 (year)
	Signature of Candida	ate/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	\$	
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		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A 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 \$	

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME JUDY DA	E	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  IUPAT	7 Amount of contribution (\$)			
04/30/2021	6 Contributor address; City; State; Zip Code	1,500.00			
	7234 Parkway Dr, Hanover, MD 21076	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
05/05/2021	Domalapalli Kumar	100 00			
	Contributor address; City; State; Zip Code	100.00			
	3702 Springhill Ln, Sugar Land, TX 77479				
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
06/07/2021	Allen Owen	500 00			
	Contributor address; City; State; Zip Code	500.00			
	2022 Masters Ln, Missouri City, TX 77459				
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
06/07/2021	David Rosenthal	150 00			
00/01/2021	Contributor address; City; State; Zip Code	150.00			
6910 Oak Bay Cir, Missouri City, TX 77459					
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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 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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME JUDY DAE		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/26/2021	M3 GRAPHICS INC			
1,415.38	7 Payee address; 11730 Wilcrest Dr, Houston, TX 7709	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGN SI	IGNS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/26/2021	SUE HAUENSTEIN			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	CAMPAIGN CONSULTING		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/29/2021	JESSE TORRES			
Amount (\$)	Payee address;	City;	State;	Zip Code
120.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGN SI	GNS	Collins and the second
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	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 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	Il Committee Legal Services Salaries A  The Instruction Guide explains how to a	Vages/Contract Labor	Other (enter a categor	
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
Date 05/11/2021	5 Payee name CARLOS MARTINEZ		<u> </u>	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
334.46	26 HESSENFORD STREET, SUGAR			Zip Gode
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSES	VOLUNTEER APPRECIATION EVENT		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/17/2021	KEEPER'S RESTAURANT			
Amount (\$)	Payee address;	City;	State;	Zip Code
317.17	4654 Hwy 6, Sugar Land, TX 77478			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSES	VICTORY PARTY		
€	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/24/2021	ISABELLA KUMAR			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	CAMPAIGN LI	AISON	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	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

Event Expense 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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ry not listed above)
Total pages Schedule F1:	2 FILER NAME JUDY DAE		3 Filer ID (Ethics	Commission Filers)
Date 07/15/2021	5 Payee name SUE HAUENSTEIN			¥
5 Amount (\$) 500.00	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  CONSULTING EXPENSE	(b) Description  CAMPAIGN (	CONSULTING	n n
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
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 Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	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 Aust	tin, 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 NE	EDED	
orms provided by Texas Eth	ics Commission www.ethics.state.tx.	IIS		Revised 8/17/20

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Sh NICKNAME	FIRST Urley A BOSO COL	SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	BonneyBria	CITY; STATE; ZIP CODE	JUL 2 0 2021  BY: 60X  Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS) MRS / MR ROSS	FIRST Si Cast Caulloz	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	(NO PO BOX PLEASE); APT / SL		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 28( )	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month O	Day Year / 16 / 2021	Month	Day Year / 30 / 20 2 (
11 ELECTION	Month Day	Year Primary	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	FBISD T	rustee, Positio	13 OFFICE SOUGHT (if known	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages			ED TO REPORT THIS INFORMATION ONLY IF T	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		GO TO P	AGE 2	

15 C/OH NAME	Shirley Rose-Giu	IAM 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		CONTRIBUTIONS (OTHER THAN	\$
	TOTAL POLITICAL CONTRIBUTION     (OTHER THAN PLEDGES, LOAN)	UTIONS S, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	DNS MAINTAINED AS OF THE LAST D	s 7,64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF TH	#E \$ 6
	wear, or affirm, under penalty of perjury, tha guired to be reported by me under Title 15, Ele		Du felle
	Please comple	ete either option below:	
(1) Affidavit	GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023		
NOTARY STAMP/SEAL		. Wa	
	before me by Shirley Rose - Gri	11iam this the 20	day of Jaly,
1 10	pin Garrett Duane Rosie	. 6. 1 1.1	1 - 1 - 1 -
Sanety Duas K	l		ent to the to
Signature of officer administer	ing oath Printed name of officer	administering oath	Title of officer administering oath
the state of the second		R	
(2) Unsworn Declaration	n		
My name is		, and my date of birth is	
My address is			*
IAS2 SE-	(street)	(city) (state)	
Executed in			(zip code) (country) , 20 (year)
		Signature of Candidate/C	Officeholder (Declarant)

