# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	O., Ida I-I I		1 Filer ID (Ethics Commission File	rs) 2 Total pages filed:
The C/OH Instruction		v to complete this form.		(21)
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	ASHISH	MI	OFFICE USE ONLY
	NICKNAME	AGRAW	SUFFIX	Pate Received Page 19
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address		PS LER CAKE	CITY, STATE, ZIP CODE	APR - 1 2021 BY: COK
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	786-9138	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MR / MR  NICKNAME	ALAWA LAST	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAICN	STREET ADDRESS	MCKEE		
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI	Sucoff Land	STATE: ZIP CODE
(Residence or Business)	שטע	DRIBGE OF ,	- 4 UPT UP IN	1> 77479
8 CAMPAIGN TREASURER PHONE	(281)	224-45	EXTENSION	
9 REPORT TYPE				
	January 15  July 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Reporting Limit  Month	
COVERED	01	15/2021		29 /2021
11 ELECTION	Month Day	Year Primary	Runoff Other Description	SCHOOL BOARD
12 OFFICE	OFFICE HELD (if any)	_	13 OFFICE SOUGHT (IF known	POSITION # 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	ENULUER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES	MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
00.0.000	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO F	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	ASHISH AGRAWAL 16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <b>Ø</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,042/-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ \$13,464.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>Ø</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,582.50
18 SIGNATURE	I swear, or affirm, under penalty of perjury, that the accompanying report is true and correquired to be reported by me under Title 15, Election Code.	prrect and includes all information
	Hoher Tea	el
	Signature of Candidate	or Officeholder
	Please complete either option below:	
(1) Affidavit	JAMES RICHARI Notary ID #13 My Commissio April 28.	2453842 n Expires
NOTARY STAMP/S	ACTOIS ACCOUNT 35	day of Marln
$\sim$ 1	rtify which, witness my hand and seal of office.	Notary
7, 10 00	TAmes R. Thoms	Notary
Signature of officer admir	Direction of the second of the	- J
- Similar admir	, integration of officer authinisticing outif	Title of officer administering oath
Entert Oral De Syrt	OR	
(2) Unsworn Declar	ration	
	, and my date of birth is	
My address is		
<u></u>		(zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (year)
	(Hishar)	(Jear)
	Signature of Candidate/Office	eholder (Declarant)

# **SUBTOTALS - C/OH**

19	FILER N	ASHISH AGRAWAL	20 Filer ID (Ethics Con	mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$8,042/-
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$7,582.50
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$7,582.50 \$13,464.59
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	ICAL CONTRIBUTIONS	\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

# SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
1/23/21	5 Full name of contributor out-of-state PAC (ID#)  KIRAW RASAYA 6 Contributor address; City; State; Zip Code  SUGAR LAND TX 77 479	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date   28/21	Full name of contributor out-of-state PAC (ID#)  THERESA AND BERT SINTUPHANT	Amount of contribution (\$)
120/21	Contributor address; City; State; Zip Code  Sugar Land Tx 77479	\$ 100/-
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Pation / Job title (See Instructions)  HousToN Tx 77011  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
1/30/21	MONICA AND GEFISH TAW DON  Contributor address; City; State; Zip Code  SUGARLAND TX 77498	\$2,000/-
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
2/1/2\	JAGRUTI AND HOTESH PAT 6 Contributor address; City; RICHMON	(ID#)	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2/4/21	Contributor address; City; Sugar Land	State; Zip Code Tx 77479	\$100/-
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		C (ID#:)	Amount of contribution (\$)
2/5/21	Contributor address; City;	State; Zip Code  AND, Tp77479	\$1,000/-
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 2/1/21	Full name of contributor out-of-state PAC  GOPAL AGGARWAL  Contributor address; City;	State; Zip Code	Amount of contribution (\$)
. ,	V	Tx 77407	7 /
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES	DE THIS SCHEDI II E AS NI	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

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

		1 Tables Caledyle 44
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAWAL	3 Filer (D (Ethics Commission Filers)
4 Date 2/8/21	5 Full name of contributor out-of-state PAC (ID#)  RACHNA AND KAUSHAL S(+AH  6 Contributor address; City; State; Zip Code  RECHNOND TX 77407	7 Amount of contribution (\$)
Principal occ	supation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
18/21	Contributor address; City; State; Zip Code  Sugar Land, Tx 77479	\$50/-
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 2/10/21	Full name of contributor out-of-state PAC (ID#)  MANIKA AND PANKAS ARORA  Contributor address; City; State; Zip Code  SUGAR LAND TX 77479	Amount of contribution (\$)  \$251/-
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 2/16/2 (	Full name of contributor out-of-state PAC (ID#:)  MAN AS I AND AS DT PAND A  Contributor address; City; State; Zip Code  Sugare Land, Tx 77479	Amount of contribution (\$)  \$151/-
Principal occi	upation / Job title (See Instructions) Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

FILER NAME   ASHISH   AGRAWAL   3 Filer ID (Ethics Commission   Shipper   Ashis   AGRAWAL   4 Date   5 Full name of contributor   Dut-of-state PAC (ID#   Tamount of contribution   Capper   Pack   Pack	8
KTRAN RASA Y A   6 Contributor address;   City;   State;   Zip Code   Tx 77479	on Filers)
Date   Full name of contributor	(\$)
TNDO AMERICAN PAC.  Contributor address; City; State; Zip Code  Suche Hand  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution  MEYLIS Humedon  Rosenser Ty  Rosenser Ty  77469  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Contributor address; City; State; Zip Code   \$250  -	(\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#)  Amount of contribution  MEYLIS HumEDDV  Contributor address;  City;  State; Zip Code  ROSENBERG Tx 77469  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
MEYLIS HuMEDOV  Contributor address; City; State; Zip Code  ROSENBERG Tx 77469  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Contributor address; City; State; Zip Code  ROSEN BERG Tx 77469  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	(\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution	NOTE OF THE PARTY
	(\$)
SAMEER MEHSANDA  Contributor address; City; State; Zip Code  SUGAR LAND, Tx 77479	*
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	

#### SCHEDULE A1

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

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
Date 5/3/21	5 Full name of contributor out-of-state PAC (ID#)  ERIC SHELLEY 6 Contributor address; City; State; Zip Code  RICHMOND TX 77407	7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor  ut-of-state PAC (ID#:)  DAWTE PED UZ-21	Amount of contribution (\$)
3/21	Contributor address; City; State; Zip Code  Sugar Lawo Tx 77479	\$25/-
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3/4/21	Contributor address; City; State; Zip Code  Sucar Lawo Tx 77479	\$500/-
Principal occu	upation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/7/21	Contributor address; City; State; Zip Code  Sugar Land 1> 77479	\$250/-
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

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

FILER NAME	SHISH AGRAWAL  Full name of contributor	Total pages Schedule A1:  3 Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$)
Date 5	Full name of contributor	
		7 Amount of contribution (\$)
3/7/21	Contributor address; City; State; Zip Code  Sugar Land Ty 77478	\$50/-
Principal occupat	g Employer (See Instructions)	uctions)
Date	Full name of contributor	Amount of contribution (\$)
3/8/21	COLINA AND ZAHIRALI MAKHANEJIN  Contributor address; City; State; Zip Code  SUGAR LAWD TX 77479	\$500/-
Principal occupati	on / Job title (See Instructions) Employer (See Instru	
Date	Full name of contributor out-of-state PAC (ID#	Thousand Sommonton (b)
3/12/21	Contributor address; City; State; Zip Code  Suche Law Tx 77479	\$250/-
Principal occupati	on / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/15/21	Contributor address; City; State; Zip Code  Suche Lawo Tx 77479	\$200/-
Principal occupati	on / Job title (See Instructions) Employer (See Instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)  THARA NARASIMHAN 6 Contributor address; City; State; Zip Code  Sucrat Laws Tx 77479	7 Amount of contribution (\$)  \$\B25/-\$
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/21/21	Contributor address; City; State; Zip Code  Sulphk have Ty 77479	\$200/-
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/23/21	Contributor address; City; State; Zip Code  Suche Laws Tx 77479	\$200/-
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/23/21	Contributor address; City; State; Zip Code  STAFFORD, TX	\$100/-
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form		Total pages Schedule A1:
2 FILER NAME	ASHISH AGRAWAL	3	Filer ID (Ethics Commission Filers)
4 Date 3/23/21	5 Full name of contributor out-of-state PAC (ID#_  AS EF SAYAN I  6 Contributor address; City; Sta  Sucaf Law 3	e; Zip Code	Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
3/23/21		77479	\$250/-
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ns)
Date 3/23/21	Full name of contributor out-of-state PAC (ID#:  GORDO-A DAWODU  Contributor address; City; Sta		Amount of contribution (\$)
	SUGAR LAWD T	77479	\$100/-
Principal occu	pation / Job title (See Instructions)	mployer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; Sta	te; Zip Code	
Principal occu	pation / Job title (See Instructions)	mployer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF TH		

# LOANS

# SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	SHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 82.50
5 Date of loan 1/15/21	7 Name of lender out-of-state ASHISH AGRAGAL	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; Sugar La	State; Zip Code  WD Ty 77479	10 Interest rate  11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	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 Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state  AS HIS H AGRAW A	PAC (ID#)	Loan Amount (\$) \$5,000/-
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate  Maturity date
Y (N) Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
		_	
Description of Colli	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	The second secon

# LOANS

# SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port.
The I	nstruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	PHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$ 82.50
5 Date of loan	7 Name of lender out-of-state ASHISH AGRAWAL	PAC (ID#:)	9 Loan Amount (\$) \$1,500/-
6 Is lender a financial Institution? Y	8 Lender address; City;	State; Zip Code  Avr) Tx 77479	10 Interest rate  11 Maturity date
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	nteral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION  The not applicable	17 Name of guarantor  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state  ASHUH AGRAWA	PAC (ID#)	Loan Amount (\$) \$300/—
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate  Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI	

### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V  The Instruction Guide explains how to a	Vages/Contract Labor Ot	avei Out Of District ther (enter a catego	
Total pages Schedule F1:	2 FILER NAME ASHISH AGR	AWAL 3	Filer ID (Ethics	Commission Filers)
V/15/21	5 Payee name TEXAS CAMPAIGNS			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$700/-	9600 GLENFIELD CT	Houston	TX	77096
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CONSULTING EXP	ADVISOR		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/22/21	DRAM FILM STUDIOS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,500/-	935 ELDRIDGE RD	Sugarehand	Ty	77478
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONSULITN & EXP	MEDIA		
:*	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	)	Office held
Date	Payee name			
1/23/21	MR JI CONNECTIONS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$300/	P.O. Box 2082	MICROURI CITY	TX	77459
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF CONSULTING ETP ADVISOR				
	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 NEEDE	D	

#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to a	Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ASHISH AGR	AWAL 3 Filer ID (Ethics Commission Filers)
4 Date 1/28/21	5 Payee name Hor Coffet DIGDTAL N	VARKE TING
6 Amount (\$)	7 Payee address;	City; State; Zip Code
830/-	DOJZIM	IRI CITY TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADVERTISING ERP	CAMPAIGN MATERIAL
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/29/21	MINUTEMAN PRESS	
Amount (\$)	Payee address;	City; State; Zip Code
83,244/-	1324 PIN DAK RD	KATY TX 77494
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	PRINTING EXP	CAMPAIGN MATERIAL
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/31/21	TEXAS CAMPAIGNS	
Amount (\$)	Payee address;	City; State; Zip Code
\$25/-	9600 GLENFIELD CT	HOUSPON TX 77096
PURPOSE OF EXPENDITURE	Consulting Co	REINBURSE FOR FLE FROM COUTY
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## 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 Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	, interior	Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ASHISH AGR	AWAL 3 Filer ID (Ethics Commission Filers)
2/4/21	5 Payee name CONSTELLATION	FIELD
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$150/-	1 STADIUM DR.	Sucretano Tx 77498
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	EVENT EXP	KICK OFF EVENT HALL
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/4/21	DJ LEE	
Amount (\$)	Payee address;	City; State; Zip Code
\$80/-		HOUSTON TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event Exp	KICK OFF SOUND SYS
200	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/4/21	CHEDDARS	
Amount (\$)	Payee address;	City; State; Zip Code
\$82.50	803 BONAVEN TURE WAY	, Sucarbano Tx 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	KICKOGS CAMPAIGN TOWN Food
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to a		category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME ASHISH AGR	AWAL 3 Filer ID	(Ethics Commission Filers)		
4 Date 2/6/21	5 Payee name SHEPLEY DONAT				
\$246.40	7 Payee address; 6512 US90 AUT	Sugar Lavo T			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  FOOD / DEV ExP  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  MEALS GR HOAD  Check if Austin, TX, officehold			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
2/10/2 1	BILLY'S DONUT				
Amount (\$) \$215/-	17310 W GRAND PKWY S	City; State Sugnelland Tx	600 • 1 (100 • 100		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Bay CxP	MEAUS FOR HEAUT	Heary Wolkers		
	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		
2/16/21	TEXAS CAMPAIGNS				
Amount (\$)	Payee address;	City; Stat	te; Zip Code		
\$700/-	9600 GLOVARO G	HOWSPON TX	77096		
PURPOSE OF EXPENDITURE	Consult in G Exp	Apviro R			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholds	er living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

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

Legal Services 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) AGRAWAL ASHISH 5 Payee name 2/16/21 6 Amount (\$) MR. JI CONNECTIONS City: State: Zip Code P.O. BOx 2082 MISSOURI CITY TX (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** CONSULTING PO ADUSOR 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 3/2/21 HOT COFFEE DIGITAL MARKETING Amount (\$) Zip Code \$30/-MISSOURI CITY Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTITION BY CAMPAIGN MATERIAL EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date BANK OF AMERICA Amount (\$) Payee address; City; State; Zip Code 84L, 98 MUSSOUR CITY Category (See Categories listed at the top of this schedule) Description **PURPOSE** ACCOUNTING / BANKING 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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 3 Filer ID (Ethics Commission Filers) ASHISH AGRAWAL 4 Date 5 Payee name AMERICAN CARIBBEAN CHARGER OF COMMERCES Zip Code 6201 BONHOMME SAZ 214 Houspan 77036 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ADVORTISING EXP INTIL WOMENS DAY **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH 3/12/21 TEXAS CAMPAIGNS Zip Code 9600 GLENFIELD CO \$7001-Housen 77096 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVISOR CONSULTING PA 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 Me. J. CONNECTIONS 3/12/21 Amount (\$) Payee address; City: Zip Code P.O. BOx 2082 Micsoul City Category (See Categories listed at the top of this schedule) PURPOSE ADUKOR CONSULTING 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 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/Vages/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 ASHISH AGE	2AWAL 3	Filer ID (Ethics Commission Filers)
4 Date 3/13/21	A MPIA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
380/-		Houston	TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	PRINTING EXP	CAMPAIGH	N MATERIAL
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/15/21	MUNC MASALA		
Amount (\$)	Payee address;	City;	State; Zip Code
\$750/-	2721 FROSTONE	Sucrae lang	Tx 77478
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXP	MEDIA	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/21/21	Home Dulot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$122.82	6850 S FRA RD	KATY	Tx 77494
	Category (See Categories listed at the top of this schedule)	Description	***************************************
PURPOSE OF EXPENDITURE	ADVENTISING EXP	SIGN Su	PPLIES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	ED

