

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: **(21)**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **(MR)**

FIRST

MI

ASHISH

NICKNAME

LAST

SUFFIX

AGRAWAL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**6714 APSLEY CREEK LN
SUGAR LAND, TX 77479**

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 786-9138

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **(MR)**

FIRST

MI

ALANA

S

NICKNAME

LAST

SUFFIX

McKEE

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

DEW BRIDGE CT, SUGAR LAND TX 77479

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 224-4549

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 15 / 2021

THROUGH

Month

Day

Year

03 / 23 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other

Description

SCHOOL BOARD

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

—

13 OFFICE SOUGHT (if known)

FBISD BOT POSITION # 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

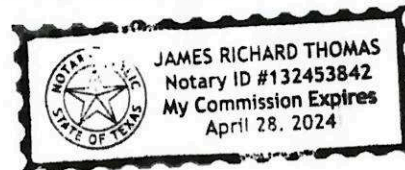
15 C/OH NAME ASHISH AGRAWAL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,042/-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ \$13,464.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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 correct and includes all information required to be reported by me under Title 15, Election Code.

Ashish Agrawal

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by **ASHISH AGRAWAL** this the **30th** day of **March**, 20**24**, to certify which, witness my hand and seal of office.

James R. Thomas
Signature of officer administering oath

James R. Thomas
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: (8)
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KIRAN RAJAYA 6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479	7 Amount of contribution (\$) \$100/-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THERESA AND BERT SINTUPHANT Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$100/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATTHEW GALPIN Contributor address; City; State; Zip Code HOUSTON TX 77011	Amount of contribution (\$) \$50/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MONICA AND GIRISH TANDON Contributor address; City; State; Zip Code SUGARLAND TX 77498	Amount of contribution (\$) \$2,000/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JAGRUTI AND HETESH PATEL

6 Contributor address;

City;

State;

Zip Code

RICHMOND, TX 77047

7 Amount of contribution (\$)

250/-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/4/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

JAN SCHARFMAN

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

Amount of contribution (\$)

\$100/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

LARISSA AND ADAY SHARMA

Contributor address;

City;

State;

Zip Code

SUGAR LAND, TX 77479

Amount of contribution (\$)

\$1,000/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

GOPAL AGGARWAL

Contributor address;

City;

State;

Zip Code

RICHMOND, TX 77407

Amount of contribution (\$)

\$500/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: ⑧

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

RACHNA AND KAUSHAL SHAH

6 Contributor address;

City;

State;

Zip Code

RICHMOND TX 77407

7 Amount of contribution (\$)

\$100/-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/8/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

ASHISH ARORA

Contributor address;

City;

State;

Zip Code

SUGAR LAND, TX 77479

Amount of contribution (\$)

\$50/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

MANIKA AND PANKAJ ARORA

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

Amount of contribution (\$)

~~\$50/-~~
\$251/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

MANASI AND ASH PANDYA

Contributor address;

City;

State;

Zip Code

SUGAR LAND, TX 77479

Amount of contribution (\$)

\$151/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: ⑧

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

KIRAN RASAYA

7 Amount of contribution (\$)

\$100/-

6 Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

INDO AMERICAN PAC

Amount of contribution (\$)

\$250/-

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

MEYLIS HUMMEDOV

Amount of contribution (\$)

\$20/-

Contributor address;

City;

State;

Zip Code

ROSENBERG TX 77469

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

SAMEER MEHSANIA

Amount of contribution (\$)

\$250/-

Contributor address;

City;

State;

Zip Code

SUGAR LAND, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ERIC SHELLEY	7 Amount of contribution (\$) 20/-
6 Contributor address; City; State; Zip Code RICHMOND TX 77407		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DANTE PEDUZZI	Amount of contribution (\$) \$25/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DHAVAL THAKKAR	Amount of contribution (\$) \$500/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JIM HOLTZ	Amount of contribution (\$) \$250/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TIFFANY AND SHAWN SIDOTI 6 Contributor address; City; State; Zip Code SUGAR LAND TX 77478	7 Amount of contribution (\$) \$50/-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROZINA AND ZAHIRALI MAKHANEJIN Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$500/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANIL BANSAL Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$250/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAS AND MADHU KODURU Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$200/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: ⑧
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THARA NARASIMHAN	7 Amount of contribution (\$) \$25/-
6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DIHARANI PATTABI	Amount of contribution (\$) \$200/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ADEEL MAKNOJIA	Amount of contribution (\$) \$200/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JISU KULANGARA	Amount of contribution (\$) \$100/-
Contributor address; City; State; Zip Code STAFFORD, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

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# _____)

ASEF SAYANI

6 Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

7 Amount of contribution (\$)

\$100/-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

KAMRAN MAKHDUM

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

Amount of contribution (\$)

\$250/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

GORDLA DAWODU

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

Amount of contribution (\$)