# SUBTOTALS - C/OH

Shirley Rose-GILLIAM 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s <u>e</u>
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ &
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ _
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR	FIRST Angre		M	OFFICE USE ONLY	
NAME	NICKNAME	Hanan		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	903 GO	apt/suite#; o	Sugar L	N-108 (100-100 ) - N-100-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	JUL 1 9 2021	
5 CANDIDATE/ OFFICEHOLDER PHONE	( 201)	PHONE NUMBER 460-0336		ENSION	Date and delivered or Date Postmarked  Receipt #   Amount \$	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Wendy Wendy	*** ******* *****	MI	Date Processed	
	NICKNAME	Rachuk		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	,	NO PO BOX PLEASE): APT / SI		Missour	STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		ENSION		
9 REPORT TYPE	January 15	30th day before e	lection	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 16/2021	THROUGH	Month $\phi$	Day Year / 30 / 2021	
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any) FBISD Tru	istee, Positio	35	CE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITI	DE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	M	COMMITTEE CAMPAIGN TR	EASURER ADDRES	S		
		go то	PAGE 2			

	· · · · · · · · · · · · · · · · · · ·		
15 C/OH NAME	. \\	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	angue hanan a gmail-cor	
TOTALS			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ .0	
a constitute a matricular of a	4. TOTAL POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 142.35	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 142.35 FTHE \$ 1800.00	
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information	
rec	uired to be reported by me under Title 15, Election Code.		
	antenar		
	Signature of Ca	andidate or Officeholder	
	Please complete either option below	N:	
8	GARRETT DUANE ROSIER		
8	132267296 TO NOTARY PUBLIC, STATE OF TEXAS		
(1) Affidavit	NOVEMBER 25, 2023		
•			
NOTARY STAMP/SEA	$\lambda = 0$	10 Th	
1	3	2 19 day of July ,	
20 21 to certify	which, witness my hand and seal of office. Roser Gawett Dane Rosier Executive As	and I to the ROT	
Signature of officer administr	×	Title of officer administering oath	
	on the state of th		
(2) Unsworn Declarat	on		
My name is	, and my date of birth i	is	
Lance control of the			
	(street) (city)	(state) (zip code) (country)	
Executed in	County, State of , on the day of (mon	, 20 (year)	
	Signature of Cano	didate/Officeholder (Declarant)	

# SUBTOTALS - C/OH

19 FILERNAME	The second secon	Filer ID (Ethics Commission Filers)		
Angie Hanan	angui hanan	@ gmai	Locor	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ E	7	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS	2	\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ .	$\bigvee$	

#### 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. 3 CANDIDATE / OFFICE USE ONLY GRATLE **OFFICEHOLDER** NAME Date Received JAMES NICKNAME 1 810 MAIDENITE # CITY. ADDRESS / PO BOX. 4 CANDIDATE / ZIP CODE **OFFICEHOLDER** MAILING SUGARLAND, TX 77979 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 565-7191 (186) PHONE Receipt # Amount \$ MRS / MR 6 CAMPAIGN **TREASURER** SHARON Date Processed NAME NICKNAME SUFFIX Date Imaged C-REGORY STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #: STATE ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** RICHMUND, 7x 77406 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION** TREASURER (832). 443-3502 PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 15/ 07/ 21 16 21 THROUGH UI ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Day Month Year General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 14 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

15 C/OH NAME	HILE TAMES	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIB PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALL	\$ .00 -	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$ .06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	\$ —	
	4. TOTAL POLITICAL EXPENDITURES		\$ 748,77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST D	s 530.67
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS' LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF TH	s Ø
	Please complete eith	Signature of Candid	ate or Officeholder
(1) Affidavit	GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023		
	pefore me by Grayle James	this the 12	day of Jaly
20 21 to certify w	which, witness my hand and seal of office.	Executive Assista	-
Signature of officer administers	ng oath Printed name of officer administe	ring oath	Title of officer administering oath
	OR		(1) (1 <b>)</b> (1) (1) (1) (1) (1)
(2) Unsworn Declaratio	n		
My name is	a	nd my date of hirth is	
My address is		no my date of bitti is	· · · · · · · · · · · · · · · · · · ·
, 000100313	(street)	(city) (state)	(zip code) (country)
Executed in	County, State of, on the	35 15530 St. 175	, 20 (year)
	-	Signature of Candidate/C	Officeholder (Declarant)