#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gft/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 3 Filer ID (Ethics Commission Filers) ASHISH AGRAWAL 5 Payee name 3/21/21 TEXAS CAMPAIGNS City; Zip Code 9600 GLEN FIELD CT Houseon Tx \$33.84 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** CONSULTING BYP Aprilal OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name MINUTEMAN PRECS 3/22/21 Amount (\$) Pavee address: City: Zip Code 1324 PIN DAK RD \$3,330/-KATY Category (See Categories listed at the top of this schedule) Description **PURPOSE** PRINTING EXP CAMPAIGN MAT 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 Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **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 / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** REHAN MR S NAME NICKNAME LAST SUFFIX AHMED 4 CANDIDATE / ADDRESS / PO BOX, APT / SUITE #; ZIP CODE **OFFICEHOLDER** 18331 NEWMACHAR WAY RICHMOND TX 77407 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (832) PHONE 759-8715 Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST MI **TREASURER** MARTHA MS NAME Date Processed NICKNAME LAST SUFFIX Date Imaged LISLE STREET ADDRESS (NO PO BOX PLEASE): CAMPAIGN APT / SUITE #: CITY; STATE: ZIP CODE TREASURER 8718 GRASSWREN RD RICHMOND **ADDRESS** TX 77407 (Residence or Business) 8 CAMPAIGN PHONE NUMBER AREA CODE EXTENSION TREASURER PHONE (713) 213-6668 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day Year COVERED 02 15 2021 **THROUGH** 03 31 2021 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Month Day Other Description General Special 01 2021 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) FBISD Board of Trustee Position 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	LOANS OR	<sup>\$</sup> 7625
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU.	ARANTEES OF LOANS)	\$ 7625
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$ <sub>7446.53</sub>
	4. TOTAL POLITICAL EXPENDITURES		<sup>\$</sup> 7446.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST DA	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accountried to be reported by me under Title 15, Election Code	ompanying report is true and	
160	direct to be reported by the under Title 15, Election Code	<b>)</b> .	-1
		Reh ofh	1
		Signature of Candida	ate or Officeholder
	Please complete eith	er option below:	
	<i>4////////////////////////////////////</i>	~0	
	S GARRETT DUANE ROSIE	R 🖇	
	132267296	8	
(1) Affidavit	NOTARY PUBLIC, STATE OF TEXA	12 <b>3</b>	
	NOVEMBER 25, 2023	U	
	ENDER STREET STREET	×8	
NOTARY STAMP/SEAL	01 1		
Sworn to and subscribed I	perfore me by Rehan Ahmed	this the	day of April
20 21 to certify y	which, witness my hand and seal of office.		
farett Dagne Co	un Garrett Danne Rosier	Executive Assu	test to the BOT
signature of officer administer		ring oath	Title of officer administering oath
TATE NAME OF TAXABLE VA	OR		
2) Unsworn Declaratio	The second secon		440-45-70-65-45-45-45-35-3
2) Onsworn Deciaratio	<u>u</u>		
Av name is			
Ay address is	, a	nd my date of birth is	•
My address is			··
alla n	(street)	(city) (state)	(zip code) (country)
executed in	County, State of , on the	day of(month)	, 20 (year)
		Signature of Candidate/Of	fficeholder (Declarant)

# SUBTOTALS - C/OH

FILER NAME  20 Filer ID (Ethics Commission Filers)					
SUBTOTAL AMOUNT					
\$7625					
\$1000					
\$					
\$					
TIONS \$					
\$					
BUTIONS \$					
\$ 516.53					
\$ 6930.00					
SS OF C/OH \$					
TIONS \$					
TURNED \$					
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					

#### SCHEDULE A1

The	Instruction Guide explains how t	o complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME REHAN AHM					3 Filer ID (Ethics Commission Filers)
4 Date Feb 22, 2021	<ul> <li>5 Full name of contributor         Mohammed Abdulhameed     </li> <li>6 Contributor address;</li> <li>8718 Grasswren Rd</li> </ul>	out-of-state PAI	State;	Zip Code	7 Amount of contribution (\$) \$200
8 Principal occu	ipation / Job title (See Instructions)			yer (See Instructi	ions)
Director of Op	erations		Lisle Viol		
Date Feb 22, 2021	Full name of contributor Baseer Pirzada Contributor address;	out-of-state PAC	********	Zip Code	Amount of contribution (\$) \$100
	7941 Katy Fwy #787 ,	Houston,	TX	77024	
Principal occup	pation / Job title (See Instructions)		Employ	ver (See Instruction  The Realty	ons)
Date Feb 23, 2021 Mar 27, 2021	Full name of contributor  Laique Rehman  Contributor address;	out-of-state PAC		Zip Code	Amount of contribution (\$) \$400
Principal occup	5075 Westheimer Rd Suite	675, Houston		er (See Instruction	ons)
Date Mar 9, 2021	Full name of contributor Shahla Wahid	out-of-state PAC	(ID#		Amount of contribution (\$)
	Contributor address; 2601 S Braeswood Blvd Apt	City;	State; Z		\$25
Principal occup	pation / Job title (See Instructions)	11404, 11005		er (See Instruction	ons)
	2 Pages attac	hed			
	ATTACH ADDITIO	NAL COPIES Collease see Instru	F THIS SCI	HEDULE AS NE for additional re	EDED porting requirements.

# SCHEDULE A1

The	Instruction Guide explains how	to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAME REHAN AH	MED				3 Filer ID (Ethics Commission Filers
4 Date Mar 9, 2021	Full name of contributor     Vernon Beyer	ut-of-state P/	AC (ID#:	)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State;	Zip Code	\$5000
	4 Ellicot Way	Sugarland	TX	77479	
8 Principal occu Businessman	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruc ployed	tions)
Date Mar 27, 2021	Full name of contributor Zahoor Gire	Out-of-state PA	AC (ID#:	)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	\$750
	1606 Potomac	Houston	TX	77057	
Principal occup Businessman	eation / Job title (See Instructions)		Self Em	pyer (See Instruct	tions)
Date Full name of contributor out-of Mar 27, 2021 Muzzaffar Siddiqi		out-of-state PA	if-state PAC (ID#)		Amount of contribution (\$) \$400
	Contributor address;	City;		Zip Code	<b>4</b> -50
	11 Laurel Wreath Trail Sug	ar Land TX 7	77498		
Businessman	ation / Job title (See Instructions)		1	yer (See Instruct	ions)
Jusinessman			Self Em	ployed	
Date Mar 27, 2021	Full name of contributor Salman Razzaqi	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
	Contributor address;	City;		Zip Code	\$300
	12555 S Dairy Ashford Rd	Houston, TX	77099		
Businessman	ation / Job title (See Instructions)		Self Employ	yer (See Instructi Dloyed	ons)
The second secon					

# SCHEDULE A1

	e Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME REHAN AF	E HMED			3 Filer ID (Ethics Commission Filers)
4 Date Mar 27, 2021	J Full fiddle of Contributor     out of state DAC (ID#		7 Amount of contribution (\$)	
	6 Contributor address; 18946 Elrington Creek Ct	City;	State; Zip Code	
8 Principal occi IT - Engineer	upation / Job title (See Instructions)	Kichinona	TX 77407  9 Employer (See Instru	ctions)
<sub>Date</sub> Mar 27, 2021	Full name of contributor  Qamrus Salam	out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	\$150
	2614 Night Song Dr	Pearland	TX 77584	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
<sub>Date</sub> Mar 27, 2021	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	\$100
	5822 Catherwood Lane	Houston	TX 77084	
	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
usinessman	V		Self Employed	
Date Mar 27, 2021	Full name of contributor Khalid R Malik	Out-of-state PAC	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	\$100
	11414 Rock Bridge Ln	Sugarland	TX 77498	
	pation / Job title (See Instructions)		Employer (See Instruction Self Employed	tions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM REHAN A	HMED		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
Directo	6 Full name of contributor out-of-state PAC (ID#	Lisle \	8 Amount of Contribution \$\begin{array}{c ccccccccccccccccccccccccccccccccccc
	s employer/law firm (FOR JUDICIAL)		ntor's job title (FOR JUDICIAL) (See Instructions) n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of   In-kind contribution description
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF THe contributor is out-of-state PAC, please see Instruction	IIS SCHEDUL	E AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

### SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 513.53
5 Date	6 Payee name		513.53
03/20/2021	Home Depot		
7 Amount (\$) 513.53	8 Payee address; 10419 Highway 6 South	c <sub>ity;</sub> Sugar Land	State; Zip Code TX 77407
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Solicitation Expenditure		ign Stakes, zip ties and ers
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought FBISD Board of Trust	Office held see Position 2
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if Aur	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

		EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Total pages Schedule G:	AND THE PROPERTY OF THE PROPERTY	ME AHMED		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee nar	SA CONCRETE OFFICE CONTROL			
eb 22, 2021	Mauricio N	/arin			
Amount (\$) \$1200 Reimbursement from political contributions intended	7 Payee add		City; Richmon	State;	Zip Code 77407
	(a) Category	(See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE Advertisement Expense		Website Devel cards, yard sig	opment/ Photo n, banner desi	shot, flyers,bus gn	
	(c)	check if travel outside of Texas. Complete Scher	dule T. Check if Austin	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held
Date	Payee nan	ne			
Feb 25, 2021	Uzair	Ahmed			
Amount (\$)	Payee add	lress;	City;	State;	Zip Code
\$1000  Reimbursement from political contributions			Houston	TX	
intended	1				X
	Category	(See Categories listed at the top of this scho	edule) Description		
PURPOSE OF EXPENDITURE	20000 0000 0000	(See Categories listed at the top of this school eation Expenditure	Description Facebook Page	Dev. and main	tainence
PURPOSE OF	Solicit		Facebook Page	Dev. and main	
PURPOSE OF	Solicit  Candida	ation Expenditure	Facebook Page		
PURPOSE OF EXPENDITURE	Solicit  Candida	ration Expenditure  Theck if travel outside of Texas. Complete Scheo  ate / Officeholder name	Facebook Page dule T. Check if Austin,		xpense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d	Solicit Candida OH	ration Expenditure Theck if travel outside of Texas. Complete Scheo Tate / Officeholder name	Facebook Page dule T. Check if Austin,		xpense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d	Solicit Candida OH Payee nam	ration Expenditure  Theck if travel outside of Texas. Complete Scheol  ate / Officeholder name  are  deed Signs	Facebook Page  dule T. Check if Austin,  Office sought	, TX, officeholder living e	xpense Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d Date  far 10, 2021	Candida OH Payee nam Nasir Alli	ration Expenditure  Theck if travel outside of Texas. Complete Schedate / Officeholder name  The deep lead Signs Tress;	Facebook Page dule T. Check if Austin,		xpense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/s  Date  far 10, 2021  Amount (\$) \$3600  Reimbursement from political contributions	Candida OH  Payee nam Nasir Alli Payee add 6820 Hal	ration Expenditure  Theck if travel outside of Texas. Complete Schedate / Officeholder name  see ed Signs ress; rwin Dr.	Facebook Page  dule T. Check if Austin,  Office sought  City;  Houston,	. TX, officeholder living e State; TX	Office held  Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/s  Date  Mar 10, 2021  Amount (\$) \$3600  Reimbursement from political contributions intended	Solicit  Candida  OH  Payee nam  Nasir Alli  Payee add  6820 Hall  Category  s Advertis	ation Expenditure  theck if travel outside of Texas. Complete Schere ate / Officeholder name  de ed Signs ress; rwin Dr.  See Categories listed at the top of this sche	Facebook Page  dule T. Check if Austin.  Office sought  City; Houston,  dule) Description  Yard Signs, 4x4	. TX, officeholder living e State; TX	Office held  Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d  Date  far 10, 2021  Amount (\$) \$3600  Reimbursement from political contributions intended  PURPOSE OF	Solicit  Candida OH  Payee nam Nasir Alli Payee add 6820 Hal  Category s Advertis	ration Expenditure  Theck if travel outside of Texas. Complete Schedate / Officeholder name  see ed Signs ress; rwin Dr.	Facebook Page  dule T. Check if Austin,  Office sought  City;  Houston,  dule) Description  Yard Signs, 4x4	. TX, officeholder living e State; TX	Zip Code

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Office Of	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense	
1 Total pages Schedule G:	2 FILER NAME REHAN AHMED			3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name		<u>-</u>			
Mar 14, 2021	NTM					
\$200 Reimbursement from political contributions intended	7 Payee address;		City; Houstor	State;	Zip Code 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertisement Expense  TV One Usa - TV show fee					
	(c) Check if travel outside of T	exas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	cpense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought		Office held	
Date	Payee name					
Mar 16, 2021	Syed Shahzad					
Amount (\$) \$930 Reimbursement from political contributions intended	Payee address; 9440 Harwin Dr. Sui	te # E	city; Houston	State; n TX	Zip Code 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed Advertisement Exp		Description  Campaign T Shi	irt Printing and	Business cards	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			, TX, officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder	r name	Office sought		Office held	
Date	Payee name					
Mar 20, 2021	Home Depot					
Amount (\$) \$516.53 Reimbursement from political contributions intended	Payee address; 10419 Highway 6 Sout	h	City; Sugar Land	State; TX	Zip Code 77407	
PURPOSE OF EXPENDITURE	Category (See Categories listed Advertisement Expense		Description Stakes - Zip ties	- Stakes Drive	r	
	Check if travel outside of	Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought		Office held	
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NEED	DED		

OTHER W.