\$100/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

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 E: ②
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 82.50
5 Date of loan 1/15/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ASHISH AGRAWAL	9 Loan Amount (\$) \$700/-
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code SUGAR LAND TX 77479	10 Interest rate _____ 11 Maturity date _____
12 Principal occupation / Job title (See Instructions) _____		13 Employer (See Instructions) _____
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor _____ 18 Guarantor address; City; State; Zip Code SUGAR LAND TX 77479	19 Amount Guaranteed (\$) _____
20 Principal Occupation (See Instructions) _____		21 Employer (See Instructions) _____
Date of loan 1/19/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ASHISH AGRAWAL	Loan Amount (\$) \$5,000/-
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code SUGAR LAND TX 77479	Interest rate _____ Maturity date _____
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor _____ Guarantor address; City; State; Zip Code SUGAR LAND TX 77479	Amount Guaranteed (\$) _____
Principal Occupation (See Instructions) _____		Employer (See Instructions) _____
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 82.50
5 Date of loan 1/22/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ASHISH AGRAWAL	9 Loan Amount (\$) \$1,500/-
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code SUGAR LAND TX 77479	10 Interest rate _____
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions) _____		13 Employer (See Instructions) _____
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 1/23/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ASHISH AGRAWAL	Loan Amount (\$) \$300/-
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code SUGAR LAND TX 77479	Interest rate _____
		Maturity date _____
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ⑧		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 1/15/21		5 Payee name TEXAS CAMPAIGNS			
6 Amount (\$) \$700/-		7 Payee address; 9600 GLENFIELD CT		City; HOUSTON	State; TX Zip Code 77096
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP		(b) Description ADVISOR		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1/22/21		Payee name DREAM FILM STUDIOS			
Amount (\$) \$1,500/-		Payee address; 935 ELDRIDGE RD		City; SUGARLAND	State; TX Zip Code 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description MEDIA		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1/23/21		Payee name MR JI CONNECTIONS			
Amount (\$) \$300/-		Payee address; P.O. BOX 2082		City; MISSOURI CITY	State; TX Zip Code 77459
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ⑧		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 1/28/21		5 Payee name HOT COFFEE DIGITAL MARKETING			
6 Amount (\$) \$30/-		7 Payee address; City; State; Zip Code MISSOURI CITY TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP		(b) Description CAMPAIGN MATERIAL		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/29/21		Payee name MINUTEMAN PRESS			
Amount (\$) \$3,244/-		Payee address; City; State; Zip Code 1324 PIN OAK RD KATY TX 77494			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP		Description CAMPAIGN MATERIAL		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/31/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$25/-		Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description REIMBURSE FOR FUEL FROM COUNTY		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/4/21		5 Payee name CONSTELLATION FIELD			
6 Amount (\$) \$150/-		7 Payee address; 1 STADIUM DR.		City; SUGARLAND TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXP		(b) Description KICK OFF EVENT HALL	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2/4/21		Payee name DJ LEE			
Amount (\$) \$80/-		Payee address; HOUSTON		City; TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXP		Description KICK OFF SOUND SYS	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2/4/21		Payee name CHEDDARS			
Amount (\$) \$82.50		Payee address; 803 BONAVENTURE WAY		City; SUGARLAND TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEV EXP		Description KICK OFF CAMPAIGN TOWN FOOD	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/6/21		5 Payee name SHEPHERY DONUT			
6 Amount (\$) \$246.40		7 Payee address; 6512 US90 ALT		City; SUGARLAND	State; TX Zip Code 77498
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEV EXP		(b) Description MEALS FOR HEALTHCARE WORKERS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/10/21		Payee name BILLY'S DONUT			
Amount (\$) \$215/-		Payee address; 17310 W GRAND PKWY S		City; SUGARLAND	State; TX Zip Code 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEV EXP		Description MEALS FOR HEALTHCARE WORKERS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/16/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$700/-		Payee address; 9600 GLENFIELD CT		City; HOUSTON	State; TX Zip Code 77096
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/16/21		5 Payee name MR. JI CONNECTIONS			
6 Amount (\$) \$300/-		7 Payee address; City; State; Zip Code P.O. Box 2082 Missouri City TX 77459			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP		(b) Description ADVISOR		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, 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 3/2/21 Hot Coffee Digital Marketing					
Amount (\$) Payee address; City; State; Zip Code \$30/- Missouri City TX					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP		Description CAMPAIGN MATERIAL		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date Payee name 3/4/21 Bank of America					
Amount (\$) Payee address; City; State; Zip Code \$44.98 Missouri City TX					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING		Description FEES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/21		5 Payee name AMERICAN CARIBBEAN CHAMBER OF COMMERCE			
6 Amount (\$) \$500/-		7 Payee address; City; State; Zip Code 6201 BONHAMME ST 214 HOUSTON TX 77036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP		(b) Description INT'L WOMEN'S DAY		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 3/12/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$700/-		Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 3/12/21		Payee name MR. J. CONNECTIONS			
Amount (\$) \$300/-		Payee address; City; State; Zip Code P.O. BOX 2082 MISSOURI CITY TX 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/13/21		5 Payee name A MEDIA			
6 Amount (\$) \$80/-		7 Payee address; City; State; Zip Code Houston TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP		(b) Description CAMPAIGN MATERIAL		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 3/15/21		Payee name Munc MAFALA			
Amount (\$) \$750/-		Payee address; City; State; Zip Code 2721 FIELDSTONE Sugar Land TX 77478			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP		Description MEDIA		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 3/21/21		Payee name HOME DEPOT			
Amount (\$) \$122.82		Payee address; City; State; Zip Code 6850 SFRY RD KATY TX 77494			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP		Description SIGN SUPPLIES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/21/21		5 Payee name TEXAS CAMPAIGNS			
6 Amount (\$) \$33.89		7 Payee address; 9600 GLEN FIELD CT		City; HOUSTON	State; TX
				Zip Code 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP		(b) Description ADVISOR		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/22/21		Payee name MINUTEMAN PRESS			
Amount (\$) \$3,330/-		Payee address; 1324 PIN OAK RD		City; KATY	State; TX
				Zip Code 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP		Description CAMPAIGN MATERIAL		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

MI

MR

REHAN

S

NICKNAME

LAST

SUFFIX

AHMED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

18331 NEWMACHAR WAY RICHMOND TX 77407

☒ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

759-8715

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MS

MARTHA

NICKNAME

LAST

SUFFIX

LISLE

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #,

CITY,

STATE,

ZIP CODE

8718 GRASSWREN RD

RICHMOND

TX

77407

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

213-6668

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

02

15

2021

THROUGH

03

31

2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05

01

2021

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD Board of Trustee Position 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 7625

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7625

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 7446.53

4. TOTAL POLITICAL EXPENDITURES

\$ 7446.53

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 7625

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

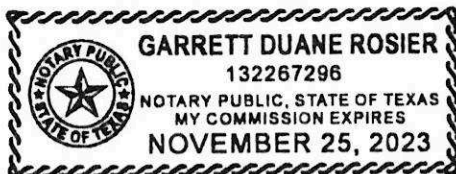
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rehan Ahmed

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rehan Ahmed this the 1 day of April,
20 21, to certify which, witness my hand and seal of office.