# SUBTOTALS - C/OH

19	GRAYLE JAMES  20 Filer ID (Ethics Corr				
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	5 748.77			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3. PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s.06			

#### 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
Cedit 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)

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME GRAYLEJAMES 3 Filer ID (Ethics Commission Filers) 5 Payee name 4 Date DAVID OR GIZA TLE TIME T 7 Payee address: City: 5/12/21 6 Amount (\$) State: Zip Code \$748.77 SugarLand, Tr 77775

(a) Category (See Categories listed at the top of this schedule) (b) Description 8 DEPARTING BOARDMEMBER PURPOSE EVENTS 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State; Payee address; Amount (\$) 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 Payee name Date City: State; Zip Code Payee address; Amount (\$) 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 Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE K

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

in the requested information is not applicable, bo Not include this page in the report.						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	1 Total pages Schedule K:			
2 FILER NAME	AYLEJAME	3 Filer ID (Ethics Commission Filer	s)			
4 Date  Vary  Vak  1/30  (/30/21	5 Name of person from whom amount is received  WELLS FARGO  6 Address of person from whom amount is received; City;	State; Zip Code				
C/201	7 Purpose for which amount is received Che	ck if political contribution returned to filer				
Date	Name of person from whom amount is received	Amount	(\$)			
	Address of person from whom amount is received; City;	State; Zip Code				
	Purpose for which amount is received Che	ck if political contribution returned to filer				
Date	Name of person from whom amount is received	Amount	(\$)			
	Address of person from whom amount is received; City;	State; Zip Code				
	Purpose for which amount is received Che	ck if political contribution returned to filer				
Date	Name of person from whom amount is received	Amoun	t (\$)			
	Address of person from whom amount is received: City;	State; Zip Code				
	Purpose for which amount is received Che	ck if political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		TOTAL OF THAT I OKT	TOKIN OTOTI - TK
7-141-0-		The Instruction Guide explains how to complete this for	m.
		<ul> <li>Complete only if "Report Type" on page 1 is marked "Final</li> </ul>	al Report"
1	C/OH N	GRAPLE JAMES	2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE	L
	designa	expect any further political contributions or political expenditures in connection with mating a report as a final report terminates my campaign treasurer appointment. I also ugn contributions or make any campaign expenditures without a campaign treasurer ap	inderstand that I may not accept any
		Signatu	re of Candidate / Officeholder
4	The Supplied Street, S	WHO IS NOT AN OFFICEHOLDER aplete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k 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 new 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 filing this final report. Further, I understand that I must dispose of unexpended political contributions 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	k only one:	
	X	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
		<u> </u>	Signature of Candidate
5		EHOLDER  splete this section only if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who offile. 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.	, after filing the last required report as
		Si	ignature of Officeholder

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  MS,  NICKNAME	FIRST KNIST LAST MALO		D. SUFFIX	OFFIC Date Received	E USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		Harrist Committee of the Control of	CITY. S		JUL	30 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 298-9619	E	XTENSION	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR  M.  NICKNAME	BRIAN LAST MALO	NZ	W.	Date Imaged	Amount 5
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3010	NO PO BOX PLEASE). APT / S VILLA LANG OURI CITY.		city, 459	STATE,	ZIP CGDE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 80 - 7608		XTENSION		
9 REPORT TYPE	January 15  July 15	30th day before		Runoff  Exceeded Modified Reporting Limit	treasurer (Off-cehol	after campaign appointment der Onlyj ort (Atlach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year	THROUG	Month  Month	Day Ye	
11 ELECTION	Month Day	Year Primary		ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)		F 5.270 900	FFICE SOUGHT (If known)	S TRUSTE	5 #6
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU COMMITTEE NAME	S ACCEPTED OR POL ES MAY HAVE BEEN	LITICAL EXPENDITURES MA MADE WITHOUT THE CANDI	DE BY POLITICAL CO	DMMITTEES TO SUPPORT
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	31	COMMITTEE CAMPAIGN TR	EASURER ADDRI	ESS		
		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 KNISTEN D. MALONE TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS \$ 1,25000 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. TOTALS \$ 2352.71 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,253.81 BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 6. \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD crect and includes all information I swear, or affirm, under penalty of perjury, that the accompanying report is true and 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: HERNAN PEREZ Notary ID #132672008 (1) Affidavit My Commission Expires September 11, 2024 NOTARY STAMP/SEAL Kristen D Malone this the 30 day of Ju Swom to and subscribed before me by to certify which, witness my hand and seal of office. Notary Pub Hernan Verez Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is Missouricity 125 A (zip code) (country) (city) (state) Capdidate Officeholder (Declarant)