(	$\alpha$	(I)

Download PDF

		CEHOLDER E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs	FIRST Stephanie		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST Brown		SUFFIX	DECE	IVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STA	TE; ZIP CODE	APR - BY: GDK	1 2021
Change of Address	1206 Blue Diamond	Dr, Mis	souri City T	X 77489		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( ) 832 350	PHONE NUMBER	EXT	ENSION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Ms.	Alexandria			Date Processed	
	NICKNAME	LAST Brown		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (		CUITE #:	CITY;	STATE;	ZIP CODE
(Residence or Business)	1206 Blue Diamor	nd Dr.	Mis	ssouri City	TX	77489
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 832 ) 39	PHONE NUMBER 0-9297	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day aff treasurer ap (Officeholde	
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year	
11 ELECTION	ELECTION DAY		Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		V 7770	FICE SOUGHT (If known of Bend ISD Board of		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN M	ADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

Signature of Candidate/Officeholder (Declarant)

CAMI ATO	THINKINGE REFORM	
15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)
Step	phanie A. Brown	
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 200,00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 471.33
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ -271.33
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$
(1) Affidavit	Signature of Cand  Signature of Cand  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES  NOVEMBER 25, 2023	didate or Officeholder
NOTARY STAMP/SEAR Sworn to and subscribed 20 21, to certify  Mark Duank ( Signature of officer administer)	which, witness my hand and seal of office.  See Genrett Dane Rosier Executive Assuming oath  Printed name of officer administering oath	1 day of April iskant to the BOT  Title of officer administering oath
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	,	
	(street) (city) (sta	ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)

# SCHEDULE A1

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

3	The Instruction Guide explains how	w to complete th	is form.	1 Total pages Schedule A1:
2 FILER NA	ME tephanie A. Brown			3 Filer ID (Ethics Commission Filers)
4 Date	Universitie PAC (ID#		7 Amount of contribution (\$)	
2/25/24	Dora Olivo			
2/25/21	6 Contributor address;	City;	State; Zip Code	
	2625 Alamo	Rosenberg	TX 77471	100.00
8 Principal c	occupation / Job title (See Instructions	.)	9 Employer (See Instru	uctions)
	Retired			
Date	Full name of contributor	ut-of-state P	AC (ID#	Amount of contribution (\$)
	Dora Olivo			
	Contributor address;	City;	State; Zip Code	*
	2625 Alamo	Rosenberg	TX 77471	100.00
Principal or	ccupation / Job title (See Instructions)		Employer (See Instru	uctions)
	Retired			
Date	Full name of contributor	out-of-state P	AC (ID#	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal o	occupation / Job title (See Instructions)	)	Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state P	AC (ID#	) Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal o	ccupation / Job title (See Instructions)	)	Employer (See Instru	uctions)

# 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salartes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

T	To 54 55 NAME		2 Files ID (Fibes Completes Files
Total pages Schedule F1	2 FILER NAME Stephanie A. Brown		3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
3/10/21	Daley Professional Web Solutions		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 228.00	211 Cardinal Drive	Montgomery	NY 12549
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Other	Website	
	(c) 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/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/19/21	Texas Democrats		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 243.33 PURPOSE	1106 Lavaca, Suite 100  Category (See Categories listed at the top of this schedule)	Austin Description	TX 78701
OF EXPENDITURE	Other	Voter File	
	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		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF			
EXPENDITURE			
	Check if travel outside of Texas Complete Schedule T	Check if Austin	n, TX, officeholder living expense

#### 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. 24 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** JUDY MRS NAME Date Received NICKNAME LAST SUFFIX DAE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; **OFFICEHOLDER** 34 HESSENFORD ST SUGAR LAND TX 77479 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (609)216-4016 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 1110 PASSON FLOWER WAY RICHMOND TX 77406 **ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (956) 821-6879 REPORT TYPE January 15 X 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month COVERED 3 22 21 21 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Day Year Description 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE FORT BEND ISD BOARD POSITION 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME JUDY DAE	r ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,180.27					
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,473.17					
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,430.36					
4. TOTAL POLITICAL EXPENDITURES	\$ 7,111.83					
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,361.34					
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00					
18 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correquired to be reported by me under Title 15, Election Code.	orrect and includes all information					
Signature of Candidate	or Officeholder					
Please complete either option below:						
i iouss samplets states space below						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by this the	day of,					
20, to certify which, witness my hand and seal of office.						
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath					
OR						
(2) Unsworn Declaration						
My name is OSCAR SAENZ, and my date of birth is OCTOBER 11, 1977						
My address is 1110 PASSON FLOWER WAY , RICHMOND , TX , 7	77406 FORT BEND					
Executed in FORT BEND (street) (city) (state)  County, State of TEXAS , on the 31 day of MARCH (month)	(zip code) (country) , 20 21 					
Signature of Candidate/Office	coholder (Dealerant)					

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

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor			sion Filers)
05	SCAR SAENZ			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11,292.90
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			5,681.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	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 FU	NDS	\$	
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

#### SCHEDULE A1

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

in the requested information to not applicable, <b>50 No.1 molado tino pago in the report.</b>				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16		
2 FILER NAME OSCAR SA	ENZ	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID# LISA YING			
01/01/2021		200.00		
8 Principal occu	pation / Job title (See Instructions)  9 Emple	oyer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
01/02/2021	JANE YUAN	- / / / / / / / / / / / / / / / / / / /		
	Contributor address; City; State; 4422 HEATHERWILDE ST.; SUGAR LAND;			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
01/04/2021	YU LI  Contributor address; City; State;	Zip Code 200.00		
	N/A; N/A; TX; N/A	200.00		
Principal occup	eation / Job title (See Instructions) Emplo	oyer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#			
01/04/2021	RACHEL OU  Contributor address; City; State;	Zip Code 300 00		
01/04/2021 Contributor address; City; State; Zip Code 5715 SILVER BAY CT. SUGAR LAND; SUGAR LAND; TX; 77479				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Software Engineer				

#### 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:				
2 FILER NAME OSCAR SA	ENZ	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#) TED LIU	7 Amount of contribution (\$)			
01/04/2021	6 Contributor address; City; State; Zip Code	200.00			
	1126 KING STREET; N/A; TX; N/A				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#)  KAREN SUN	Amount of contribution (\$)			
01/04/2021	Contributor address; City; State; Zip Code	200.00			
	4211 SHADY RIVER; MISSOURI CITY; TX; 77459	200.00			
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
01/04/2021	YI WANG  Contributor address; City; State; Zip Code	200.00			
	17430 HOLLYBERRY LANE; N/A; TX; N/A	200.00			
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
01/04/2021	SUYANG HONG  Contributor address; City; State; Zip Code	200.00			
	5918 BROOK BEND DR; N/A; TX;				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	ATTACH ARRITONAL CORIES OF THE SCHERLIF FAS N				

#### SCHEDULE A1

if the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
Instruction Guide explains how to complete this f	1 Total pages Schedule A1: 16				
AENZ		3 Filer ID (Ethics Commission Filers)			
YING GU SUN	7 Amount of contribution (\$)				
6 Contributor address; City;	State; Zip Code	200.00			
31 WILMINGTON CT.; SUGAR LAN	D; TX; 77479	200.00			
pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	D#:)	Amount of contribution (\$)			
	24 NASC 52 L. 1987 N. S. 124 S. 134 S. 134 S. 136 S. 1	200 00			
		200.00			
5302 CAMBRIDGE STREET; SUGAR LA	ND; 1X; 7/4/9				
ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)			
CAROL CHEN		400.00			
Contributor address; City;	State; Zip Code	100.00			
5015 BERKSHIRE CT; SUGAR LAN	D; TX; 77479				
pation / Job title (See Instructions)	Employer (See Instruct	ions)			
27.	D#)	Amount of contribution (\$)			
		E00 00			
	1	500.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	CENTE TO LEVEL TO THE CONTROL OF THE				
	Instruction Guide explains how to complete this face.  AENZ  5 Full name of contributor	Instruction Guide explains how to complete this form.  AENZ  5 Full name of contributor YING GU SUN  6 Contributor address; City; State; Zip Code 31 WILMINGTON CT.; SUGAR LAND; TX; 77479  pation / Job title (See Instructions)  9 Employer (See Instruct CINDY X. HUSNG  Contributor address; City; State; Zip Code 5302 CAMBRIDGE STREET; SUGAR LAND; TX; 77479  pation / Job title (See Instructions)  Employer (See Instruct CAROL CHEN  Contributor address; City; State; Zip Code 5015 BERKSHIRE CT; SUGAR LAND; TX; 77479  pation / Job title (See Instructions)  Employer (See Instruct  Full name of contributor  CAROL CHEN  Contributor address; City; State; Zip Code 5015 BERKSHIRE CT; SUGAR LAND; TX; 77479  pation / Job title (See Instructions)  Employer (See Instruct  Full name of contributor  QINGSONG LI  Contributor address; City; State; Zip Code 1403 KENTSHIRE AVE; N/A; TX;			

#### 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: 16
2 FILER NAME OSCAR SA	NENZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) WINNIE CHAN	7 Amount of contribution (\$)
01/27/2021	6 Contributor address; City; State; Zip Code 5511 CRANSTON CT; N/A; TX;	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  KYMBERLY MCMORRIES	Amount of contribution (\$)
01/05/2021	Contributor address; City; State; Zip Code	100.00
	3114 SPRINGHILL DR; MISSOURI CITY; TX; 77459	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
01/05/2021	DEBRA ANDREWS  Contributor address; City; State; Zip Code	100.00
	5551 CRANSTON CT; N/A; TX;	100.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#)  INGRID XU	Amount of contribution (\$)
01/05/2021	Contributor address; City; State; Zip Code	200.00
	3323 LARKWOOD LANE; N/A; TX;	200.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)

SCHEDULE A1

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

The	1 Total pages Schedule A1: 16		
2 FILER NAME OSCAR SA	ENZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)
01/05/2021	6 Contributor address; City; State; 5534 EMERALD POINTE CT; SUGAR LAND;	Zip Code	200.00
8 Principal occu	pation / Job title (See Instructions)  9 Emple	oyer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID# YU CANG	)	Amount of contribution (\$)
01/05/2021	Contributor address; City; State; 5119 AVONDALE DR.; SUGAR LAND; TX	Zip Code	200.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ons)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
01/05/2021		Zip Code	200.00
Principal occup		oyer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#NAOMI LAM		Amount of contribution (\$)
01/05/2021	Contributor address; City; State;	Zip Code	200.00
	71 INVERRARY LANE; SUGAR LAND; T	X; 77479	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Retired			ons)

#### SCHEDULE A1

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

ii ale requested internation to not applicable, 20 No. include the page in the report.					
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 16			
2 FILER NAME OSCAR SAENZ			3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:) JINGHUI CHEN			7 Amount of contribution (\$)		
01/05/2021	6 Contributor address; City;		200.00		
	5403 OAKVILLE CT.; SUGAR LAN	ND; TX; 77479	200.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
01/05/2021	GRACE TONG		000 00		
01/03/2021	Contributor address; City;	State; Zip Code	200.00		
	819 EPPERSON WAY; SUGAR LA	ND; TX; 77479			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
01/05/2021	ZONGYONG ZHENG		000 00		
0170072021	Contributor address; City;	25 35%	200.00		
	5215 EAGLE POINTE CT; SUGAR LA	AND; TX; 77479			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)		
04/05/0004	SHAOJUN NI				
01/05/2021	Contributor address; City;	State; Zip Code	200.00		
	5831 STRATFORD GARDENS DR; SUGAR	R LAND; TX; 77479			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
			-		

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SA	ENZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P. ZHENHUA YANG	PAC (ID#:)	7 Amount of contribution (\$)
01/05/2021	6 Contributor address; City;	State; Zip Code	200.00
	44 OLD WINDSOR WAY; SUGAR I	LAND; TX; 77479	200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
04/05/2024	JESSICA FAN		000 00
01/05/2021		State; Zip Code	200.00
	5226 WEATHERSTONE CIRCI	LE; N/A; TX;	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
01/05/2021	SUSAN HUANG-TAN		000 00
01/03/2021	Contributor address; City;	State; Zip Code	200.00
	5507 EMERALD POINTE LN.; SUGAR	LAND; TX; 77479	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state P/	AC (ID#)	Amount of contribution (\$)
	XIA WEI		
01/05/2021	Contributor address; City;	State; Zip Code	200.00
	6222 SPENCERS GLEN WAY; SUGAR	R LAND; TX; 77479	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

#### 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: 16
2 FILER NAME OSCAR SA	ENZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:BO CHEN	
01/05/2021	6 Contributor address; City; State; Zip	- 11 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1
	51 VICTORS CHASE DR; SUGAR LAND; TX;	
8 Principal occu Homemaker	pation / Job title (See Instructions)  9 Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
04/07/0004	QINGFANG WU	400.00
01/27/2021	Contributor address; City; State; Zi	
	5402 EAGLE TRACE CT; SUGAR LAND; TX;	
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
01/25/2021	CARRIE PAXTON-LAMKE	400.00
01/25/2021		100.00
	6422 KENDALL CREEK DRIVE SUGAR LAND 77479; N/A	A; TX;
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	YUQING LIU	
01/06/2021	Contributor address; City; State; Zip	
	1915 BARTRUM TRAIL; SUGAR LAND; TX;	
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
	*	

#### 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: 16			
2 FILER NAME OSCAR SA	NENZ	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#) TIANYANG ZHANG	7 Amount of contribution (\$)			
01/06/2021	6 Contributor address; City; State; Zip Code 5003 WEATHERSTONE CIR.; SUGAR LAND; TX; 77479	200.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)  HAIYAN YU	Amount of contribution (\$)			
01/06/2021	Contributor address; City; State; Zip Code 4107 TRENT STREET; SUGAR LAND; TX; 77479	200.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)  JASON BURDINE	Amount of contribution (\$)			
01/23/2021	Contributor address; City; State; Zip Code 17107 SIMON CT; RICHMOND; TX; 77407	500.00			
Principal occup Investment Ad	ation / Job title (See Instructions)  Visor  Employer (See Instructions)  Post Oak Private We	The state of the s			
Date	Full name of contributor out-of-state PAC (ID#)  QUAN YUAN	Amount of contribution (\$)			
01/06/2021	Contributor address; City; State; Zip Code  5427 CHESAPEAKE PL; SUGAR LAND; TX; 77479	200.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					

#### 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: 16	
2 FILER NAME OSCAR SA	ENZ			3 Filer ID (Ethics Commission Filers)	
4 Date	4 Date 5 Full name of contributor out-of-state PAC (ID#) FENGLIN DU			7 Amount of contribution (\$)	
01/06/2021	6 Contributor address; City 4510 DEVONSHIRE STREET; S	ï	State; Zip Code	200.00	
		UGAR			
Landscape are	pation / Job title (See Instructions)		9 Employer (See Instruct City of Sugar Land	ions)	
		CONTRACTOR OF THE PARTY.			
Date	YANLINDA WU	f-state PAC	(ID#:)	Amount of contribution (\$)	
01/21/2021			State; Zip Code	200.00	
			N/A; N/A	200.00	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date		f-state PAC	(ID#)	Amount of contribution (\$)	
01/06/2021				200.00	
	Contributor address; City 4219 LAKE TERRACE CT; MISS	SOURI		200.00	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor out-of	f-state PAC	(ID#:)	Amount of contribution (\$)	
01/22/2021	Contributor address; City;		State; Zip Code	200.00	
	2619 GALLION DR.; SUGA	R LAN	ND; TX; 77479	200.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					

#### 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 f	orm.	1 Total pages Schedule A1: 16		
2 FILER NAME OSCAR SA	AENZ		3 Filer ID (Ethics Commission Filers)		
4 Date 01/08/2021	5 Full name of contributor out-of-state PAC (I MAGGIE GUAN	D#)	7 Amount of contribution (\$)		
01/00/2021	6 Contributor address; City; 38 PENNY GREEN ST; SUGAR LAN	State; Zip Code ID; TX; 77479	100.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$)		
01/20/2021	Contributor address; City;	State; Zip Code	100.00		
5002 PINERIDGE DR; SUGAR LAND; TX;					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date		D#)	Amount of contribution (\$)		
01/09/2021	CAROL SCOTT  Contributor address; City; State; Zip Code		200.00		
	16931 ASCOT MEADOW DR;	N/A; TX;			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (II  JING WANG	D#)	Amount of contribution (\$)		
01/21/2021	Contributor address; City;	State; Zip Code	199.00		
	937 GENERAL BEAUREGARD DRIVE; VIRGINIA	BEACH; VA; 23454	133.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ons)		
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS NEEDED					