Garrett Duane Rosier
Signature of officer administering oath

Garrett Duane Rosier
Printed name of officer administering oath

Executive Assistant to the BOT
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____,
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

REHAN AHMED

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7625
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$1000
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 516.53
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6930.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Feb 22, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed Abdulhameed	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code 8718 Grasswren Rd Richmond TX 77407		
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) Lisle Violin Shop
Date Feb 22, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baseer Pirzada	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 7941 Katy Fwy #787 , Houston, TX 77024		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) 5th Stream Realty
Date Feb 23, 2021 Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laique Rehman	Amount of contribution (\$) \$400
Contributor address; City; State; Zip Code 5075 Westheimer Rd Suite 675, Houston, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Mar 9, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahla Wahid	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 2601 S Braeswood Blvd Apt 1404, Houston, TX 77025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
2 Pages attached		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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 REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Mar 9, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vernon Beyer	7 Amount of contribution (\$) \$5000
6 Contributor address; City; State; Zip Code 4 Ellicot Way Sugarland TX 77479		
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zahoor Gire	Amount of contribution (\$) \$750
Contributor address; City; State; Zip Code 1606 Potomac Houston TX 77057		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Muzzaffar Siddiqi	Amount of contribution (\$) \$400
Contributor address; City; State; Zip Code 11 Laurel Wreath Trail Sugar Land TX 77498		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salman Razzaqi	Amount of contribution (\$) \$300
Contributor address; City; State; Zip Code 12555 S Dairy Ashford Rd Houston, TX 77099		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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 REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Mar 27, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Asif Malik <hr/> 6 Contributor address; City; State; Zip Code 18946 Elrington Creek Ct Richmond TX 77407	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) IT - Engineer		9 Employer (See Instructions) NCR
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Qamrus Salam <hr/> Contributor address; City; State; Zip Code 2614 Night Song Dr Pearland TX 77584	Amount of contribution (\$) \$150
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ilyas Choudry <hr/> Contributor address; City; State; Zip Code 5822 Catherwood Lane Houston TX 77084	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khalid R Malik <hr/> Contributor address; City; State; Zip Code 11414 Rock Bridge Ln Sugarland TX 77498	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:

2 FILER NAME
REHAN AHMED

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID# _____)

MOHAMMED N ABDULHAMEED

7 Contributor address; City; State; Zip Code

8718 Grasswren Richmond TX 77407

8 Amount of Contribution \$

\$1000

9 In-kind contribution description

Meet & Greet Lunch Event

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Director of Operations

11 Employer (FOR NON-JUDICIAL) (See Instructions)
Lisle Violin Shop

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME REHAN AHMED	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 513.53
5 Date 03/20/2021	6 Payee name Home Depot	
7 Amount (\$) 513.53	8 Payee address; 10419 Highway 6 South	City; Sugar Land State; TX Zip Code 77407
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expenditure	(b) Description Banner / Sign Stakes, zip ties and stake drivers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name REHAN AHMED	Office sought FBISD Board of Trustee Position 2 Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)	
4 Date Feb 22, 2021		5 Payee name Mauricio Marin			
6 Amount (\$) \$1200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; Richmond State; TX Zip Code 77407			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense		(b) Description Website Development/ Photoshot, flyers, business cards, yard sign, banner design		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 Feb 25, 2021		Payee name Uzair Ahmed			
Amount (\$) \$1000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; Houston State; TX Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expenditure		Description Facebook Page Dev. and maintainence		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Mar 10, 2021		Payee name Nasir Allied Signs			
Amount (\$) \$3600 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 6820 Harwin Dr. City; Houston, State; TX Zip Code 77036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) s Advertisement Expense		Description Yard Signs, 4x4 Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1 More Sheet Attached

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)	
4 Date Mar 14, 2021		5 Payee name NTM			
6 Amount (\$) \$200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; Houston		City;	State; TX
				Zip Code	77036
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense		(b) Description TV One Usa - TV show fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 Mar 16, 2021		Payee name Syed Shahzad			
Amount (\$) \$930 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 9440 Harwin Dr. Suite # E		City;	State; TX
				Zip Code	77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Campaign T Shirt Printing and Business cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Mar 20, 2021		Payee name Home Depot			
Amount (\$) \$516.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 10419 Highway 6 South		City;	State; TX
				Zip Code	77407
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Stakes - Zip ties - Stakes Driver		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 MI		<div>OFFICE USE ONLY</div> <div>Date Received RECEIVED APR - 1 2021 BY: <u>CDK</u></div> <div>Date Hand-delivered or Date Postmarked</div> <div>Receipt # Amount \$</div> <div>Date Processed</div> <div>Date Imaged</div>	
Mrs. Stephanie		NICKNAME LAST SUFFIX			
Brown					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
<input type="checkbox"/> Change of Address		1206 Blue Diamond Dr. Missouri City TX 77489			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION			
(832) 350-5919					
6 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI			
Ms. Alexandria		NICKNAME LAST SUFFIX			
Brown					
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)		1206 Blue Diamond Dr. Missouri City TX 77489			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION			
(832) 390-9297					
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED		Month Day Year Month Day Year			
		21 THROUGH 23 21			
11 ELECTION		ELECTION DATE ELECTION TYPE			
Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description			
21		<input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
				Fort Bend ISD Board of Trustees Position 6	
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE		COMMITTEE NAME	
		<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS	
		<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
				COMMITTEE CAMPAIGN TREASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

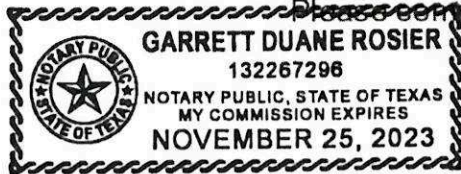
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Stephanie A. Brown		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -271.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Stephanie A. Brown
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Stephanie A. Brown this the 1 day of April

20 21, to certify which, witness my hand and seal of office.