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

The Instruction Guide explai	ns how to complete th	nis form.	1 Total pages Schedule A1;
KRISTEN D. M.	ALONÉ		3 Filer ID (Ethics Commission Filers)
Date  5 Full name of contribute  CLINTON  6 Contributor address:	or out-of-state P	State. Zip Code	7 Amount of contribution (\$)
Principal occupation / Job title (See Instr	uctions)	9 Employer (See Instruc	tions)
Date Full name of contribut  4/26/24		State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instru	uctions)	Employer (See Instruc	tions)
		State; Zip Code	50 49
Principal occupation / Job title (See Instr	uctions)	Employer (See Instruc	itions)
Date Full name of contribute  5/6/21 SHANNON  Contributor address:	NEWMAN	PAC (ID#) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instr	uctions)	Employer (See Instru	(ctions)
		S OF THIS SCHEDULE AS	

Revised 8/17/2020

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

FILER NAME	KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers
4/26/2/	5 Full name of contributor out-of-state PAC (ID#_  Victorial Ponter  6 Contributor address; City: State		7 Amount of contribution (\$)  \$\forall \int 50.00\$
Principal occur	pation / Job title (See Instructions) 9 E	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)
	Contributor address; City, Sta		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)
	Contributor address. City; Sta		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
	Contributor address, City St		
	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

II the requested iii	EXPENDITURE CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Represe Office Over Food/Beverage Expense Polling Expense Printing Expen	ayment/Reimbursement erhead/Rental Expense opense xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1:	ERISTEN D. MALONE		3 Filer ID (Ethic	s Commission Filers)
4 Date 4/19/21	5 Payee name 60 DADDY			
6 Amount (\$)	7 Payee address:	City.	State.	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Abvers; 5; NF	(b) Description	TE	» 1. ·
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	n. TX. officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date 4 /22   2	Payee name  FACE BOOK			IF we see
Amount (S)	Payee address,	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description いさ8	rite	1 - 25- 1
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living		g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date 4/22/2/	Payee name  FACEBOOK	2 6-3		grante
Amount (\$)	Payee address:	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVENTISING	Description WEBS	ité	Ť
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL CODIES OF THIS	S SCHEDIII E 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
Candidate/Officeholder/Political Committee
Credit Card Payment

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

	The Instruction Guide explains how to o	complete this form.	
Total pages Schedule F1	2 FILER NAME KNISTEN D. MALO		3 Filer ID (Ethics Commission Filers
Date 4/23/2/	5 Payee name  FALEBOOK		•
4 (0.00	7 Payee address	City;	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  AD USATISTNG	(b) Description	É
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 4/26/24	Payee name FACE BOOK		
Amount (S) 4 /5.00	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)  ANUSITIS ING	Description WEBS	iré
EXPENDITURE	Chack 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
Date 4/26/21	Payee name  CAGBOOK		
Amount (\$)	Payee address.	City	State. Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVENTISING	Description WSB5	ITE
	Check if travel cuts de of Texas. Complete Schedule T	Check if Austin.	TX officehalder 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)** Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 4 Date 6 Amount (\$ 7 Payee addre City State Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE ADJENTIS; NG WEBSITE 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 Date REGIONS BANK State Zip Code City 9 8.00 Category (See Categories listed at the top of this schedule) Description PURPOSE BANKING FEE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address City: Zip Code \$ 35.00 Category (See Categories listed at the top of this schedule) Description PURPOSE OF ADJENTISING WEBSITE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder Lying expense Office held Candidate / Officeholder name 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 I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	rpense /ages/ContractLabor	Travel In District Travel Out Of Distri	pirient & Related Expense
1 Total pages Schedule F1.	2 FILER NAME KRISTEN D. MALONE	,	3 Filer ID (Ethic	s Commission Filers)
4 Date 5/3/21	Krister D. Malore 5 Payee name DMR RESOURCES			
6 Amount (S)	7 Payee address.	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  SOLICITATION EXPENSE	(b) Description	746E	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/7/21	MIBDLEMAN MESSEN	GER		
Amount (S)	Payee address.	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  NEFUND (	ORPORATE	CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin TX officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 5/7/21	Payee name  NEGIONS BANK			
Amount (5)	Payee address	City;	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Cless  Check if travel outside of Texas. Complete Schedule T		NG KEE	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	,	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