SCHEDULE A1

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

and page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 16		
2 FILER NAME OSCAR SA	ENZ		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAGE DANA & FABIEN LAGOUTTE	C (ID#)	7 Amount of contribution (\$)		
01/10/2021	6 Contributor address; City; 3903 MISTY ROSE CT; SUGAR LA	200.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct Dow Chemical	ions)		
Date	XIN LIN	C (ID#)	Amount of contribution (\$)		
01/11/2021	Contributor address; City; 4202 CANTERBURY CT.; SUGAR LA	State; Zip Code	200.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)		
01/14/2021	Contributor address; City; State; Zip Code 7 LAWTON CIR.; SUGAR LAND; TX; 77479		250.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC  MELANIE ANBARCI	(ID#)	Amount of contribution (\$)		
01/12/2021	Contributor address; City;  10 TREDINGTON ST; SUGAR LA	State; Zip Code ND; TX; 77479	150.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how t	s form.	1 Total pages Schedule A1: 16			
2 FILER NAME OSCAR SA	AENZ			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor XINJUN TENG		C (ID#)	7 Amount of contribution (\$)		
01/12/2021	6 Contributor address;		State; Zip Code	200.00		
	5510 AZALEA TRAIL LN;	SUGAR L	AND; TX; 77479			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)		
01/13/2021	YUE ZHANG			400.00		
01/10/2021	Contributor address;			100.00		
	6007 MANGROVE FALLS C	CT.; SUGAR	LAND; TX; 77479	,*.		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
01/14/2021	QING LU	******		100.00		
		City;		100.00		
	5207 HAGDIELD CT;	SUGAR LA	ND; IX; 77479			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)		
01/05/2021	JING YI			400.00		
01/00/2021	Contributor address;	City;	State; Zip Code	100.00		
	N/A;	N/A;	N/A; N/A			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)		

#### SCHEDULE A1

If the reques	sted information is not applicab	le, DO NOT ii	nclude this page in the	report.	
The	Instruction Guide explains how t	s form.	1 Total pages Schedule A1: 16		
2 FILER NAME OSCAR SA	AENZ	3 Filer ID (Ethics Commission Filers)			
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#)  AMANDA LI			7 Amount of contribution (\$)	
01/05/2021	6 Contributor address;	City;	State; Zip Code	193.90	
	N/A;	N/A;	N/A; N/A	100100	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)	
01/06/2021	DALI FU			400.00	
01/00/2021	Contributor address;	City;	State; Zip Code	100.00	
	N/A;	N/A;	N/A; N/A		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)		
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)	
01/07/2021	BO YANG			100 00	
	Contributor address;	City;	State; Zip Code	100.00	
	N/A;	N/A;	N/A; N/A		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)	
01/22/2021	YANQING WANG  Contributor address:	City;	State; Zip Code	100 00	
	N/A;	N/A;	N/A; N/A	100.00	
Principal occup	pation / Job title (See Instructions)	14// 1,	Employer (See Instruct	ions)	
	***				

#### SCHEDULE A1

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

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: 16						
2 FILER NAME OSCAR SA	AENZ	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor YUE ZHANG		AC (ID#:)	7 Amount of contribution (\$)			
01/25/2021	6 Contributor address;	City;	State; Zip Code	100.00			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)			
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)			
02/19/2021	Contributor address;	City;	State; Zip Code	100.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)			
01/06/2021	JINGJING ZHANG CL  Contributor address;  N/A;	City;	State; Zip Code	200.00			
Principal occup	pation / Job title (See Instructions)	14/74,	Employer (See Instruct	tions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
01/06/2021	Contributor address;	City;	State; Zip Code	200.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS MEEDED							

#### 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:						
2 FILER NAME OSCAR SA	AENZ			3 Filer ID (Ethics Commission Filers)			
4 Date	XIAOCHUN Y LIU			7 Amount of contribution (\$)			
01/19/2021	6 Contributor address;	City;	State; Zip Code	200.00			
	N/A;	N/A;	N/A; N/A				
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	ions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
ATTACH ADDITIONAL CORIES OF THIS SCHEDUL E AS NEEDED							

#### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) OSCAR SAENZ 4 Date 5 Payee name 01/29/2021 Corredor Concepts 6 Amount (\$) 7 Payee address; City; State; Zip Code 570.00 1719 Eldridge Rd # A, Sugar Land, TX 77478 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE ADVERTISING EXPENSE T SHIRTS OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/11/2021 Sign Banners Amount (\$) Payee address; City; State: Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407 1.082.50 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE LARGE SIGNS **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/11/2021 M3 Graphics Amount (\$) Payee address; City: State: Zip Code 11730 Wilcrest Dr. Houston, TX 77099 394.03 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE YARD SIGNS OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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
Other Content of Expense of Expense

Salaries/Wages/Contract Labor Legal Services 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) OSCAR SAENZ 4 Date 5 Payee name 02/12/2021 Sign Banners 6 Amount (\$) 7 Payee address; City; State; Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407 618.34 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ADVERTISING EXPENSE LARGE SIGNS **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 03/02/2021 Sign Banners Amount (\$) City; State; Zip Code Payee address; 7623 Lassiter Hollow Ln, Richmond, TX 77407 975.00 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE LARGE SIGNS **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 03/15/2021 M3 Graphics Amount (\$) Payee address; City; State: Zip Code 11730 Wilcrest Dr, Houston, TX 77099 710.12 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE YARD SIGNS 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

#### 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 OSCAR SAENZ		3 Filer ID (Ethics	Commission Filers)
1 Date	5 Payee name			
03/23/2021	M3 Graphics			
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code
487.13	11730 Wilcrest Dr, Houston, TX 77099			
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/24/2021	M3 Graphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
167.79	11730 Wilcrest Dr, Houston, TX 77099			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGNS		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/25/2021	Universal Signs			
Amount (\$)	Payee address;	City;	State;	Zip Code
351.81	7825 S Texas 6, Houston, TX 77083			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

#### SCHEDULE F1

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

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

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

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

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

Candidate/Officeholder/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 OSCAR SAENZ		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name		•		
03/26/2021	M3 Graphics				
6 Amount (\$) 324.75	<b>7</b> Payee address; 11730 Wilcrest Dr, Houston, TX 77099	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGNS			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	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 Austir	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	DED		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:
		w to complete this form.		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MAS	FIRST KNISTEN	MI D	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	Date Received
		MALONE		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BO	OUT LIT	STATE; ZIP CODE	
MAILING ADDRESS		SOUTH FOUNTA		
Change of Address	M1550	Uni City, 18	- 77459	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(713)	298-9619		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	Receipt # Amount \$
NAME	M.	BRIAN		Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	MALONE		Date mayer
TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SUI	TE#; CITY;	STATE; ZIP CODE
(Residence or Business)	mis	SOURI CITY, 1	x. 774 (9	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(281)	380-7608		
9 REPORT TYPE	January 15	30th day before elec	tion Runoff	15th day after campaign
	July 15	8th day before election	on Exceeded Modified	(Officeholder Only)
10 PERIOD	Month	Day Year	Reporting Limit	Final Report (Attach C/OH - FR).
COVERED	2	10/2021	THROUGH Month	Day Year
11 ELECTION	ELECTION D.	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other	
	5/1	2021 General	Description  Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE COURT	
			13 OFFICE SOUGHT (if known)  FORT BEFORE 51	0
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES	CE OF POLITICAL CONTRIBUTIONS ACCIDENOLDER. THESE EXPENDITURES MATERIAL AND OFFICEROLDERS AND OFFICERO	EPTED OR POLITICAL EXPENDITURES MADE	Y POLITICAL COMMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	Y HAVE BEEN MADE WITHOUT THE CANDIDATE TO REPORT THIS INFORMATION ONLY IF THEY F	RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ÇAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASU	IRER ADDRESS	
		OUNTILL OF WITH THE ASO	THEN ADDRESS	
			CEA	
		GO TO PA	IULL	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

5 C/OH NAME  KA:	STEN D. MALONE	6 Filer ID (Ethics Commission File
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 560.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5.29
	4. TOTAL POLITICAL EXPENDITURES	\$ 5.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOTAL OF REPORTING PERIOD	AY \$ 554.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	F \$ -0-
	Please complete either option below:	
	Please complete either option below:	
(1) Affidavit	HERNAN PEREZ Notary ID #132672008 My Commission Expires September 11, 2024	
NOTARY STAMP/SE Sworn to and subscribe	ed before me by Kriste Davison Malone this the Ol	day of April
	fywhich, witness my hand and seal of office.  Hernan Perez	otary Public
Signature of officer adminis	stering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is	and my date of birth is	
My address is	(ctreet) (city) (state)	(zip code) (country)
Executed in	(street)  County, State of, on the day of(month)	
	Signature of Candidate/Offi	ceholder (Declarant)

Revised 8/17/2020

# 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  KMS1	EN D. MALONE		3 Filer ID (Ethics Commission Filers)
4		5 Full name of contributor out-of-state PAC (ID#:  MAISTEN MALONE  6 Contributor address; City; State; 2 2/23 SOUTH FOUNTAIN UALLEY MISSOUMI CITY TY. 77459	Zip Code	7 Amount of contribution (\$)  \$\frac{4}{200.00}\$
8			er (See Instructio	ns)
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	3/30/24	Contributor address; City; State; Z 3951 PLEASANY VALUEY DRIVE MISSOURI CITY 1X. 77459		\$ 200.00
	Principal occu		er (See Instruction	is)
	Date 3/8/21	Full name of contributor	ip Code	Amount of contribution (\$)  4 50.00
	Principal occu	Missouni City Ty 77459  pation / Job title (See Instructions)  Employe	er (See Instruction	s)
	Date 4/1/21	Full name of contributor		Amount of contribution (\$)
		Contributor address; City; State; Zi 2/23 South FountAin VALLEY M.5500n; City 14. 77459	p Code	\$ 10.00
		upation / Job title (See Instructions)  Employe  PHIN- LM 2 PNINTING  Employe	er (See Instruction	S)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# SCHEDULE A1

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

	The	nstruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 2 of 2	
2	FILER NAME  AAA:	STEN D. MALDNE		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor  ut-of-state P	PAC (ID#:)	7 Amount of contribution (\$)	
	4/1/21	JCHNA PITTMAN 6 Contributor address; City;	State; Zip Code	F/00.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
	Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Date	Full name of contributor out-of-state is	PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	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 Instruct	tions)	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mrs. Allison	МI <b>L</b>	OFFICE USE ONLY		
INAMIE	nickname last <b>Drew</b>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478	CITY; STATE; ZIP CODE	£		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832 ) 376-7768	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Mrs. Allison  NICKNAME LAST	MI L SUFFIX	Receipt # Amount \$  Date Processed		
	Drew	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / St 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478	UITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 832 ) 376-7768	EXTENSION			
9 REPORT TYPE	January 15  30th day before elections and statement of the statement of th	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 1 / 21	Reporting Limit  Month  THROUGH  3	Day Year  / 23 / 21		
11 ELECTION	Month Day Year Primary  5 / 1 / 21 General	ELECTION TYPE  Runoff Other  Description  Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FBISD Trustee:			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE REEN MANE WITHNIIT THE CANNI	IDATE'S OF OFFICEUOLDERIC KNOWN FROM ON		
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME			
	COMMITTEE CAMPAIGN TRE	:ASURER ADDRESS			
	GO TO I	PAGE 2			

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Allison Drew			16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUAR	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS ANS, OR GUARANTEES OF LOANS	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPEND	DITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT ( LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	\$	0.00
<ul> <li>Line State Control of the Control of t</li></ul>	wear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,		rue and co	prrect and inc	cludes all information
rec	quired to be reported by the under Title 15,	Election Code.			
			ASSESSMENT OF THE PROPERTY OF		
		Signature of	Candidate	or Officehol	der
	Please com	plete either option belo	w:		
(1) Affidavit					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by	this th	ne	day of	
	which, witness my hand and seal of office.	A STATE OF THE PARTY OF THE PAR			
Signature of officer administr	ering oath Printed name of o	fficer administering oath		Title of offic	er administering oath
		OR			=
(2) Unsworn Declarat	ion				
My name is Allison D		and my date of birth			
My address is 5215 A	lden Springs Blvd.	Sugar Land		77479	USA
Executed in Fort Bend	d (street) County, State of TX	(city), on the 02 day of 04	(state)	(zip code) , 20 <mark>21</mark> (year)	(country)
		Signature of Car	rdidate/Offi	cenoider (De	eciarant)

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

#### FORM C/OH COVER SHEET PG 3

3 of 5

10 CIL	18 FILER NAME					
	Drew, Allison					
20 SCI	HEDUL	E SUBTOTALS	Battan Company	CUIDT		
NAI	ME OF	SCHEDULE		SORIC	OTAL AMOUNT	
<b> </b>				<del> </del>		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
	-					
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		_	0.00	
-	Ĺ	SOULDOLL AL MONTHONE TAKE (INTERNAL) I OFFICE CONTRIBUTIONS		\$	0.00	
<u> </u>						
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
				ļ		
4,	X	SCHEDULE E: LOANS		_	0.00	
	ш			\$	0.00	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	0.00	
<b></b>	TO AN OWNER, NAMED IN					
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		_	0.00	
	ت	CONTROL OF THE PROPERTY OF THE		\$	0.00	
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00	
-	Ľ	OONED DEET 4. EAR EAD FORCE MADE DI ONED II OAND		\$	0.00	
	- paraneg					
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
-	BHTTH CHARLES AND ADDRESS OF THE PARTY OF TH					
10.	П	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	0F 0/0H			
	L	CONTENDED IN TARMER FANORE CENTRAL CONTINUE HORS TO A BOSINESS (	JF C/On	\$		
11.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS NS	\$		
12.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED			
	Ш	TO FILER		\$		
				-		

## **PLEDGED CONTRIBUTIONS** SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID Drew, Allison vote@vote5allison.com 0.00 \$ TOTAL OF UNITEMIZED PLEDGES Amount of In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: pledge (\$) (If applicable) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Version V1.1.eeb5f84f Forms provided by Texas Ethics Commission www.ethics.state.tx.us

LOANS				SCHEDULE E
The Instruction Guide explains how to	complete this	form.	1	ages Schedule E: 1 Rpt: 5/5
2 FILER NAME Drew, Allison	an dina dina kui ja	Principal and a limit of an information of experience of the Conference of the American Conference of the Conference of	3 Filer ID	T PROTECTION OF THE MATERIAL PROPERTY OF THE STATE OF THE
TOTAL OF UNITEMIZED LOANS			and the second s	\$ 0.0
5 Date of loan 7 Name of lender	out-of-state PA	AC (ID#:		9 Loan Amount (\$)
6 Is lender a financial institution?  8 Lender address; City;	State;	Zip Code		10 Interest Rate
				11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instruction	s)	
14 Description of Collateral None		15 Check if personal funds w	ere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City;	State;	Zip Code		
20 Principal occupation		21 Employer (See Instructions	S)	
orms provided by Texas Ethics Commission	www.ethics	s.state.tx.us		Version V1.1.eeb5f8

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	Commission Filers) 2 Total pages filed 47
3 CANDIDATE / OFFICEHOLDER NAME	MS. Adeola	OFFICE USE ONLY
TV WIL	Addie Heyliger  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE;	SUFFIX Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE # CITY. STATE:  4222 Oak Forest  Missouri City, TX 7748	SECEIVED APR - 1 2021
Change of Address		COR
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 244-5861	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Mrs. Soniah	MI Receipt # Amount \$  Date Processed
	NICKNAME LAST Jones	SUFFIX Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY	STATE; ZIP CODE
TREASURER ADDRESS	4714 Forest Home Dr. M	issouri City, TX 77459
(Residence or Business)	, , , ,	
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENS	ION
TREASURER PHONE	(832) 721-1896	
9 REPORT TYPE	January 15 30th day before election Ru	15th day after campaign treasurer appointment (Officeholder Only)
	out day botole election	ceeded Modified Final Report (Attach C/OH - FR) porting Limit
10 PERIOD COVERED	Month Day Year	Month Day Year
	01/01/21 THROUGH	03/20-/21
11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year Primary Runoff	Other Description
	5 / 1 / 21 General Special	
12 OFFICE		sought (If known) Bend ISD Position 6
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO	EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME	
Additional Pages	GENERAL COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 540,00 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 877.08 **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3 TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: CARACTER CARACTER CONTRACTOR OF THE CONTRACTOR O GARRETT DUANE ROSIER 132267296 OTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES (1) Affidavit **NOVEMBER 25, 2023** シントン・アントン・アントン・アント NOTARY STAMP/SEAL Sworn to and subscribed before me by Adeoa , to certify, which, witness my hand and seal of office. Garrett Dune Rosier Summe Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is \_\_\_\_ My name is \_ My address is \_\_\_ (state) (zip code) (country) (city) (street) Executed in \_\_\_\_\_\_, on the \_\_\_\_\_, \_\_ day of \_ (month)