Garrett Duane Rosier Garrett Duane Rosier Executive Assistant to the BOT
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME Stephanie A. Brown				3 Filer ID (Ethics Commission Filers)	
4 Date 2/25/21	5 Full name of contributor Dora Olivo	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100.00		
6 Contributor address; City; State; Zip Code 2625 Alamo Rosenberg TX 77471					
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions)		
Date	Full name of contributor Dora Olivo	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00		
Contributor address; City; State; Zip Code 2625 Alamo Rosenberg TX 77471					
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Date	Full name of contributor 	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)		
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor 	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)		
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor 	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)		
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor


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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Stephanie A. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/21	5 Payee name Daley Professional Web Solutions			
6 Amount (\$) \$ 228.00	7 Payee address; 211 Cardinal Drive	City; Montgomery	State; NY	Zip Code 12549
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Website	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/19/21	Payee name Texas Democrats			
Amount (\$) \$ 243.33	Payee address; 1106 Lavaca, Suite 100	City; Austin	State; TX	Zip Code 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Voter File	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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: 24								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS JUDY NICKNAME LAST SUFFIX DAE		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 34 HESSENFORD ST SUGAR LAND TX 77479 Change of Address										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (609) 216-4016										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 1110 PASSON FLOWER WAY RICHMOND TX 77406										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 821-6879										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 21 THROUGH 3 / 22 / 21										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) - FORT BEND ISD BOARD POSITION 2										
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	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		16 Filer 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 TOTALS	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 LOAN TOTALS	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 correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option 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, 77406, FORT BEND.
(street) (city) (state) (zip code) (country)

Executed in FORT BEND County, State of TEXAS, on the 31 day of MARCH, 2021.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME OSCAR SAENZ		20 Filer ID (Ethics Commission Filers)
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.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2021	5 Full name of contributor out-of-state PAC (ID# _____) LISA YING 6 Contributor address; City; State; Zip Code N/A; N/A ; TX; N/A	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/02/2021	Full name of contributor out-of-state PAC (ID# _____) JANE YUAN Contributor address; City; State; Zip Code 4422 HEATHERWILDE ST. ; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) YU LI Contributor address; City; State; Zip Code N/A; N/A ; TX; N/A	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) RACHEL OU Contributor address; City; State; Zip Code 5715 SILVER BAY CT. SUGAR LAND; SUGAR LAND; TX; 77479	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2021	5 Full name of contributor out-of-state PAC (ID# _____) TED LIU 6 Contributor address; City; State; Zip Code 1126 KING STREET; N/A ; TX; N/A	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) KAREN SUN Contributor address; City; State; Zip Code 4211 SHADY RIVER; MISSOURI CITY; TX; 77459	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) YI WANG Contributor address; City; State; Zip Code 17430 HOLLYBERRY LANE; N/A ; TX; N/A	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) SUYANG HONG Contributor address; City; State; Zip Code 5918 BROOK BEND DR; N/A ; TX;	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2021	5 Full name of contributor out-of-state PAC (ID# _____) YING GU SUN 6 Contributor address; City; State; Zip Code 31 WILMINGTON CT.; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) CINDY X. HUSNG Contributor address; City; State; Zip Code 5302 CAMBRIDGE STREET; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) CAROL CHEN Contributor address; City; State; Zip Code 5015 BERKSHIRE CT; SUGAR LAND; TX; 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2021	Full name of contributor out-of-state PAC (ID# _____) QINGSONG LI Contributor address; City; State; Zip Code 1403 KENTSHIRE AVE ; N/A ; TX;	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2021	5 Full name of contributor out-of-state PAC (ID# _____) WINNIE CHAN <hr/> 6 Contributor address; City; State; Zip Code 5511 CRANSTON CT; N/A ; TX;	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) KYMBERLY MCMORRIES <hr/> Contributor address; City; State; Zip Code 3114 SPRINGHILL DR; MISSOURI CITY; TX; 77459	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) DEBRA ANDREWS <hr/> Contributor address; City; State; Zip Code 5551 CRANSTON CT; N/A; TX;	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) INGRID XU <hr/> Contributor address; City; State; Zip Code 3323 LARKWOOD LANE ; N/A; TX;	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) TIEYING GONG <hr/> 6 Contributor address; City; State; Zip Code 5534 EMERALD POINTE CT; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) YU CANG <hr/> Contributor address; City; State; Zip Code 5119 AVONDALE DR.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) WENJIN JIM ZHENG <hr/> Contributor address; City; State; Zip Code 4918 CAMBRIDGE STREET; N/A; TX;	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) NAOMI LAM <hr/> Contributor address; City; State; Zip Code 71 INVERRARY LANE; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) JINGHUI CHEN 6 Contributor address; City; State; Zip Code 5403 OAKVILLE CT.; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) GRACE TONG Contributor address; City; State; Zip Code 819 EPPERSON WAY; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) ZONGYONG ZHENG Contributor address; City; State; Zip Code 5215 EAGLE POINTE CT; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) SHAOJUN NI Contributor address; City; State; Zip Code 5831 STRATFORD GARDENS DR; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) ZHENHUA YANG <hr/> 6 Contributor address; City; State; Zip Code 44 OLD WINDSOR WAY; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) JESSICA FAN <hr/> Contributor address; City; State; Zip Code 5226 WEATHERSTONE CIRCLE; N/A; TX;	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) SUSAN HUANG-TAN <hr/> Contributor address; City; State; Zip Code 5507 EMERALD POINTE LN.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) XIA WEI <hr/> Contributor address; City; State; Zip Code 6222 SPENCERS GLEN WAY; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) BO CHEN 6 Contributor address; City; State; Zip Code 51 VICTORS CHASE DR; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 01/27/2021	Full name of contributor out-of-state PAC (ID# _____) QINGFANG WU Contributor address; City; State; Zip Code 5402 EAGLE TRACE CT; SUGAR LAND; TX; 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2021	Full name of contributor out-of-state PAC (ID# _____) CARRIE PAXTON-LAMKE Contributor address; City; State; Zip Code 6422 KENDALL CREEK DRIVE SUGAR LAND 77479; N/A ; TX;	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) YUQING LIU Contributor address; City; State; Zip Code 1915 BARTRUM TRAIL; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2021	5 Full name of contributor out-of-state PAC (ID# _____) TIANYANG ZHANG 6 Contributor address; City; State; Zip Code 5003 WEATHERSTONE CIR.; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) HAIYAN YU Contributor address; City; State; Zip Code 4107 TRENT STREET; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2021	Full name of contributor out-of-state PAC (ID# _____) JASON BURDINE Contributor address; City; State; Zip Code 17107 SIMON CT ; RICHMOND; TX; 77407	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Post Oak Private Wealth Advisors
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) QUAN YUAN Contributor address; City; State; Zip Code 5427 CHESAPEAKE PL; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2021	5 Full name of contributor out-of-state PAC (ID# _____) FENGLIN DU 6 Contributor address; City; State; Zip Code 4510 DEVONSHIRE STREET; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Landscape architect		9 Employer (See Instructions) City of Sugar Land
Date 01/21/2021	Full name of contributor out-of-state PAC (ID# _____) YANLINDA WU Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) BO YANG Contributor address; City; State; Zip Code 4219 LAKE TERRACE CT; MISSOURI CITY; TX; 77459	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2021	Full name of contributor out-of-state PAC (ID# _____) DONGMEI CHU Contributor address; City; State; Zip Code 2619 GALLION DR.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME
OSCAR SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date
01/08/2021