### SCHEDULE F1

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

	EXPENDITURE CATEO	SORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Ponting 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)
1 Total pages Schedule F1.	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5/10/21	FRAYER SUPPLY		
6 Amount (S) 4 276.20	7 Payee address,	City	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s		For SiGHS
	(c) Check if travel outside of Texas. Complete Sci	hedule T Check if Austi	in TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 5/10/21	Payee name  Go DANNY		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 31.97			
PURPOSE OF	Category (See Categories listed at the top of this so	Description (いるの)	TE I BETTE
EXPENDITURE	Chack if travel outside of Texas. Complete Sc		n TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/11/21	CANVA		
Amount (\$)  9 / 2.99	Payee address:	City;	State: Zip Code
PURPOSE OF EXPENDITURE	SolicitAtion Execution		N SUBSCRIPTION
	Check if travel outside of Texas. Complete Sci	nedule T Check if Austin	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 F1

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

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

The Instruction Guide explains how to complete this form.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Grift/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)

Total pages Schedule F1	2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers
J/13/21	5 Payee name  CAGBOOK		
Amount (\$)	7 Payee address,	City	State. Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADSTISTAG	(b) Description	i1É
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 5/20/2/	Payee name  ALLIED PLASTIC		7
Amount (S) \$2 28.00	Payee address,	City.	State; Zip Code
PURPOSE OF EXPENDITURE	Solicitation Expense	Description SiGNAG	E MATERIALS
	Chack if travel outside of Texas. Complete Schedule T.	Check if Austin	TX: officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 6/1/21	Payee name  CPC HOUSTON		
Amount (5)	Payee address:	City	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  SOLICITATION EXPENSE	Description	For SIGNS
		Charle II A cells	TX officeholder living expense
	Check if travel outside of Texas. Complete Schedule T	Check it Austin.	TA Officeribles Intring Expense

## SCHEDULE F1

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

ii die regaestea iii	ionnation to the appropriate		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E By 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 KNISTEN D. MALONO	Í	3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2/	5 Payee name Go DA AAY		
6 Amount (\$) 4 31.97	7 Payee address;	City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  A Aus Missin NG	(b) Description	ं गर्च
	(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/C	Candidate / Officeholder name DH	Office sought	Office held
Date 6/23/21	Payee name  ALLIED PLASTIC		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  56 Licitation Expense	Description SiGNA	E MATERIAL
EXPERIENTONE	Check if travel outside of Texas. Complete Schedule T.	A CONTRACTOR OF CONTRACTOR	tin TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 7/8/21	Payee name  Go D/ADY		
Amount (\$)	Payee address.	City	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  A DUBATISTAG	Description Was 5 in	ré
	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/C	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

8		

p. 1 of 5

CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr First mes D.	OFFICE USE ONLY
NAME	NICKNAME Jim LAST Rice SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5402 Oban Terrace Lane Sugar Land, Tx. 77479	JUL 13 2021 BY: 6DR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 980 · 8071	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS ) MR FIRST Dorothy S.  NICKNAME LAST SUFFIX	Date Processed  Date Imaged
	Suzanne Ramos	200100000000000000000000000000000000000
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY;  3907 SCNNA Place  Sugar Lama, Tx. 77479	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 980.9051	3
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 6	Day Year 2021
11 ELECTION	Month Day Year Primary Runoff Other Description	
181 0	5/4/19 General Special	
12 OFFICE	Position 3	m)
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME	
Additional Pages	GENERAL COMMITTEE ADDRESS	
444	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

p. 2 of 5

### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) James D. Rice 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 0.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 0,00 TOTALS From Scheduc 305.24 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 222.76 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 18,534.41 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. Please complete either option below: CHRISTEL A CORRAL Notary ID #130768971 Ay Commission Expires (1) Affidavit August 8, 2024 NOTARY STAMP/SEAL to certify which, witness my hand and seal of office. Christel A. Cowal Executive Administrative history. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is James D. RICE My address is 5402 OBAN TERRACE \_, and my date of birth is \_03-05-19-55 (street) (state) (zip code) (country) Executed in HACKIS County, State of TEXAS, on the 13 day of JULY (month) Signature of Candidate/Officeholder (Declarant)