Signature of Candidate/Officeholder (Declarant)

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

#### FORM C/OH COVER SHEET PG 3

19	9 FILER NAME Adeola O. Heyliger 20 Filer ID (Ethics Commission Filers)				
21	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$39,834.08	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	\$ 9,386.42		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$		
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor out-of-state PAC (ID#)  Shery Jones 6 Contributor address; City; State; Zip Code 1814 Timber Creek Dr. Mo. City Tx 77459	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date 1/30/21	Full name of contributor out-of-state PAC (ID#)  Brian M. Middleton  Contributor address; City; State; Zip Code  1322 Southwest Fwy #1980 Houston, TX 77074	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date 1/30/21	Full name of contributor out-of-state PAC (ID#:)  Byron Gautier  Contributor address; City; State; Zip Code  2606 Atlas Missouri City TX 77459	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date 1/30/21	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)

#### 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	1 Total pages Schedule A1: 40				
2 FILER NAME	Adeola Heyliger		3 Filer ID (Ethics Commission Filers)			
4 Date 1/30/21	5 Full name of contributor Dout-of-state PAC Capital Assets Sustainable 6 Contributor address; City; 9610 South Fitzgerald Mo. City	Energy States Zin Code	7 Amount of contribution (\$)			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date 1/30/21	Full name of contributor out-of-state PACE  Marcus Brewer  Contributor address; City;  1607 Buckwood, Frenso  Circle		Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date 1/30/21	Joel C. Clouser	State; Zip Code 7 77 77459	Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date 1/30/21	Full name of contributor   out-of-state PACTONI D. Sprue 11 - Pierre Contributor address; City; 730 Hawthorn Mo.C.ty	State; Zip Code  TX 7749	Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	*					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME Adeola Heyliger	3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor out-of-state PAC (ID# )  1/30/21 Tay Parekh  6 Contributor address; City; State; Zip Code  JayParekh Egmail.com	7 Amount of contribution (\$)  \$\mathref{S} \begin{align*} 100,00 \\ \exists* \]	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date   Full name of contributor   out-of-state PAC (ID#)   $Bridgett Roberson$   Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)	
Perdue, Brandon, Fielder, Collins & Mott  Contributor address; City: State: Zip Code  1235 North Loop W. ste 600 Houston TX 77008	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Date 2/6/21  Christ-us N. Powell Jr.  Contributor address; City; State; Zip Code P.O. BOX 451726 Houston TX 77245	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)	
ATTACH ADDITIONAL CORIES OF THIS SCHEDUL E AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

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

		•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1 20
2 FILER NAME	Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
2/4/21  5 Full name of contributor out-of-state PAC (ID#		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (Se	e Instructions)
	Full name of contributor out-of-state PAC (ID#	
Date 2/2/21	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)  de 459
Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)
2/7/21	Full name of contributor out-of-state PAC (ID#_ Portia Olden Poindexter  Contributor address; City; State; Zip Cool H123 Sundance Hill SugarLand TX 776 Lane	
Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)
	4	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 40
2 FILER NAME Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#)  Lina Sabouni 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date   Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date   Full name of contributor   out-of-state PAC (ID#)   Brenda Corprew     Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date 1/30/21  Full name of contributor   out-of-state PAC (ID#)  Nicole Browssard Smothers  Contributor address; City; State; Zip Code	Amount of contribution (\$) # /00.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS N	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

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

-50.			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 40
2 FILER NAME	Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor   aut-of-state PAC   KeVin Daniels   City;		7 Amount of contribution (\$) \$25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
1/30/21	Full name of contributor	(ID#) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
/28/21	Full name of contributor \square out-of-state PAC \\Angela Landry \\ Contributor address; City;	(ID#) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
1/27/21	Full name of contributor	(ID#) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	4		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
5 Full name of contributorout-of-state PAC (ID#)  Christopher Lewis 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date  /30/21   Full name of contributor   out-of-state PAC (ID#)  /30/21   Kiran Rajaya   Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date    State   Full name of contributor   out-of-state PAC (ID#)   Karen Tillman   Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Pate   Full name of contributor   out-of-state PAC (ID#)   Maye Dolores Collins     Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
ATTACH ADDITIONAL CODIES OF THIS COUEDING FACAN	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

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

if the requested information is not applicable, bo Not include this page in the report.			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 45
2 FILER NAME	Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor out-of-state PAC  Sherrita Dorsey  6 Contributor address; City;	(ID#) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
1/30/21	Full name of contributor out-of-state PAC  Zenithe Pierre  Contributor address; City;	(ID#) State; Zip Code	Amount of contribution (\$) \$19.08
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
1/30/21	Jaimi Canady	(ID#) State, Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 1/30/21	Full name of contributor   out-of-state PAC   Joe Lynn C. Kelly   Contributor address; City;	(ID#) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	H.		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

		notaco uno pago m uto i	oport.
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:240
2 FILER NAME	Adeola Neyliga	er	3 Filer ID (Ethics Commission Filers)
4 Date //30/21		AC (ID#	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
1/30/21	Pamiel J. Gask Contributor address; City;	AC (ID#)  I n  State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
1/31/21	Dewaynna Horn	AC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
1/31/21	Full name of contributor Theresa Debose.  Contributor address;  City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	d		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	Adeola Heyligen	3 Filer ID (Ethics Commission Filers)
4 Date //31/21	5 Full name of contributor	7 Amount of contribution (\$)  Zip Code
8 Principal occu	pation / Job title (See Instructions)  9 Employ	er (See Instructions)
1/31/21	Stephanie Bundage Tuvar Contributor address: City; State;	Amount of contribution (\$)  TE  Zip Code
Principal occup	ation / Job title (See Instructions) Employ	er (See Instructions)
Date   31   21	Full name of contributor out-of-state PAC (ID#  Gina Evans  Contributor address; City; State; 2	Amount of contribution (\$)  Zip Code
Principal occup	eation / Job title (See Instructions) Employ	ver (See Instructions)
Date   31   21	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)  Zip Code
Principal occup	pation / Job title (See Instructions) Employ	ver (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## SCHEDULE A1

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

	•	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME Adeola Heyliger	3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor   out-of-state PAC (ID#)  2/3/21 Chassidy Slainu - Klade  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date    Date   Darry   Carter	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date    Full name of contributor   Out-of-state PAC (ID#)	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date  2/4/21  Full name of contributor	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)	
ATTACH ADDITIONAL CODIES OF THIS SOURDING AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

The Instruction Guide ex	cplains how to complete this form.	1 Total pages Schedule A144
2 FILER NAME Adeola	L Heyliger	3 Filer ID (Ethics Commission Filers)
	ibutor Kemp	7 Amount of contribution (\$)
8 Principal occupation / Job title (See	Instructions)  9 Employer (See Instru	ctions)
Date  2/4/21  Full name of cont  Weidi  Contributor addre	ributor	Amount of contribution (\$)
Principal occupation / Job title (See I	nstructions) Employer (See Instru	ctions)
Pate  Full name of contributor address	a Gill	Amount of contribution (\$)
Principal occupation / Job title (See I	nstructions) Employer (See Instru	I ctions)
2/4/21 Full name of contributor address	M. Davis	Amount of contribution (\$)
Principal occupation / Job title (See I	nstructions) Employer (See Instru	ctions)
	-1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
2/5/21 5 Full name of contributor   out-of-state PAC (ID#	7 Amount of contribution (\$) \$150,00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date    State   Pac (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	uctions)
Date    Pull name of contributor   Out-of-state PAC (ID#	Amount of contribution (\$)  ### 20,00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	uctions)
Date    Full name of contributor   Out-of-state PAC (ID#	Amount of contribution (\$)  # 25,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A142
2 FILER NAME Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
2/8/21 5 Full name of contributor out-of-state PAC (ID#)  Spurgeon Robinson  6 Contributor address; City; State; Zip Code	Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date 2/9/21 Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date    Full name of contributor   out-of-state PAC (ID#)     Z/8/21   Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instruct	ions)
Date  Full name of contributor,   out-of-state PAC (ID#)  An Heca  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL FAS N	

# SCHEDULE A1

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

The	nstruction Guide explains how to complete this form.	1	Total pages Schedule A1
2 FILER NAME	Adeola Heyliger	3	Filer ID (Ethics Commission Filers)
2/22/28	5 Full name of contributor		Amount of contribution (\$)
8 Principal occup	eation / Job title (See Instructions)  9 Em	ployer (See Instructions	)
2/22/21	Full name of contributor	; Zip Code	Amount of contribution (\$) $= 25.0$
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions	
2/22/21	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)  \$\\ \begin{align*} \O \O \\ \O \\ \end{align*}
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions	)
2/22/21	Full name of contributor out-of-state PAC (ID#	; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions	)
	4		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
2/22/21	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occur	pation / Job title (See Instructions)  9 Employer (	See Instructions)
2/23/21	Full name of contributor	Amount of contribution (\$)  #//// 00
Principal occup	ation / Job title (See Instructions) Employer (	See Instructions)
Date 2/23/21	Full name of contributor	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (	See Instructions)
Date 2/11/21	Full name of contributor out-of-state PAC (ID#	# 250 00
Principal occup	ation / Job title (See Instructions) Employer (	See Instructions)
	1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
2/12/21	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)  9 Employer (	(See Instructions)
Date 2   16   2	Full name of contributor out-of-state PAC (ID#	# 51 00
Principal occup	ation / Job title (See Instructions) Employer (	(See Instructions)
2/16/21	Full name of contributor	4 / ) 00 00
Principal occup	ation / Job title (See Instructions) Employer (	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#  Contributor address; City; State; Zip 0	
Principal occup	ation / Job title (See Instructions) Employer (	(See Instructions)
	H	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor   out-of-state PAC (ID#)  7ahlie Rochelle  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date  Full name of contributor out-of-state PAC (ID#)  Earl M. Cummings  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date  Full name of contributor   out-of-state PAC (ID#)  70	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date    Shery   Sulface   Shery   Shery   State   Shery   Shery   State   Shery   Sher	Amount of contribution (\$)  4250.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Adeola Lleyliger	3 Filer ID (Ethics Commission Filers)
2/9/21 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date  Full name of contributor   out-of-state PAC (ID#:)  April Powell  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date  Full name of contributor   out-of-state PAC (ID#:)  Z/10/21	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instruct	ions)
Date  Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Adeola Heylige- 5 Full name of contributor Dout-of-state PAC		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/21	5 Full name of contributor  Monica Akomp  6 Contributor address;  City;	State; Zip Code	7 Amount of contribution (\$) 75.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
2 / 12-/21	Full name of contributor	State; Zip Code	Amount of contribution (\$)
	Peirlan	LITX	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
2/12/21	Full name of contributor out-of-state PAC  Marcia BAZNES  Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	PLO I Condation / Job title (See Instructions)	Employer (See Instructi	ons)
Date (2)	Full name of contributor  Diuna Prater  Contributor address;  City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL CORIES O	E THIS SCHEDIII E AS AIR	EDED

#### 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: 45
2 FILER NAME	Adeola Heyrige	3 Filer ID (Ethics Commission Filers)
2/12/21	5 Full name of contributor   out-of-state PAC (ID#: D6 nebo. Lh Vright  6 Contributor address; City; State; Zip Code  Howston, Tx	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Ins	tructions)
Date	Full name of contributor	Amount of contribution (\$)
2/12/21	Desiree Irby Contributor address; City; State; Zip Code Pland TX	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
ادراد	Contributor address; City; State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor	_) Amount of contribution (\$)
2/12/21	Contributor address; City; State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tructions)

#### SCHEDULE A1

if the requested information is not applicable, bo Not include this page in the report.			
The Instruction Guide explains how to complete the	72		
2 FILER NAME  A Date  5 Full name of contributor  Charlene	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state of 2/14/2) 6 Contributor address; City:	State; Zip Code		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)		
Date Full name of contributor out-of-state in	Amount of contribution (5)		
2)14b1 Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date  Full name of contributor  Dimetri Wal  Contributor address;  City:	State; Zip Code 2 7 (2)		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date  Full name of contributor  Dour haf Sak  Contributor address;  City;  Missour			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

## 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: 42
2 FILER MAME	cola lkylige	3 Filer ID (Ethics Commission Filers)
2/18/21	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Gabrielle Walton	Amount of contribution (\$)
2/19/21	Contributor address; City; State; Zip Code Pearland TX	100.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
2/19/21	Full name of contributor out-of-state PAC (ID#:)  Kimberly Slayh Hu  Contributor address; City; State; Zip Code  San Andomo Ty	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)
2/20/21	Full name of contributor out-of-state PAC (ID#)  KATIE Herrington	Amount of contribution (\$)
	Contributor address; City; State; Zip Code  MISSILLICITY TX	100.00
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

#### SCHEDULE A1

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

, and topoli.			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	5 Full name of contributor out-of-state PA		3 Filer ID (Ethics Commission Filers)
2/21/21	5 Full name of contributor out-of-state PAI  Brende Coope  6 Contributor address; City;  Plantand	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
2/32/21	Contributor address; City;	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Principal occur	lica lbloods	State; Zip Code  TX  Employer (See Instruction	Amount of contribution (\$)  25,00
D-1-			
4/30/DI	Den 200 Billi Contributor addréss; City: Pearland	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL CODIES	THIS SCHEDING A CAN	

#### 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 Holeola Haylige	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	ip Code 25.00
8 Principal occupation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
0 5 26	jo Code /00.00
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)
Houston TX	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)
Date  Full name of contributor  Out-of-state PAC (ID#:	
	r (See Instructions)

#### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Adeola Hayrige	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  2/32/51 6 Contributor address; City; State; Zip Code  Pich mond	7 Amount of contribution (\$) 400,00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date  Full name of contributor   out-of-state PAC (ID#:)  Doalisha Fosta  Contributor address; City; State; Zip Code  Missoun City, TX	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date  Full name of contributor  Out-of-state PAC (ID#:)  Anthony the Aes  Contributor address;  City; State; Zip Code  Howton TX	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date  Full name of contributor out-of-state PAC (ID#)  Sharn Clouse  Contributor address; City; State; Zip Code  Dallas, TX	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)

## 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  Haleo la Hey Lige  4 Date 5 Full name of contributor out-of-state PAC (ID#: )	3 Filer ID (Ethics Commission Filers)
2/20/21 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)  Amber Eldorado	Amount of contribution (\$)  1000.00
apply Amber Eldorado Contributor address; City; State; Zip Code Houston, Tx	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/22/21 Contributor address; City; State; Zip Code Planad, TX	200,00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)  Mike Johnson	Amount of contribution (\$)
Contributor address; City; State; Zip Code	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)

#### SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the	e report.			
The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME Adiola Heyrige	3 Filer ID (Ethics Commission Filers)			
2/33/21 6 Contributor address; City; State; Zip Code  Plana TX	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)			
Date Full name of contributor out-of-state PAC (ID#:)  Care   Taylor	Amount of contribution (\$)			
2/23/31 Contributor address; City; State; Zip Code  Plan / and TY	50.00			
Principal occupation / Job title (See Instructions)  Employer (See Instru	ctions)			
Date  Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instru	actions)			
Date  Full name of contributor  Paula Harris  Contributor address;  City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instru	ictions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED			

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	deola Heylige	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Carla Law  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)			
J, J	Howtha, TX	100.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Mojnammad Aijas	Amount of contribution (\$)			
2/03/01	Contributor address; City; State; Zip Code	25,00			
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)			
Date	Full name of contributor	Amount of contribution (\$)			
1 1	Shaun Johnson				
a/23/21	Contributor address; City; State; Zip Code	100.00			
3/23/21		100.00			
	Contributor address; City; State; Zip Code				
	Contributor address;  City;  State; Zip Code  Contributor   T   Y  Deation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor   out-of-state PAC (ID#:)				
Principal occup	Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Employer (See Instructions)  Employer (See Instructions)	ions)			
Principal occup	Contributor address;  City;  State; Zip Code  Contributor   T   Y  Deation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)			
Principal occup	Contributor address;  City;  State; Zip Code  Co	Amount of contribution (\$)			
Principal occup	Contributor address;  City;  State; Zip Code   Code  Code  Code    Code    Code    Code    Code    Code    Code     Code     Code     Code     Code      Code        Code	Amount of contribution (\$)			
Principal occup	Contributor address;  City;  State; Zip Code   Code  Code  Code    Code    Code    Code    Code    Code    Code     Code     Code     Code     Code      Code        Code	Amount of contribution (\$)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

in the requested information to not applicable, be not include this page in the			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME  H dev/L /ky/1 gc  4 Date 5 Full name of contributor   out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
2 /3/11 Contributor address; City; State; Zip Code	250.00		
missouri City H			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
2/3/3) Contributor address; City; State; Zip Code MISSOUR CITY	250.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date  Full name of contributor  Date  Date  Full name of contributor  Date  Da	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)		
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Adeola Hyuge		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:)  Sacqueline Harrison  6 Contributor address; City; State; Zip Code  Plan land TX		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)
3 psp1	Contributor address; City;	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
2 bubi	Contributor address; City;	State: Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 2/34/31	Full name of contributor  out-of-state PAC  Byon Biley  Contributor address; City;	State; Zip Code	Amount of contribution (\$)  2 TO, OO
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

ii lile reques	ted information is not applicable, bo Not include	unis page in the rep	
The	Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: 4/2
2 FILER NAME	deole thyrigh	3	Filer ID (Ethics Commission Filers)
4 Date	Theoph's Woodard	e; Zip Code	Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Er	nployer (See Instruction	s)
2/20/21	Full name of contributor out-of-state PAC (ID#_  Diamond Prothy v  Contributor address; City; State  Planland, T	e; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Er	nployer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
10/28/21	Contributor address; City; State		100,00
Principal occup	eation / Job title (See Instructions)	nployer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
2/28/21	Contributor address; City; Stat	e; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	mployer (See Instruction	ns)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

ii die requeste illierinaan in its applicable, De ree i illieriae alle page ill alle repeta			
The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1: 42	
2 FILER NAME	Adola Heylige Full name of contributor   out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers)	
) ,	Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
2/28/216	Contributor address; City; State; Zip Co	100.00	
8 Principal occupat	tion / Job title (See Instructions)  9 Employer (See	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
2/38/21	Contributor address; City; State; Zip Co	100.00	
Principal occupation	on / Job title (See Instructions) Employer (Se	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	, micani el centradaen (e)	
2/28/2	Sennifu Bathol Contributor address; City; State; Zip Co		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:		
3/21/21	Contributor address; City; State; Zip Co	100.00	
Principal occupati		ee Instructions)	
ATTACH ADDITIONAL CODIES OF THIS SCHEDIN E AS NEEDED			

#### SCHEDULE A1

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

ii iiie reques	ned 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 A1:	
2 FILER NAME	Adeola Hayliga	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor   out-of-state PAC (ID#:)    Out-of-state PAC (ID#:)   Out-of-state PAC (ID#:	7 Amount of contribution (\$)	
	Fortfaund Florida		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
2/3/pi	Contributor address; City; State; Zip Code	75.00	
	Missouri City, Tx		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
apople	Contributor address; City; State; Zip Code	50.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Shame Davids (i)	Amount of contribution (\$)	
2/28/21	Contributor address; City; State; Zip Code  MISSian City, TX	930	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME  Adeola Hyugu  4 Date  5 Full name of contributor out-of-state PAC (ID#:)	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
2/28/21 6 Contributor address; City; State; Zip Code Pichmonl, Ty	50.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)			
Date Full name of contributor out-of-state PAC (ID#:)  Dem Se Sander	Amount of contribution (\$)			
2/25/21 Contributor address; City; State; Zip Code  / Jous Lo. 71x	100.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)			
Date    Full name of contributor   out-of-state PAC (ID#:)   Ponique Brahim   Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date  Full name of contributor  Out-of-state PAC (ID#:)  Auguli Liggington  Contributor address;  City; State; Zip Code  Plain Tx	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N				

#### SCHEDULE A1

If the reques	ted information is not applica	ible, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how	v to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Adeok He	yagar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Panella  6 Contributor address;	Schegul City:	State: Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions	,	9 Employer (See Instruct	uons)
Date	Full name of contributor	The second secon	; (ID#:)	Amount of contribution (\$)
2/21/pi	Pobin Contributor address;	City;	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
3/1/21	Challta C Contributor address;	City;	State; Zip Code	50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/1/21	Contributor address;	City; Charles-	State; Zip Code	500,00
Principal occu	pation / Job title (See Instructions	)	Employer (See Instruc	xtions)
	ATTACH ADD	ITIONAL CODIES	OF THIS SCHEDULE AS I	NEEDED

#### SCHEDULE A1

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

ii the requested information to not applicable, be the ransmas and page in the repetiti			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	5 Full name of contributor out-of-state PAC (ID#:)	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
3/2/21	gainmin Breech  6 Contributor address; City; State; Zip Code  Pealanl, Tx	25.00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/0/21	Contributor address; City; State; Zip Code	100.00	
	Missour City, TX		
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/4/1	Contributor address; City; State; Zip Code  Pearland TX	220,00	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/5/21	Pyan Fereber  Contributor address; City; State; Zip Code  Houston TA	100.00	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.  1 Total pages Schedule AT: PAC   PAC				
# Date   5 Full name of contributor   out-of-state PAC (IDE:	The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
Date   Full name of contributor   out-of-state PAC (IDF:   State; Zip Code   Date   Principal occupation / Job title (See Instructions)   Employer (See Instructions)	2 FILER NAME	Holeola Heyuge		3 Filer ID (Ethics Commission Filers)
Date    Full name of contributor	21-1	5 Full name of contributor out-of-str		
Amount of contribution (\$)	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date    Full name of contributor   out-of-state PAC (ID#:	1 .	Netnton		200
Amount of contribution (\$)  Charana Thingsa  Contributor address; City; State; Zip Code  Funcipal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
3/6/31 Contributor address; City; State; Zip Code 50.00	3/6/21	Charann The Contributor address; City; HVCS	State: Zip Code	50,00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	3/6/21	Andre Williams Contributor address; City; Pearl	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	EEDED

### SCHEDULE A1

			•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	1 Soleola Hayage  5 Full name of contributor   out-of-state PAC		3 Filer ID (Ethics Commission Filers)
3 /2 /31	6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
3/8/21	Full name of contributor out-of-state PAC  Portion Bubineary  Contributor address; City;  Dally;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date  3/8/21  Principal occup	Full name of contributor out-of-state PAC  Sendre Tennesse  Contributor address; City;  Pea-land  pation / Job title (See Instructions)	State; Zip Code	Amount of contribution (\$)  50 00
Date  3/8/an  Principal occup	Cur Mily Know	State; Zip Code  Employer (See Instruction	Amount of contribution (\$)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Full name of contributor out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor uut-of-state PAC (ID#:	7 Amount of contribution (\$)	
3/9/21	6 Contributor address; City; State; Zip Code Phoenix, Az	150.00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/11/21	Contributor address; City; State; Zip Code	2 TO. 00	
	flar land it x		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/12/11	Contributor address; City; State; Zip Code Misson Gity, Tx	100.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/18/21	Contributor address; City; State; Zip Code	150.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE A1

	The first of the f	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Adiola Hylige	3 Filer ID (Ethics Commission Filers)
3/19/n	5 Full name of contributor out-of-state PAC (ID#:)  Tony Council  6 Contributor address; City; State; Zip Code  **Mount on TX**	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
3/21/31	Full name of contributor out-of-state PAC (ID#:)  Caro I Cim mim  Contributor address; City; State; Zip Code  Sug-Lend TX	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)
3/22 pi	Full name of contributor out-of-state PAC (ID#:)  Earl Allem  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date  3/33/51	Full name of contributor out-of-state PAC (ID#:)  And Berg Contributor address; City; State; Zip Code  MISSOUR CHYTX  action / Job title (See Instructions) Employer (See Instruct	Amount of contribution (\$)  2 TU + U V
	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	EEDED eporting requirements.

### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:2/2
FILER NAME Aclebla Heyliger	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date  Full name of contributor  Out-of-state PAC (ID#:)  Contributor address;  City;  State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)

Forms provided by Texas Ethics Commission

# SCHEDULE F1

	EXPENDITURE CATEGORIES P	OK BOX 6(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Over Polling Expense Printing Expense Cit/Awards/Memonals Expense Printing Expense Committee Legal Services Salaries/W	pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to co	
1 Total pages Schedule F1:	2 FILER NAME Adeola O. Ho	Sylver 3 Filer ID (Ethics Commission Filers)
4 Date 1 19 21	5 Payee name Courtney Alexand	ler
6 Amount (\$)	7 Payee address	City: State: Zip Code
#250.00		Seattle, Washington
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expen	Website
	(C) Check if travel outside of Texas Complete Schedule T	Check if Austin TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	7	
2/16/21	Kevin Rice	
Amount (\$)	Payee address,	City State Zip Code
\$ 250.00		Pearlane TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fevert Expers	DJ - Campaign kickoffe
	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	Payee name	
3/1/21	Texas Campaign	
Amount (\$)	Payee address:	City. State, Zip Code
\$300. °	)	touston, TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting Expan	Consulty ten
	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
	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 Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Travel In District Polling Expense Consulting Expense Gift/Awards/Memonals Expense Travel Out Of District Contributions/Donations Made By Printing Expense Legal Services Candidate/Officeholder/Political Committee Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 State Zip Code 6 Amount (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Advertist or Advertising Expen OF EXPENDITURE Check if Austin TX officeholder living expense Check if travel outside of Texas Complete Schedule T (C) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date graphics Zip Code State Payee address 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 Kumar Parekn State Zip Code City Amount (\$ Category (See Categories listed at the top of this schedule) PURPOSE Signs, magnets OF drestisin EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin TX afficeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct

expenditure to benefit C/OH

## SCHEDULE F1

ii the requested iiii	offilation is not applicable, bo No include	tins page in the report.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contract Labor Cother (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER MAME Hay cige	3 Filer ID (Ethics Commission Filers)
4 Date 3/18/21	5 Payee name M3 Gaphics	
6 Amount (\$)  257,41	7 Payee address;	City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	F
PURPOSE OF EXPENDITURE	Advertising Exper	Sign, Pushcares
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
3/20/21	Spint to Spint	
Amount (\$)	Payee address;	City; State; Zip Code
3,215.00		Houston TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expen	Sign - Yane
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filter ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. 3 MS / MRS / MR 3 CANDIDATE/ AAT OFFICE USE ONLY **OFFICEHOLDER** RAFAT MRS U NAME NICKNAME SUFFIX JILANI 4 CANDIDATE/ APT / SUITE # ADDRESS / PO BOX STATE ZIP CODE OFFICEHOLDER 2023 PLANTATION BEND DR MAILING **ADDRESS** SUGAR LAND TX 77478 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (832)277 3230 PHONE Receipt # Amount S 6 CAMPAIGN MS / MRS / MR 5.81 TREASURER MARIUM MS Date Processed NAME NICKNAME LAST SUFFIX Date Imaged SIDDIQUI STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # 7 CAMPAIGN TREASURER 2190 N LOOP W, STE 104 HOUSTON, TX 770178 ADDRESS (Residence or Business) AREA CODE B CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 715-0733 / 832 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment Officeholder Only? July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 2 3 22 21 12 21 THROUGH ELECTION DATE 11 ELECTION ELECTION TYPE Primary Rumpff Month Day Year Description ■ General 1 21 Spacial OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (If known) FBISD Board of Trustees - Pos. 6 14 NOTICE FROM 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 KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

5 C/OH NAME Rafat Ulain Jilani		16 Filer ID (Ethics Co	mmission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN S	0.0
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 7	,175.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	S	178.8
	4. TOTAL POLITICAL EXPENDITURES	s 4,	,438.5
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L. OF REPORTING PERIOD	AST DAY \$ 6	,657.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$	500.00
gen	Please complete either option belo	Candidate or Officeholde	or.
\$	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023		ST.
\$	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023		NT .
NOTARY STAMP/SEAL	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  before me by Rafat Ulain Zilani  this the		
NOTARY STAMP/SEAL	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  before me by Rafat Ulain Zilani  which, witness my hand and seal of office.	w:	1pri (
NOTARY STAMP/SEAL worn to and subscribed to an autocribed to to certify w	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  before me by Rafat Ulain Zilani this the which, witness my hand and seal of office.  Which, witness my hand and seal of office.  Garrett Duane Rosier Exective of the control of the	aw:  day of b	1pri (
NOTARY STAMP/SEAL WORN to and subscribed to 21 to certify worn to a force administer.	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  Defore me by Rafat Ulain Jilani this the which, witness my hand and seal of office.  Which, witness my hand and seal of office.  Garett Duane Rosier Exective of the printed name of officer administering oath  Printed name of officer administering oath	aw:  day of b	Ipri ( • 807
NOTARY STAMP/SEAL Worn to and subscribed to 21 to certify to gnature of officer administer to the control of th	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  before me by Rafat Ulain Zilani this the which, witness my hand and seal of office.  Garett Duane Rosier Exective of the control of the	day of b	Ipri 1  - 807
NOTARY STAMP/SEAL worn to and subscribed to and subscribed to another to be produced to the subscribed to another to anot	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES  NOVEMBER 25, 2023  before me by Rafat Ulain Zilani this the which, witness my hand and seal of office.  Garrett Drane Rosier Exective of the control of th	day of b  Assistant to the Title of officer  04/04/1958	Pri ( e BOT administering as
NOTARY STAMP/SEAL Worn to and subscribed to 21 to certify worn to officer administer of officer administer of the control of t	Please complete either option belo  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  More House Rosier  Care House Rosier  Frinted name of officer administering oath  OR  and my date of birth intation Bend Dr.  Sugar Land	day of _b  Assistant to the Title of officer  15 04/04/1958  TX 77478 U  (state) (zip code) 20 21	Ipri 1  - 807

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	Rafat Ulain Jilani 20 Filer ID (Ethics Co	
	HEDULE SUBTOTALS ME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1. MONETARY POLITICAL CONTRIBUTIONS	s 7,175.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S
3.	SCHEDULE B PLEDGED CONTRIBUTIONS	s
4	SCHEDULE E LOANS	\$ 500.00
5	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	s 1,018.00
6.	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	s 3,420.58
7	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$
8.	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	5
9	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	5
10.	SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH 5
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

### SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1 6
FILER NAME	PAFAT ULAIN JUAN	1 /	3 Filer ID (Ethics Commission Filers)
Date 2  22 2  Principal occu	5 Full name of contributor  MOHAMMED ABDULHW 6 Contributor address;  City;  S18 GVASSWEN PD P2  pation / Job title (See Instructions)	State; Zip Code	
	BASEER HASSAN PI  Contributor address UVOF SCARLET SUGGR WAPLE CT LAND	PHOA	Amount of contribution (\$)
Principal occus	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 3/17   21 Principal occur	Contributor address.  LAIGUE PEHMAN  Contributor address.  City  #815  pation / Job title (See Instructions)	State, Zip Code	Amount of contribution (\$)
Date 5/\7/2\	SULTAN MATTMOOD OF STATE PORTY OF ST	DENNYS)	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst	OF THIS SCHEDULE AS N	NEEDED

## SCHEDULE A1

The	Instruction Guide explains how to complete this form	1 Total pages Schedule AX
FILER NAME	PAPAT WAIN JUANI	3 Filer ID (Ethics Commission Filers)
3/16/21	5 Full name of contributor out-of-state PAC (IDB)  #ALYAT MERCHANT  6 Contributor address  POT LAKE SHOPE DI  SUGAN LAWD TX	9220.10
Date	Full name of contributor out-of-state PAC (ID#_	Amount of contribution (S)
3/18/21	Contributor address, City Ste 2295 AVALON BLAUMONT	te: Zip Code \$1000.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)
3/20/21	4210 STONE PAGE SIGAY	3 3
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)
Date 3/20/21	MI KHAM	Amount of contribution (\$)  #\$\\0\0\0\0\0\0\0 X\\ 77024
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF TH	

#### SCHEDULE A1

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

3 Filer ID (Ethics Commission Filers 7 Amount of contribution (\$) \$200.00  ons)
\$200.00
Amount of contribution (\$)
\$100.00
ons)
Amount of contribution (\$)
\$100.00
ons)
Amount of contribution (\$)
\$200.00
ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

	. •	
The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1
FILER NAME RAFAT ULAW JIVAN	۷١	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor put-of-state  ZAHOOR GIRE  3/20/21 6 Contributor address. City.  150 5 POTOMA( HOUST	State: Zip Code	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	ONEGE	Amount of contribution (\$)
3/20/21 FRONTIER MEDICALCO Contributor address: Gity: 1234 REGALSIDE CT PHU	State; Zip Code	\$100.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date  Full name of contributor A BABE  SHALLA S BULLTAR BUN	CHORI	Amount of contribution (\$)
S120/21 Contributor address SULTHAR BABE BULLTHAR BABE BUL	MOND TX 7407	\$200.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
	e PAC (IDA)	Amount of contribution (\$)
5/20/21 Salman RAZZAQI Contributor address: City: 6119 CREEK PIDGE MINNETONEIA N	State; Zip Code	\$500.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS N	EEDED

#### SCHEDULE A1

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

	ace mornation is not applicable, bo NOT in	ionaco uno pago in me i	oport.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1
FILER NAME	AT JUAIN JIVANI	3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
3/20/21	MOHAMMED S. MIAN 6 Contributor address; City, 14922 HOINDALEDR	State, Zip Code On TX 77062	\$500.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PA	1	Amount of contribution (\$)
3/20/21	Contributor address, City. 32301 BRIDGEBERRY H	State: Zip Code TX 77082	\$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	(30.04)	C (ID#	Amount of contribution (\$)
3/20/21	Laigue REHMAN  Contributor address  5075 WESTHEIMER  ROAD # 875	State: Zip Code 100 STON TV 170 STO	\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-pf-state PA	Control of the Contro	Amount of contribution (\$)
3/20/21	Contributor address.  (09 11 KINKCALDY PUL)  RD T	\$250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	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 A1

EU ED MANE	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1
FILER NAME				3 Filer ID (Ethics Commission Filers
	FAT ULAIN JU			
5 Full name of contributor but-of FEROZ ROOPAN			C (ID#)	7 Amount of contribution (\$)
3/18	AS JULIE RIV SUGAR I	ers pr onpT	State; Zip Code X 77479	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor			Amount of contribution (\$)
3/22	Contributor address SZOI ROCK CFG	STEVORP	State: Zip Code US TX 78414.	\$175.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ons)
Date	Full name of contributor	out-of-state PA	C (ID#	Amount of contribution (\$)
	Contributor address	City	State. Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#	Amount of contribution (\$)
	Contributor address	City,	State: Zip Code	
	pation / Job title (See Instructions)		Employer (See Instructi	ons)

## LOANS

## SCHEDULE E

	o mormation is not applicable, DO NO	or include uns page in the re	port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E.
PAPAT	MANT THANK		3 Filer ID (Ethics Commission Filer
4 TOTAL OF UN	NITEMIZED LOANS		s np
2/\612\	7 Name of lender Out-of-state PAFIAT VUALIN T	9 Loan Amount (\$)	
Is lender a financial Institution	8 Lender address. City 2073 PLANTATION	en e	10 Interest rate  N/A  11 Maturity date  N/A
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See instructions)	
L55P		NIA	
none Coll		15	ds were deposited into political ions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address, City	State: Zip Code	NIA
0 Principal Occupati	Ion (See Instructions)	21 Employer (See Instructions)	NIA
Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address City	State: Zip Code	Interest rate
J Y D N			Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	teral	Check if personal fund account (See Instruction	is were deposited into political
GUARANTOR Name of guarantor INFORMATION			Amount Guaranteed (\$)
	Guarantor address. City	State Zip Code	
not applicable			
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEED	DED

### SCHEDULE F1

	<b>EXPENDITURE CATE</b>	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credt Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not issed above)
Cresin Line d Pagintern	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1	2 FILER NAME PAFAT JU	Hall	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Payee name ELITE BANOVET HA	L GOABDOLM	AJEED MOHAMIN
6 Amount (\$)	7 Payee address	SUJANUANE	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Catagory (See Catagories has at at the top of this EVENT EXPENSE to 00 & 13 eVEY age  (c) Check if travel outside of Texas Complete S	Expense caw	PARTIAL PMINT & GIVERT FOY
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/22/21	ELITE BANQUET	HALL GO A	MOHAMMED MOHED
Amount (\$)	Payee address.	City;	State; Zip Code
\$400.00	11315 3 HWY 6 5	sugar Lann T	Y 77498 PARTIM PMTH?
PURPOSE OF	Category (See Categories listed at the top of this to	CAN	PIDATE MEETS
EXPENDITURE	FOOD & Beverage	Expense 1	LICKOFPEVENK
	Check if travel outside of Texas, Complete S	AND THE STATE OF T	on, TX officeholder living expanse
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 I sted at the top of this s	Chadulg) Description	
	Check if travel outside of Torus. Complete S.	chedule T Check if Aust	in, TX, officeholder living expense
Complete ONLY if airect expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

	<b>EXPENDITURE CATEGO</b>	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics	Foos Food/Beverage Expense Gift/Awards/Memonals Expense Committee Legal Services	oan Repayment/Reimbursement Mice Overhead/Rental Expense folling Expense rinting Expense islanes/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 I	now to complete this form.	
Total pages Schedule F2	2 FILER NAME RATION UL	AW JUAN	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	IZED UNPAID INCURRED OBLIGA	TIONS	\$ 60.87
Date	6 Payee name	HALL	
3/20/21	ELLIE BANQUET	Wash C/O x	430ULMarteco Moin
Amount (\$)	8 Payee address.	City.	State, Zip Code
[do.00]	11315 8 MWy 4	sugar LA	op tr myap
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sort EVENT EXPENCE FOOD SUBJECT. EXPEN  (c) Check firsyel outside of Texas. Complete Sche	ISE. FOWAY,	ning Balance our ols meet of creek nool a Food of Ber
Complete GNLY if direct	Candidate / Officeholder name	Office remah!	Office hold
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		Office sought	Office held
expenditure to benefit C/OH	Payee name		Office held
Date 3   22 /2	Payee name AIIIED SIENS Payee address.	City	State: Zip Code
Date 3   22 /2	Payee name AIIIED SIGNS	City	State: Zip Code
Date 3/22/2  Amount (\$)  TYPE OF	Payee name AIIIED SIGNS Payee address.  V 220 Hayrwin	City	State: Zip Code
Date 3/22/2  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee name  AIIIED SIGNS  Payee address.  UR20 HAURWIN  Political  Category (See Categories listed at the top of this set PRINTING EXP.  ADVENTISING EXP.	Non-Political  Non-Political  Ply- PMRC Ya	on N 77036
Date 3/22/2  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee name  AIIIED SIGNS  Payee address.  UR20 HOURWIN  Political  Category (See Categories listed at the top of this set PRINTING EXP	Non-Political  Description  Pry-  PMRC Y a	State Zip Code ON N 77036 BANNEY, STAND URS, POST CARDS,
Date 3/22/2  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE	Payee name  AIIIED SIGNS  Payee address.  UR20 HOURWIN  Political  Category (See Categories listed at the top of this act PRINTING EXP.  ADVENTISING EXP.  Check I gravel outside of Texas. Complete Sch.  Candidate / Officeholder name	Non-Political  Description  Pry-  PMRC Y a	State Zip Code ON N 77036 BANNEY, STAND URS, POST CARDS, IRO SIGNS
Date  3/22/2   Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete QNLY if direct	Payee name  AIIIED SIGNS  Payee address.  UR20 HOURWIN  Political  Category (See Categories listed at the top of this act PRINTING EXP.  ADVENTISING EXP.  Check I gravel outside of Texas. Complete Sch.  Candidate / Officeholder name	Non-Political  Non-Political  Ply  Per C Y a  edule T Check if A	State Zip Code ON N 77036  BANNEY, STAND ERS, POST CARDS, RD 516NS  ustin TX, officencider living expense

# **UNPAID INCURRED OBLIGATIONS**

# SCHEDULE F2

Advantage (Seconda Country (Seconda Coun		EXPENDITURE CAT	TEGORIES FOR BOX 10(a)			
Total pages Schedule F2 2 FILERNAME PAPAT V. JIL HAND  TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 60.87  Date  3/17/21 6 Payee name HANNICTECH COUNTIONS BUSINESS 9 TELLITURING State: Zip Code  SMO. 8 7  Amount (5) 8 Payee address; WWW. HANNICTECH City: State: Zip Code  SH BUSINESS EXCEL 5th Flock CENTER SAMPH CLOTH HANNICTECH  TYPE OF EXPENDITURE  (a) Category: See Categories lated at the top of the streetable)  (b) Description  Website Design, Pomal Registration, Gyaphtic Design, Pomal Registration, Gyaphtic Description  Complete ONLY if direct expanditure to benefit C/OH  Candidate / Officeholder name  Office sought  Category: See Categories based at the top of this achee. Lie  TYPE OF EXPENDITURE  Category: See Categories based at the top of this achee. Lie  Payee name. HANNICH  Category: See Categories based at the top of this achee. Lie  Category: See Categories based at the top of this achee. Lie  Category: See Categories based at the top of this achee. Lie  Category: See Categories based at the top of this achee. Lie  Category: See Categories based at the top of this achee. Lie  Category: See Categories based at the top of this achee. Lie  Complete ONLY If direct  Candidate / Officeholder name  Office sought  Office bought  Office beld  Office bought  Office beld	Accounting/Banking Consulting Expense Contributions/Donations Made B	Fises Food/Beverage Expense y Gift/Awards/Memonals Expense al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a catagory not listed above)		
TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS  Date 3/17/21 6 Payee name 1+AWICTECH COUNTIONS BUSINESS 91 TELLITWOLOGY Amount (5) 8 Payee address: WWW HYAWITTELH City: State: Zip Code 6 OD 0 O SHBUSINESS EXCEL 5th Flock CENTER SHIPH CLONY TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE (a) Category: Issue Categories based at the top of the schedule: (b) Description WEBSITE DESIGN, Polyman Registration, Givanistic Programme (c) Check from audicide of texas Complete Schedule: (c) Check from audicide of texas Complete Schedule: (d) Check from audicide of texas Complete Schedule: (d) Check from audicide of texas Complete Schedule: (e) Check from audicide of texas Complete Schedule: (d) Check from audicide of texas Complete Schedule: (e) Check from audicide of texas Complete Schedule: (f) Check from audicide of texas Complete Schedule: (d) Check from audicide of texas Complete Schedule: (d) Check from audicide of texas Complete Schedule: (e) Check from audicide of texas Complete Schedule: (f) Check from audicide of texas Complete Schedule: (d) Check						
Date  3/1/21 6 Payee name HAWINTELH COULTIONS BUSINESS 9 TELLITHOLOGY Amount (s) 8 Payee address; WWW-FTAWETELH City: State: Zip Code  SH BUSINESS EXCEL 5th Ffore CENTER SHAPET  TYPE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  ADVENTING  (b) Description  Website Design, Pomal Registration, Givaphtic Description  Website Description  Office held  Category (See Categories Instat at the Top of this schedule)  Payee address:  City: State: Zip Code  Type OF  EXPENDITURE  Category (See Categories Instat at the Top of this schedule)  Description  Office held  Complete Only If direct  Candidate / Officeholder name  Office sought  Office held	2 DAFAT U. JILAWI			3 Filer ID (Ethics Commission Filers)		
Amount (\$)  8 Payee address; WWW - HYAWKTTCH City: State: Zip Code  \$ HBUSINESS EXCEL 5th Flock  TYPE OF EXPENDITURE  Political  (a) Category: See Categories lated at the top of the schedule: Website Design, Pomal Poly Website Manual Complete Children Candidate / Office holder name  (b) Description  Website Design, Pomal Poly Website Design, Pomal Poly Website Manual Complete Children Complete Children Complete Children Complete Children Complete Children Complete Children Ch	TOTAL OF UNITER	MIZED UNPAID INCURRED OF	BLIGATIONS	\$ 60.87		
TYPE OF EXPENDITURE  (a) Category (See Categories based at the top of this schedule)  (b) Description  Website Design , Pamar Registration, Givaphtic Description  Complete QNLY it direct expanditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Type OF Expenditure  Payee address  Category (See Categories based at the top of this schedule)  Purpose OF Complete Categories based at the top of this schedule)  Description  Category (See Categories based at the top of this schedule)  Check It savel quasite of Texas Complete Schedule (Category (See Categories based at the top of this schedule)  Check It savel quasite of Texas Complete Schedule (Category (See Categories based at the top of this schedule)  Complete QNLY it direct  Candidate / Officeholder name  Office sought  Office held	3/17/21	1+AWKTELH (		isiness & tectwolog		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  ADVENTS I NO EXPENDITURE  (b) Description  WEBSITE PESIGN, Pomal Registration Grant Market Pesigns (Pomal Regis	Amount (\$)		L 5th Flock	SYAIKPET		
PURPOSE OF EXPENDITURE  Check if ravel outside of Toxas Complete Schedule T.  Check if ravel outside of Toxas Complete Schedule T.  Check if ravel outside of Toxas Complete Schedule T.  Check if ravel outside of Toxas Complete Schedule T.  Check if ravel outside of Toxas Complete Schedule T.  Check if ravel outside of Toxas Complete Schedule T.  Check if ravel outside of Toxas Complete Schedule T.  Check if ravel outside of Toxas Complete Schedule T.  Check if Austin. TX. officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office sought  Office held  Candidate / Officeholder name  Office sought  Office sought  Office held		Political	Non-Political			
Complete QNLY if direct expanditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Office held  Date  Payee name  Amount (\$)  Payee address.  City.  State: Zip Code  TYPE OF EXPENDITURE  Political  Non-Political  Category (See Categories Issued at the top of this achedular)  Description  Check If ravel outside of Texas Complete Schedule T  Check If Austin, TX, officeholder living expense  Complete QNLY if direct  Candidate / Office held	PURPOSE	Expense P	Regist	website mainter		
Amount (\$) Payee address. City. State: Zip Code  TYPE OF EXPENDITURE Political Non-Political  Category (See Categories fisted at the top of this achedular) Description  PURPOSE OF EXPENDITURE  Check if travel putside of Texas Complete Schedule T Check if Austin. TX. officeholder living expense  Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Candidate / Officeholder name	Office sought	Office held		
TYPE OF EXPENDITURE  Political  Category (See Categories Issued at the top of this achedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas Complete Schedule 1  Complete ONLY if direct  Candidate / Office hold	Date	Payee name				
Category (See Categories fisced at the top of this scheduler)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas Complete Schedule T  Check if fixed outside of Texas Complete Schedule T  Complete ONLY If direct  Candidate / Office holds  Non-Political  Description  Description  Office holds  Category (See Categories fixed at the top of this scheduler)  Category (See Categories fixed at the top of this scheduler)  Category (See Categories fixed at the top of this scheduler)  Description  Office holds  Office hold	Amount (\$)	Payee address.	Спу	State; Zip Code		
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	TYPE OF	Political	Non-Political			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held	EXPENDITURE	Category (See Categories listed at the top of	(Pis schedule) Description			
	PURPOSE OF					
	PURPOSE OF	Check if travel outside of Texas. Comp	state Schedule T. Check i	F Austin, TX, officeholder living expense		