5 Full name of contributor out-of-state PAC (ID#:
MAGGIE GUAN

6 Contributor address; City; State; Zip Code
38 PENNY GREEN ST; SUGAR LAND; TX; 77479

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/20/2021

Full name of contributor out-of-state PAC (ID# _____)

LARRISSA SHARMA

Contributor address; City; State; Zip Code
5002 PINERIDGE DR; SUGAR LAND; TX;

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/09/2021

Full name of contributor out-of-state PAC (ID# _____)

CAROL SCOTT

Contributor address; City; State; Zip Code
16931 ASCOT MEADOW DR; N/A ; TX;

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/21/2021

Full name of contributor out-of-state PAC (ID# _____)

JING WANG

Contributor address; City; State; Zip Code
937 GENERAL BEAUREGARD DRIVE: VIRGINIA BEACH: VA: 23454

Amount of contribution (\$)

199.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2021	5 Full name of contributor out-of-state PAC (ID# _____) DANA & FABIEN LAGOUTTE 6 Contributor address; City; State; Zip Code 3903 MISTY ROSE CT; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Dow Chemical
Date 01/11/2021	Full name of contributor out-of-state PAC (ID# _____) XIN LIN Contributor address; City; State; Zip Code 4202 CANTERBURY CT.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2021	Full name of contributor out-of-state PAC (ID# _____) GONGJIAN BAI Contributor address; City; State; Zip Code 7 LAWTON CIR.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SOFEC
Date 01/12/2021	Full name of contributor out-of-state PAC (ID# _____) MELANIE ANBARCI Contributor address; City; State; Zip Code 10 TREDINGTON ST; SUGAR LAND; TX; 77479	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2021	5 Full name of contributor out-of-state PAC (ID# _____) XINJUN TENG 6 Contributor address; City; State; Zip Code 5510 AZALEA TRAIL LN; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2021	Full name of contributor out-of-state PAC (ID# _____) YUE ZHANG Contributor address; City; State; Zip Code 6007 MANGROVE FALLS CT.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2021	Full name of contributor out-of-state PAC (ID# _____) QING LU Contributor address; City; State; Zip Code 5207 HAGFIELD CT; SUGAR LAND; TX; 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) JING YI Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 16	
2 FILER NAME OSCAR SAENZ				3 Filer ID (Ethics Commission Filers)	
4 Date 01/05/2021		5 Full name of contributor out-of-state PAC (ID# _____) AMANDA LI		193.90	
		6 Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 01/06/2021		Full name of contributor out-of-state PAC (ID# _____) DALI FU		100.00	
		Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/07/2021		Full name of contributor out-of-state PAC (ID# _____) BO YANG		100.00	
		Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/22/2021		Full name of contributor out-of-state PAC (ID# _____) YANQING WANG		100.00	
		Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 16	
2 FILER NAME OSCAR SAENZ				3 Filer ID (Ethics Commission Filers)	
4 Date 01/25/2021		5 Full name of contributor out-of-state PAC (ID# _____) YUE ZHANG		7 Amount of contribution (\$) 100.00	
		6 Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 02/19/2021		Full name of contributor out-of-state PAC (ID# _____) CHUN LAI		Amount of contribution (\$) 100.00	
		Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/06/2021		Full name of contributor out-of-state PAC (ID# _____) JINGJING ZHANG CLEMENCE		Amount of contribution (\$) 200.00	
		Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/06/2021		Full name of contributor out-of-state PAC (ID# _____) LING ZHOU		Amount of contribution (\$) 200.00	
		Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/19/2021	5 Full name of contributor out-of-state PAC (ID# _____) XIAOCHUN Y LIU 6 Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
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)
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)
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)	
4 Date 01/29/2021		5 Payee name Corredor Concepts			
6 Amount (\$) 570.00		7 Payee address; City; State; Zip Code 1719 Eldridge Rd # A, Sugar Land, TX 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description T SHIRTS		
	(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 02/11/2021		Payee name Sign Banners			
Amount (\$) 1,082.50		Payee address; City; State; Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description LARGE SIGNS		
	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 02/11/2021		Payee name M3 Graphics			
Amount (\$) 394.03		Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)	
4 Date 02/12/2021		5 Payee name Sign Banners			
6 Amount (\$) 618.34		7 Payee address; City; State; Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description LARGE SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/02/2021		Payee name Sign Banners			
Amount (\$) 975.00		Payee address; City; State; Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description LARGE SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/15/2021		Payee name M3 Graphics			
Amount (\$) 710.12		Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
---	---	--	---