P. 3 of 5

## SUBTOTALS - C/OH

Jim Rice (James D. Rice) 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12 2 1
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	\$ 305.24
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	\$

p. 4 of 5

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule G: 2	FILER NAME  Jim Rice  3 Filer ID (Ethics Commission Filers)
1 1 1	Fort Bend Republican Women
Reimbursement from political contributions	Payee address; 26 Chur keston St. North City; State; Zip Code Swar Land, Tx. 71418
PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)  Contribution / Ponation Associate Nembership  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 Position 3
2/13/21 1	Fort Bend Republican Women
Amount (\$)  Reimbursement from political contributions intended	Payee address; 26 Charleston St. North Sugar Land, Tx. 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Website spansorship.  Check if travel outside of Texas. Complete Schedule T.  Description  Website spansorship.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Office sought  Office held  Tim Rice FBISD Trustee Position 3
6/3/21	Icenhower Consulting, LLC
Amount (\$) \$ 13.99  Reimbursement from political contributions intended	Payee address; 3019 Arrowhead City; State; Zip Code Sugar Land, Tx. 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting Expense. Campaign Consulting  Check if travel outside at exas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Sim Rice FBISD Trustee Position 3
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P. 5045

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

and the same of th			
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor 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: p. 2 ef 2	2 FILER NAME RICE		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/21	Fort Bend Indep	pendent	-
6 Amount (\$) \$50.00 Reimbursement from	7 Payee address; P.O. Box 623	City;	State; Zip Code
political contributions intended	Sugar Land, Tx.	1/481	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description News pa	oper A.A.
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Jim Rice FBISD	Office sought Trustee 1	Position 3
G 110/21	Fort Bend Star		A28
Amount (\$) 4106.25 Reimbursement from	P.O. Box 2369	City;	State; Zip Code
political contributions intended	Stafford, TX 7	7479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Alvertiging	Newspa	iper Ad
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  OH Jim Rice FBISD 7	Office sought	Position 3
Date	Payee name	W. 8	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	<	8	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	Q.
EA ENDI. SIL	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 NEED	ED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Buide explains how	to complete t	his form.	1 Filer ID	(Ethics Comm	nission Filers)	17/24	of 10	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRS Monic			N	41		OFFICE	USE ONLY
NOWL	NICKNAME	Riley		4	S	SUFFIX	Date Re	EC	EIVEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 2082 Missouri City	2		CITY;	STATE; Z	IP CODE	K	JUL	2 9 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281 )	PHONE NUM 410-57			EXTENSION		Date Har	nd-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  MS.  NICKNAME	Ceri	na			III	Receipt Date Pro		Amount \$
	175000000000000000000000000000000000000	Rile	y			I	Date Ima	iged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	P O Box 208 Missouri City	32		JITE #;	CITY;	•		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(281 )	PHONE NUM 410-57		1000	EXTENSION				
9 REPORT TYPE	January 15	30	Oth day before el	lection	Runoff		1	15th day aft treasurer ap (Officeholder	
	July 15	8t	h day before elec	ction	Exceede Reportin	ed Modified g Limit		Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day / 25 /	Year 19	THROL	JGH	Month 12	Day	Year / 19	
11 ELECTION	Month Day  5 / 4	Year 20	Primary  General	Runo	off	Other Description			
12 OFFICE	OFFICE HELD (if any)	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER				GHT (if known)	oard	of Tru	ıstee Pos 7
14 NOTICE FROM POLITICAL COMMITTEE(S)		CEHOLDER. THESE	E EXPENDITURES	MAY HAVE BEE	N MADE WITH	OUT THE CANDIL	DATE'S OR	OFFICEHOLI	MITTEES TO SUPPORT DER'S KNOWLEDGE OR SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE	VAME						
Additional Pages	GENERAL	COMMITTEE A	DDRESS						
-	SPECIFIC	COMMITTEE C	CAMPAIGN TREA	ASURER NAME					
		COMMITTEE	CAMPAIGN TRE	EASURER ADD	RESS				
			<b>GO TO</b>	PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	'onica Riley	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)	\$ 264.64
s	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 674.64
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,712.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 1,189.70
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 0.00
(1) Affidavit	Please complete either option below GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	indidate or Officeholder
NOTARY STAMP/SEAL Sworn to and subscribed I	$M \sim 0.1$	29 day of July.
20 21 to certify very light four four four four four four four four	ing oath Printed name of officer administering oath  OR	Title of officer administering oath
	, and my date of birth is	5
My address is		
	The state of the s	(state) (zip code) (country)
Executed in	County, State of , on the day of (mont	. 20
	Signature of Cand	idate/Officeholder (Declarant)