CAMPAIG	N FINAN	CE REPORT	4904333	COVERS	SHEET PG 1
The C/OH Instruction	The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST, Edtri	na.		E USE ONLY
	NICKNAME		EIVE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	APR BY: 600	- 1 2021		
Change of Address	Miss	ouri Cityi	TX 77450	9	
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	978-498	EXTENSION	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS) MRS / MR	Tokeisha	MI	Receipt #	Amount \$
IVAIVIE	NICKNAME	LAST	SUFF		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #: CITY:	STATE:	ZIP CODE
TREASURER ADDRESS	16703	Forthbr	idge Ct	SIAIL,	ZIP GODE
(Residence or Business)	Ho	ustonily	77084		
8 CAMPAIGN TREASURER PHONE	(7/3)	304 - 12	EXTENSION 84		
9 REPORT TYPE	January 15	30th day before		treasurer a	after campaign appointment ler Only)
	July 15	8th day before ele	ection Exceeded M Reporting Lir		ort (Attach C/OH - FR)
OVERED	Month /	Day Year / 1 / 2021	THROUGH	Month Day Yes	021
11 ELECTION	ELECTION D		ELECTI	ON TYPE	
	Month Day 05/01	Year Primary	Runoff Oth	er cription	
12 OFFICE	OFFICE HELD (if any	)	13 OFFICE SOUGHT	(if known)	sepo Ro
4 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFF	CENULUER. I NESE EXPENUITURE:	ACCEPTED OR POLITICAL EXPEND S MAY HAVE BEEN MADE WITHOUT RED TO REPORT THIS INFORMATION	THE CANDIDATE'S OB OFFICEUO	I DEDIC PHOME COOP OF
30	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME EATY	ring Moss	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)	\$ 5
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 427.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 427.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	Signature of ¢a	andidate or Officeholder
(1) Affidavit  NOTARY STAMP/SEA	JONATHAN CAREY  Notary Public, State of Texas  Comm. Expires 11-26-2023  Notary ID 132265877	
Sworn to and subscribed	before me by this the	day of April .
20 Northur Con	which, witness my hand and seal of office.	Natura Public
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on .	
My name is	, and my date of birth is	
My address is		
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of, on theday of(month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethics Co	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	\$
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	\$ 427.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

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

Event Expense Fees Food/Beverage Expense Gitf/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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (See Categories listed at the top of this schedule **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) State; Zip Code 00 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 3 CANDIDATE/ MS / MRS / MR **OFFICEHOLDER** MR. NADEEM OFFICE USE ONLY NAME MAIK APT / SUITE #; CITY; 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** 15210 DELBARTON M MAILING **ADDRESS** Change of Address 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered or Date Postmarked PHONE 6 CAMPAIGN Receipt # Amount \$ TREASURER NAME Date Processed STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: Date Imaged 7 CAMPAIGN TREASURER STATE: ZIP CODE HOUSTON, TX. 77083 ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE TREASURER PHONE (832) 876-2398 9 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 3/31/21 11 ELECTION ELECTION TYPE Month Other Description 5/01/21 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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

	E / OFFICEHOLDER I FINANCE REPORT CO	FORM C/OH VER SHEET PG 2
15 C/OH NAME	VANCEM NATK	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1050,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,617.69
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 1,050-00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$567.69
	Signature of Candidate of Please complete either option below:	or Officeholder
(1) Affidavit	GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	
NOTARY STAMP/SE/		day of April
20 2 , to certif	which, witness my hand and seal of office.	
Javor VI Torre		Title of officer administering oat
Signature of officer adminis	tering oath Printed name of officer administering oath	THE OF OTHER AUTHORISETING OAT
	OR	ALCOHOLD AND AND AND AND AND AND AND AND AND AN
(2) Unsworn Declara		
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (state)  County, State of , on the day of (month)	(zip code) (country), 20 (year)
	Signature of Candidate/Office	ceholder (Declarant)

# SUBTOTALS - C/OH FORM C/OH

# COVER SHEET PG 3

	NADEEM NAIK	0 Filer ID (Ethics Con	nmission Filers)	
21				
1.			SUBTOTAL AMOUNT	
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10501	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	- 4	\$	
4.	SCHEDULE E: LOANS		Φ	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE TO SCHEDULE		\$	
6.	ENDITORES MADE FROM POLITICAL CONTRIBUTIONS			
7.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
<u> </u>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	1 8		
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
<u>.</u>	SCHEDULE K. INTEREST OFFER	BUTIONS \$		
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$		

### SCHEDULE A1

ii die reque	sted information is not applicable, <b>DO NOT</b> II	include this page in the	report.
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 2
2 FILER NAME	NADEEM NAIK	3 Filer ID (Ethics Commission Filers)	
3   1   21	5 Full name of contributor	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	MA TARRO ONTA	C (ID#)	Amount of contribution (\$)
3/1/21	Contributor address; City;	State; Zip Code	10000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	11 1 V 1(20)	(ID#:)	Amount of contribution (\$)
3/1/21	Contributor address; City;	State; Zip Code	100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
3/1/21	Contributor address; City;	State; Zip Code	250.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructio	ns)

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

### SCHEDULE A1

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

ın	e Instruction Guide explains how to	complete this form.	1 Total pages Schedule A1: 2
FILER NAME	NADEEM NA	IK	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAC (ID#:	7 Amount of contribution (\$)
3/1/21	Mohamad  6 Contributor address;	FAHEEN KHAN City; State; Zip Code	500 - w
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instr	ructions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
		City; State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
	The state of the s	City; State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date	Full name of contributor 🔲 o	ut-of-state PAC (ID#:)	Amount of contribution (\$)
		City; State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instru	ctions)

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

# SCHEDULE F1

		1 3	-   -   -   -   -   -   -   -   -   -
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Cod/Beverage Expense Food/Beverage Expense Food/Memorials Expen	oan Repayment/Reimbursement office Overhead/Rental Expense rolling Expense rinting Expense alarles/Wages/Contract Labor tow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
8	NAO EEM NAII		3 File 1D (Ethics Commission Filers)
4 Date	5 Payee name		
2 28 >1 6 Amount (\$)	SHANN RECTURA	NT	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
541.4	Huckett, 14	outton	Tx.
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE	EVENT EXPENSE		
OF EXPENDITURE	CAMPAIGN KUCOF	e DINNER	for fuitees.
	(c) Check if travel outside of Texas. Complete Sched	ule 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		
3/1/21	MNS ENTERPR	11586	
Amount (\$)	Payee address;	City;	State; Zip Code
259.80	Houston	2	TX 77083
PURPOSE	Category (See Categories listed at the top of this schedule) An VCNT(S/Nh	de) Description	
OF EXPENDITURE	CAMPAGIO PRIATI	Va CARDS	& BANNER
	Check if travel outside of Texas. Complete Schedul		TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		7	
Date	Payee name		
3/4/21	MNS ENTER	R1585   MEH	mod April
Amount (\$)	Payee address;	City;	State; Zip Code
21027	1.	,	Zip Code
2/4.2	Louston	-	Tx 77087
PURPOSE	Category (See Categories listed at the top of this schedul	e) Description	
OF	0		,
EXPENDITURE	CAMPAGIN PRINTIN	a CARIC	& BANKER(
	Check if travel outside of Texas. Complete Schedule	r—-	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			Cince nelo
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED

### SCHEDULE F1

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

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Politica redit Card Payment		pense Travel Out Of District  ages/Contract Labor Other (enter a category not listed above)		
Total pages Schedule F1:	2 FILER NAME NAMEEM NAIL	3 Filer ID (Ethics Commission Filers)		
Date	5 Payee name			
3/0/21	STAIMAD SWEETS			
Amount (\$)	7 Payee address;	City; State; Zip Code		
6.50	Sulan Lawn	Tx.		
1	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	_	~ 0 ,		
OF EXPENDITURE	foon / BEVLANUE Sep	for Justee		
	(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/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name	THE PERSON AND THE PE		
3/8/21	Alita Zerce			
Amount (\$)	Payee address;	City; State; Zip Code		
31-96	Sugar land	TX		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	From BENEAURE SAF	Comprain nuling		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
3/8/21	Primani & more			
Amount (\$)	Payee address;	City; State; Zip Code		
	Sugar Lan	S Tx		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD & BENEFITS	CAMPAGIN MISETIME		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
		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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Printing Expense Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) WADEEM NAIK 4 Date 6 Amount (\$) City: State: Zip Code STAR Rucky 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF ampagin Merti N. G COD+ REUSAGE SEP EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name SHEU SERVICE STATION City; Zip Code 49-81 **PURPOSE** Polley Experse EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3/10/1 Amount (\$) Payee address: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Evew 1 OF CAMPAGIN 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

## SCHEDULE F1

		1 9	T
	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Cod/Beverage Expense FOOd/Beverage Expense FOOd/Beverage Expense FOOD FOOD FOOD FOOD FOOD FOOD FOOD FOO	.coan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salarles/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME .		3 Filer ID (Ethics Commission Filers)
B	NADEEN 1	UATIC	3 File 1D (Edilos Commission Filers)
4 Date 3 1 1 1 31	5 Payee name	-5	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
7.99	Corjon (	oud 7	TX
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
PURPOSE	_		
OF EXPENDITURE	1000/ Bruge Ex	p. MEET	TINU
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/15/21	Auth Juca		
Amount (\$)	Payee address;	City;	State; Zip Code
12.48	Sugarlen	1 TX	
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Food Berye Ex	MEE	Trah
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/16/51	Allty Juice		
Amount (\$)	Payee address;	City;	State; Zip Code
8.57	Sugar land	TX	g.
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE			
OF EXPENDITURE	tapo & Beverye Ex	A MEE	TING
	Check if travel outside of Texas. Complete Schedule	eT. 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 T	HIS SCHEDULE AS NEED	ED

## SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics 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 F1:	2 FILER NAME NAMEEN NA	114	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name KRO G EN		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8.50	Hw b		Tx
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Bruge St	pollu	vorter
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/17/21	AGHA Jugar		
Amount (\$)	Payee address;	City;	State; Zip Code
6-92	Cryonland	74	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	From / Berry Exp	nut	in,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/17/1	Auffor Jeger		
Amount (\$)	Payee address;	City;	State; Zip Code
13.88	Ergenler	al TX	
BUDDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fron Berage Exp	MEST	( NG
	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	DED

## SCHEDULE F1

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan   Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	4	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/1	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
51.83	SHEU SERVIC	E STATIO	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	EVENT EXP	SA	(
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/20/21	CZ RESTURANT	•	
Amount (\$)	Payee address;	City;	State; Zip Code
22.59	Lougran	TX	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	toon Bevery Exp	MEUT	( du
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Pate	Payee name		
3/2/21	Payee name  AZHA Juice		
3/m/m		City;	State; Zip Code
3/2/21	AZHA Jvice Payee address; Sujan land	City;	State; Zip Code
	AZHA Juice	_	State: Zip Code
3/m/1 2258 PURPOSE OF	AZHA Jvice Payee address; Sujan land	TX	,
3/21/21 Amount (\$) 22.58	AZIFA Juice Payee address;  Super Loud Category (See Categories listed at the top of this schedute)	TX  Description  MEET	,

### SCHEDULE F1

4 Date 3/25/M	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains  2 FILER NAMS ADCEM	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expens Travel In District Travel Out Of District
4 Date 3/25/M	2 FILER NAMES NAME ADEEM NA	The state of the s	
4 Date 3/25/M	WADCEM NE		
3/23/21	E Payer name	TIC	3 Filer ID (Ethics Commission Filers)
6 Amount (\$)	AGUN Tu		
	7 Payee address;	City;	State; Zip Code
17-12	Cycler	nd Tx	
3	(a) Category (See Categories listed at the top of this schi		
PURPOSE OF			
EXPENDITURE	ford leverye		ETING,
	(c) Check if fravel outside of Texas. Complete Sched	Jule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/25/4	So DAMY. G	m	
Amount (\$)	Payee address;	City;	State; Zip Code
89-79	480-105-08	POT AZ	Zip Gode
	Category (See Categories listed at the top of this schedu	nle) Description	
PURPOSE OF EXPENDITURE	Am Exp	1720	Carrier I.
-	Check if travel outside of Texas. Complete Schedule	NEO S	173 Amotom NAIR CU
Complete ONLY if direct	Candidate / Officeholder name	Office sought	TX, officeholder living expense
expenditure to benefit C/OH		omee sought	Office held
Date	Payee name		
3/31/21	SHEU SERVICE	5	
Amount (\$)	Payee address;	City;	State; Zip Code
40.32	Symlene	d TX	•
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Trazl Sx.	1 Ac	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin T	X, officeholder living expense
omplete <u>ONLY</u> If direct penditure 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2 3 1 21	5 Payee name FLOYDS CASO		
6 Amount (\$)	7 Payee address;		
138.72	Carrier 1	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	7/	
PURPOSE	see at the top of this scriedule)	(b) Description	
OF EXPENDITURE	Fors / Renge Soxp.	MARION	Sygnaland.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, 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		
Amount (\$)	Payee address;	City	
		City;	State; Zip Code
	Catagony		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
			Office neig
Date	Payee name		
Amount (\$)	Payee address;	C.U.	
		City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE		secultudii	
	Check if travel outside of Texas. Complete Schedule T.		X, officeholder living expense
Complete ONLY if direct	Sheek in travel obtained of Texas, Complete Schedule T.	Gneck it Austin T	