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)	
4 Date 03/23/2021		5 Payee name M3 Graphics			
6 Amount (\$) 487.13		7 Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description YARD SIGNS		
	(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 03/24/2021		Payee name M3 Graphics			
Amount (\$) 167.79		Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description YARD SIGNS		
	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 03/25/2021		Payee name Universal Signs			
Amount (\$) 351.81		Payee address; City; State; Zip Code 7825 S Texas 6, Houston, TX 77083			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME OSCAR SAENZ	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2021	5 Payee name M3 Graphics	
6 Amount (\$) 324.75	7 Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description YARD SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Kristen D. Malone

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. 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 DAY
OF REPORTING PERIOD

\$

554.71

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

-0-

18 SIGNATURE

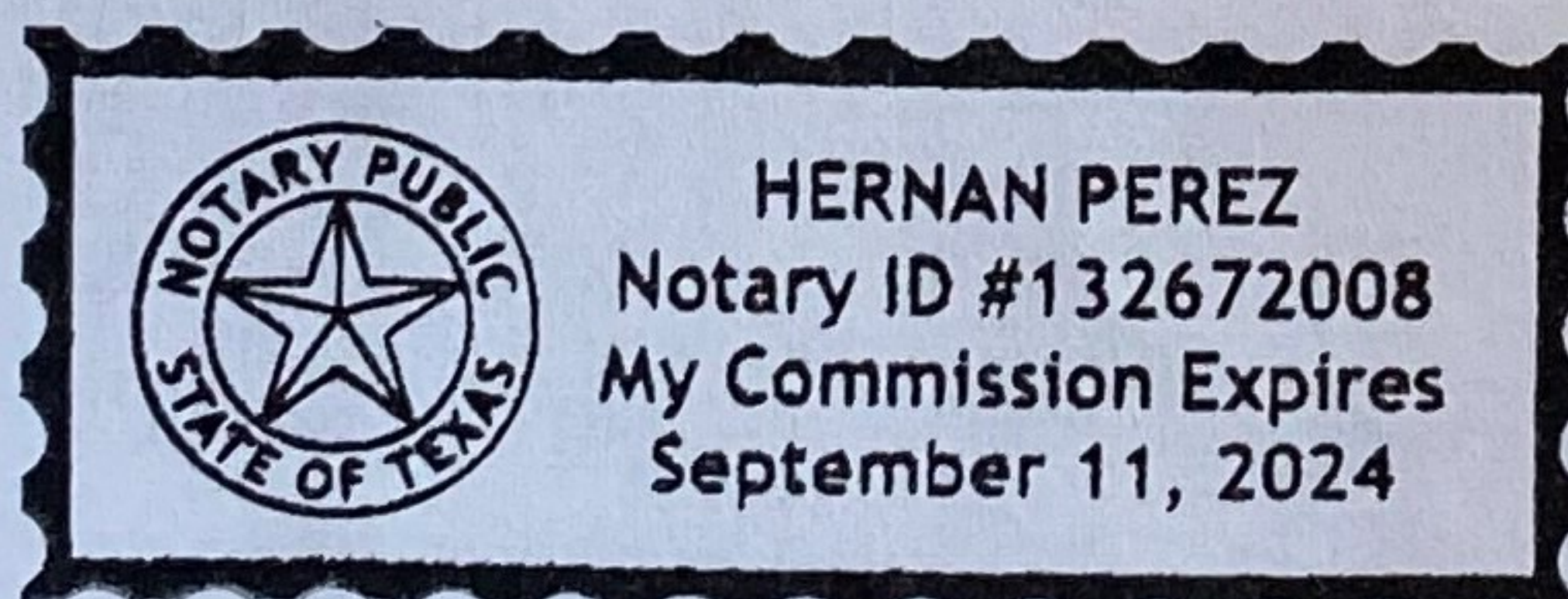
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kristen D. Malone

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kriste Davison Malone this the 01 day of April,
2021, to certify which, witness my hand and seal of office.

Hernan Perez
Signature of officer administering oath

Hernan Perez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Revised 8/17/2020

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 2

2 FILER NAME

KRISTEN D. MALONE

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/21

5 Full name of contributor

☐ out-of-state PAC (ID#)

KRISTEN MALONE

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City;

State;

Zip Code

2123 SOUTH FOUNTAIN VALLEY
MISSOURI CITY, TX. 77459

8 Principal occupation / Job title (See Instructions)

OWNER - CME PRINTING

9 Employer (See Instructions)

Date

3/30/21

Full name of contributor

☐ out-of-state PAC (ID#)

ANGELA KONGER

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

3951 PLEASANT VALLEY DRIVE
MISSOURI CITY TX. 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/21

Full name of contributor

☐ out-of-state PAC (ID#)

CATHERINE PLUMB

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

2815 EAST PEBBLE BEACH
MISSOURI CITY TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

☐ out-of-state PAC (ID#)

KRISTEN D. MALONE

Amount of contribution (\$)

\$ 10.00

Contributor address;

City;

State;

Zip Code

2123 SOUTH FOUNTAIN VALLEY
MISSOURI CITY, TX. 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER - CME PRINTING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 of 2

2 FILER NAME

KRISTEN D. MALONE

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JENNA PITTMAN

7 Amount of contribution (\$)

\$100.00

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 PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Allison L		OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Drew			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478		Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 376-7768			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Allison L			
NICKNAME LAST SUFFIX Drew		Date Hand-delivered or Date Postmarked		
Receipt #		Amount \$		
Date Processed		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 376-7768			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 21 THROUGH 3 / 23 / 21			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) FBISD Trustee: Position 6	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Allison Drew

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 0.00

OUTSTANDING
LOAN TOTALS

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 correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option 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 Allison Drew, and my date of birth is [REDACTED]

My address is 5215 Alden Springs Blvd. Sugar Land TX 77479 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Fort Bend County, State of TX, on the 02 day of 04, 2021

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 5

18 FILER NAME Drew, Allison		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5	
2 FILER NAME Drew, Allison		3 Filer ID vote@vote5allison.com	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		8 Amount of pledge (\$)
	7 Pledgor Address; City; State; Zip Code		
			9 In-kind description (If applicable)
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E****The Instruction Guide explains how to complete this form.****1** Total pages Schedule E:
Sch: 1/1 Rpt: 5/5**2** FILER NAME
Drew, Allison**3** Filer ID**4** TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan**7** Name of lender☐ out-of-state PAC (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 Instructions)**14** Description of Collateral☐ None**15** Check if personal funds were deposited 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)