## SUBTOTALS - C/OH

19	FILER NAME  MONICA RILLY  20 Filer ID (Ethics C	ommiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	410.00
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	\$	1,712.02
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
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 CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.									
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:								
<sup>2</sup> FILER NAME Monica Ri	ley		3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC Larry Riley	: (ID#:)	7 Amount of contribution (\$)						
04/25/2019	6 Contributor address; City; 1706 Foxwood Ct. Missouri City	State; Zip Code	60.00						
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)						
Date	Full name of contributor out-of-state PAC  Cynthia Turner	(ID#:)	Amount of contribution (\$)						
05/03/2019  Contributor address; City; State; Zip Code  5402 Pecan Spring Lane, Missouri City, TX 77459		100.00							
Principal occupation / Job title (See Instructions)  Employer (See Instructions)									
Date 05/08/2019	Ron Reynolds	(ID#:)	Amount of contribution (\$)  250.00						
	6140 Highway 6, Missouri City,	State; Zip Code TX 77459	230.00						
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)						
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)						
	Contributor address; City;	State; Zip Code							
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)						
-		×							
	ATTACH ADDITIONAL COPIES (								

### 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

Candidate/Officeholder/Political Committee Credit Card Payment  The Instruction Guide explains how to complete this form.  Candidate/Officeholder/Political Committee Credit Card Payment  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)	
1 4 Date	5 Payee name				
04/25/2019	Facebook				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
35.00	1 Hacker Way Menlo Park, California 94025				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Political Ad			ā	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/29/2019	Facebook				
Amount (\$)	Payee address;	City;	State;	Zip Code	
50.00	1 Hacker Way Menlo Park, California 94025				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  POILHCAL Ad	Description	2		
Î	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/30/2019	Minuteman Press				
Amount (\$)	Payee address;	City;	State;	Zip Code	
168.87	614 Texas Parkway, Suite 600 Missouri City, Texas 77489				
P	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Campaign Marterial				
	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	
	ATTACH ADDITIONAL COPIES OF THIS	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
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

Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)						
Clear aymon	The Instruction Guide explains how to c	omplete this form.					
1 Total pages Schedule F1: 2	2 FILER NAME Monica Riley		3 Filer ID (Ethics	Commission Filers)			
4 Date	5 Payee name						
04/30/2019	Sam's Club						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
185.51	351 Highway 6 Sugar Land, Texas 77478						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Supplies						
	(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			
Date	Payee name						
04/30/2019	Poll Workers			3. N			
Amount (\$)	Payee address;	City;	State;	Zip Code			
300.00	5410 Highway 6 Missouri City, Texas 77459						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Expense & Refreshments						
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held			
Date	Payee name						
04/30/2019	Walmart						
Amount (\$)	Payee address;	City;	State;	Zip Code			
90.14	5501 Highway 6 Missouri City			*			
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Supplies		£				
	Check if travel outside of Texas. Complete Schedule T.	Check if Ausi	tin, TX, officeholder living	expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	<del></del>	Office held			
expenditure to benefit C/O	Н						
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Committee  Legal Services  Salaries/Wages/Contract Labor  Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Monica Riley		3 Filer ID (Ethics Commission Filers)		
4 Date 04/30/2019	5 Payee name Sam's Club				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
45.96	351 Highway 6 Sugar Land, Texas 77478		V		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Supplies				
	(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		
Date	Payee name				
04/30/2019	H-E-B				
Amount (\$)	Payee address;	City;	State; Zip Code		
15.20	8900 Highway 6 Missouri City, 77459				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Supplies				
	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/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
05/03/2019	Minuteman Press				
Amount (\$)	Payee address;	City;	State; Zip Code		
373.46	614 Texas Parkway, Suite 600 Missouri City, Texas 77489				
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Campaign Materials				
	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		
(4)	ATTACH ADDITIONAL COPIES OF THIS	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
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Monica Riley		3 Filer ID (Ethics	s Commission Filers)		
4 Date 05/06/2019	5 Payee name Facebook					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
75.00	1 Hacker Way Menlo Park, California 94025					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Political Ad					
	(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/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
05/06/2019	The Crawfishmans Boiling Point					
Amount (\$)	Payee address;	City;	State;	Zip Code		
125.27	2601 Cartwright Road Ste. E Missouri City, Texas 77459					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Campaign Event					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
05/13/2019	Facebook					
Amount (\$)	Payee address;	City;	State;	Zip Code		
27.61	1 Hacker Way Menlo Park, California 94025					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Political Ad	*				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	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
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