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: 47								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS. Adeola FIRST O MI NICKNAME Addie LAST Heyliger SUFFIX		OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 10px; display: inline-block; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 0.8em;">APR - 1 2021</div> <i>GDR</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 4222 Oak Forest APT / SUITE #: CITY: Missouri City, TX STATE: ZIP CODE 77459										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832) PHONE NUMBER 244-5861 EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Soniah FIRST J. MI NICKNAME LAST Jones SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 4714 Forest Home Dr., Missouri City, TX STATE: ZIP CODE 77459										
8 CAMPAIGN TREASURER PHONE	AREA CODE (832) PHONE NUMBER 721-1896 EXTENSION										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 21 03 / 22 / 21										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) Fort Bend ISD Position 6 13 OFFICE SOUGHT (if known) Fort Bend ISD Position 6										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Adeola O. Heyliger

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 540.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 31,374.08

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 877.08

4. TOTAL POLITICAL EXPENDITURES

\$ 10,263.50

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 21,955.24

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

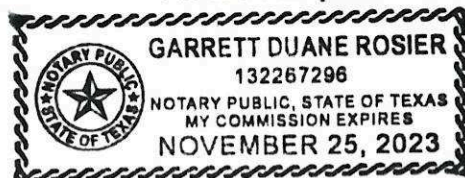
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Adeola O. Heyliger

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Adeola O. Heyliger* this the 1 day of April.

20 21, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the DOT

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Adeola O. Heyliger</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>30,834.08</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9,386.42</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>40</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/30/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shery Jones</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>1814 Timber Creek Dr. Mo. City TX 77459</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/30/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian M. Middleton</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>1322 Southwest Fwy #1980 Houston, TX 77074</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/30/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Byron Gautier</u>	Amount of contribution (\$) <u>\$1250.00</u>
Contributor address; City; State; Zip Code <u>2606 Atlas Missouri City TX 77459</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/30/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James D. Rice</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>5402 Oban Terrance Lane SugarLand TX 77479</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 40
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capital Assets Sustainable Energy 6 Contributor address; City; State; Zip Code 9610 South Fitzgerald Mo. City TX 77459 Way	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcus Brewer Contributor address; City; State; Zip Code 1607 Buckwood Frenso TX 77565 Circle	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joel C. Clouser Contributor address; City; State; Zip Code 3026 Pelican Cove Mo. City TX 77459	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toni D. Spruell - Pierre Contributor address; City; State; Zip Code 730 Hawthorn Mo. City TX 7749 Place	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay Parekh	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code JayParekh@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bridgett Roberson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perdue, Brandon, Fielder, Collins & Mott	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1235 North Loop W. ste 600 Houston TX 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christus N. Powell Jr.	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. BOX 451726 Houston TX 77245		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>40</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/4/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Oscar M. Telfair III PC</u> 6 Contributor address; City; State; Zip Code <u>7011 Harwin Dr. ste 220 Houston TX 77036</u>	7 Amount of contribution (\$) <u>\$300.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/4/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Yolanda M. Humphrey</u> Contributor address; City; State; Zip Code <u>2803 Scottsdale Palm Dr. Mo. City TX 77459</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/2/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ron Reynolds Campaign</u> Contributor address; City; State; Zip Code <u>6140 NWY 6 S. #233 Mo. City TX 77459</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/7/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Portia Olden Poindexter</u> Contributor address; City; State; Zip Code <u>4123 Sundance Hill Lane SugarLand TX 77479</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 1/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lina Sabouni	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yolanda Marshall	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Corprew	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Broussard-Smothers	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Daniels	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geralynn Prince	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angela Landry	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Prestage	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Lewis	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kiran Rajaya	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karen Tillman	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maye Dolores Collins	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 <input type="checkbox"/> out-of-state PAC (ID# _____) Sherrita Dorsey	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zenithe Pierre	Amount of contribution (\$) \$19.08
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaimi Canady	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joelynn C. Kelly	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 <input type="checkbox"/> out-of-state PAC (ID# _____) Ingeuneal Gray	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pamiel J. Gaskin	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dewaynna Horn	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theresa DeBose	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4 Date 1/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cheryl Moultry	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Bundage Juvane	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gina Evans	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferrel Bonner	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4 Date 2/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chassidy Olainu-Blade	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darryl Carter	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abena Bailey	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Qaisar Q Imam	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ta Paula Kemp	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidi Obie	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Quanda Gill	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Floyd M. Davis	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chasta Martin	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angelique Bartholomew	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margo Rainge	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Millicent Sims	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4 Date 2/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spurgeon Robinson	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tera Nunn	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Davidson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tia Manteca	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4 Date 2/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabrielle Walton	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynda B. Edwards	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adenika Heyliger	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amadi Heyliger	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4 Date 2/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole C West	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garrett J. Walton	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Antreice L. Baggett	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neidi Obie	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4 Date 2/12/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kamala Turner	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabrielle Walton	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terrence Smith	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4 Date 3/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tahlie Rochelle	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earl M. Cummings	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tongela A. Clark	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheryl Hudson	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/9/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Crystal Brown</u>	7 Amount of contribution (\$) <u>200.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/10/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>April Powell</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/10/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ivy Livingston</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/11/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Edith Heyliger</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Atlanta, GA</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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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)

4 Date

2/12/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Monica Akompi

7 Amount of contribution (\$)

75.00

6 Contributor address;

City;

State; Zip Code

Sugarland, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Veronica Odom

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

Pearland, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marcia Barnes

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

Pearland TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Djuna Prater

Amount of contribution (\$)

25.00

Contributor address;

City;