Candidate/Officenolder/Political Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1: 5	2 FILER NAME Monica Riley		3 Filer ID (Ethics	Commission Filers)
4 Date 06/11/2019	5 Payee name Campaign of Nita Sane			
6 Amount (\$) 50.00	<ul><li>7 Payee address;</li><li>2211 North First Street</li><li>San Jose, California 95131</li></ul>	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	OF KPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Check if Aust	in, TX, officeholder living	Office held
Date	Payee name			
10/08/2019	Campaign of Ron Reynolds			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.00	2440 Texas Parkway Missouri City, Texas 77489			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  On Chick if travel outside of Texas. Complete Schedule T.	Description  Check if Aust	in, TX, officeholder living	eynense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	in, 17, oncorono ining	Office held
12/09/2019	Payee name  Campaign of Nyanza Moore		Chair	7in Code
70.00	Payee address: P.O. Box 441146 Somerville, MA 02144-0031	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 Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

# 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 N	mica Riley	2 Filer ID (Ethics Commission Filers)							
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.  Signature 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	conly 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 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									
	Chec	k only one:								
	Olar State of the	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 frethat I may not convert assets purchased with political contributions or interest or othe 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 uplete this section only 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 in 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							
			ignature of Officeholder							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			*		
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST  David	MI	OFFICE USE ONLY	
NAME		LACT	SUFFIX	Date Received	
	Dave	Rosenthal	301112		
4 CANDIDATE /	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE	MECEIVEN	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	STOREGISTAL CONTROL OF THE CONTROL O	y Cir, Missouri Cit	S S S S S S S S S S S S S S S S S S S	JUL 3 0 2021	
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	BY:(0 = 7	
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	685-1081	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
TREASURER	Mrs	Joan	b	Date Processed	
NAME	NICKNAME	LAST	SUFFIX		
		Rosenthal	2	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (F	NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	Same as abo	ove			
(Residence or Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER		10 4335 40 0			
PHONE	(281)	384-6739			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 /	/ 1 / 21	THROUGH 7	/ 30 / 21	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	5 / 1	/ ■ General	Special		
	0 / 1 /	19			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)	
	FBISD Trus	tee Pos. 7			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER, THESE EXPENDITURE	'S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
, admond rages	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
			- 4.		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID	(Ethics Commission Filers)
David Rosenthal			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	1 5	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	9	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	5	150.00
	4. TOTAL POLITICAL EXPENDITURES		150.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	2,368.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE (	\$
(1) Affidavit	Please complete either option below GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023		Officeholder
NOTARY STAMP/SEA		30	day of July
Janet Dudne &	which, witness my hand and seal of office.  Sow Game H Duane Rosiev Executive	Assist	ant to the 807
Signature of officer administr		-11	itle of officer administering oath
	OR		
(2) Unsworn Declarat	on		
My name is	, and my date of birth is	s	
My address is			
Executed in	(street) (city) ( County, State of , on the day of (mont		p code) (country) , 20
	Signature of Candi		

## 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	\$	
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 CO	NTRIBUTIONS \$ 150.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$	

### 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
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to d	omplete this form.	Other (enter a datego	ny nocholog above,		
Total pages Schedule F1:	2 FILER NAME David Rosenthal		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name		,			
04/29/2021	Judy Dae Campaign		8	TALEBO STATES UNITED AND SERVICE SECTIONS		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
150.00	34 Hessenford St, Sugar Land, TX 77479					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	campaign donation					
OF EXPENDITURE						
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	j expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/O	Н					
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF EXPENDITURE						
EXPERIOR	Check if travel outside of Texas, Complete Schedule T,	Check if Aus	stin, TX, officeholder living expense			
and the control of the control of	Appropriate the propriet of th	Office sought	tin, 1x, oniconolog nem	Office held		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Ollide Held		
About Institute and the control of t						
Date	Payee name					
		City	State;	Zip Code		
Amount (\$)	Payee address;	City;	Giate,	Zip Gode		
		Description				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	8					
EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/C	DH					
	ATTACH ADDITIONAL COPIES OF THIS	COUEDINE ACAI	EDED			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDOLE AS NE	EDED			