State; Zip Code

Pearland TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Heyuige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/12/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Doreboan Wright</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Desiree Irby</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Britney Gibson</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terinn Horton</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Fresno, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/2</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/14/21</u>	5 Full name of contributor <u>Charlene Young</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <u>Houston TX</u>	7 Amount of contribution (\$) <u>150.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/14/21</u>	Full name of contributor <u>Mary Robbins</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <u>Houston TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/14/21</u>	Full name of contributor <u>Demetri Walker</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <u>Houston TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/17/21</u>	Full name of contributor <u>Mourhaf Sabouni</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <u>Missouri City TX</u>	Amount of contribution (\$) <u>6000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME: <u>Holcola Hylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date: <u>2/18/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eric McLamore</u>	7 Amount of contribution (\$) <u>150.00</u>
6 Contributor address; City; State; Zip Code <u>Houston TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: <u>2/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gabrielle Walton</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: <u>2/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kimberly Slayter</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>San Antonio TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: <u>2/20/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KATIE Harrington</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Missouri City TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/2

2 FILER NAME

Adcock Heyliger

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/21

5 Full name of contributor

Brenda Cooper

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

Pearland TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/21

Full name of contributor

Bryson West

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Pearland TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/21

Full name of contributor

Lisa Holmer

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

Pearland TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/21

Full name of contributor

Denzell Bellow

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Pearland, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>4/2</i>
2 FILER NAME <i>Holeola Hylige</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William Rogers</i> 6 Contributor address; City; State; Zip Code <i>Houston, TX</i>	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Masha Shepherd</i> Contributor address; City; State; Zip Code <i>Pearland TX</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nettie Jones</i> Contributor address; City; State; Zip Code <i>Houston TX</i>	Amount of contribution (\$) <i>300.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lauren Cain Williams</i> Contributor address; City; State; Zip Code <i>Houston TX</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adelita Huguier</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/22/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Vanessa Carter</u>	7 Amount of contribution (\$) <u>400.00</u>
6 Contributor address; City; State; Zip Code <u>Richmond TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Doalisha Foster</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anthony Howard</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Houston TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shawn Clouser</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Dallas, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Keyige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/22/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cydnoi Fairfax</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Amber Eldorado</u>	Amount of contribution (\$) <u>1000.00</u>
Contributor address; City; State; Zip Code <u>11 Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robin Burgess</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Beardland, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Johnson</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/23/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Andrea Sneed</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>Pearland TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carol Taylor</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TBDC consultants - Terri Davis</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Paula Harris</u>	Amount of contribution (\$) <u>150.00</u>
Contributor address; City; State; Zip Code <u>Houston TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/2</u>
2 FILER NAME <u>Adeola Heylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/23/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carla Lane</u> 6 Contributor address; City; State; Zip Code <u>Houston, TX</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mohammad Aijaz</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shaan Johnson</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Soelynn Kelly</u> Contributor address; City; State; Zip Code <u>Missouri City, TX</u>	Amount of contribution (\$) <u>250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/2</u>
2 FILER NAME <u>Adeola Hylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/23/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Letitia Plummer</u>	7 Amount of contribution (\$) <u>200.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Courtney Rose</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Angela Landry Walker</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>Missouri City</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jamie Beal</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <u>4/2</u>	
2 FILER NAME <u>Adeola Hylige</u>				3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/25/21</u>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jacqueline Harrison</u>		7 Amount of contribution (\$) <u>50.00</u>	
		6 Contributor address; City; State; Zip Code <u>Plano, TX</u>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <u>2/25/21</u>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Husein Hadi</u>		Amount of contribution (\$) <u>250.00</u>	
		Contributor address; City; State; Zip Code			
		Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/26/21</u>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mrs Benner</u>		Amount of contribution (\$) <u>100.00</u>	
		Contributor address; City; State; Zip Code <u>Houston TX</u>			
		Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/26/21</u>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Byron Biley</u>		Amount of contribution (\$) <u>250.00</u>	
		Contributor address; City; State; Zip Code <u>Houston TX</u>			
		Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adele Hye</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/27/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Theophilis Woodward</u> 6 Contributor address; City; State; Zip Code <u>Houston, TX</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Diamond Prothro</u> Contributor address; City; State; Zip Code <u>Pearland, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wesley Davis</u> Contributor address; City; State; Zip Code <u>Missouri City, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ruston Ankles</u> Contributor address; City; State; Zip Code <u>Missouri City</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Margaret Williams</u> 6 Contributor address; City; State; Zip Code <u>Missouri City TX</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Amanda Goodie</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer Barthol</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terr Earls</u> Contributor address; City; State; Zip Code <u>Pearland, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/2</u>
2 FILER NAME <u>Adelene Hyslop</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daphne Wilson</u> <hr/> 6 Contributor address; City; State; Zip Code <u>Fort Lauderdale Florida</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>May Sarna</u> <hr/> Contributor address; City; State; Zip Code <u>Missouri City, TX</u>	Amount of contribution (\$) <u>75.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Karen Allen</u> <hr/> Contributor address; City; State; Zip Code <u>Plarland TX</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shanna Davidson</u> <hr/> Contributor address; City; State; Zip Code <u>Missouri City, TX</u>	Amount of contribution (\$) <u>250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Hugu</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tammy Slansky</u> 6 Contributor address; City; State; Zip Code <u>Richmond, TX</u>	7 Amount of contribution (\$) <u>50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Denise Sanders</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roniqu Bastre</u> Contributor address; City; State; Zip Code <u>Pearland TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jacqueline Legginton</u> Contributor address; City; State; Zip Code <u>Pearland TX</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adele Hoyer</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pamella Senechal</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robin Walker</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>3/1/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chalita Cyprian</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Missouri City TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>3/1/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gerald Clark</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <u>Charleston, WV</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adelok Hyuga</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/2/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gaimie Breech</u>	7 Amount of contribution (\$) <u>25.00</u>
6 Contributor address; City; State; Zip Code <u>Pearland, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/2/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Trea Singleton</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/4/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terika Jackson</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Pearland, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/5/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ryan Terabea</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

42

2 FILER NAME

Haleola Heyiger

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kia Carter

7 Amount of contribution (\$)

25.00
~~100.00~~

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/21

Full name of contributor

☐ out-of-state PAC (ID#:

Nettleson

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/21

Full name of contributor

☐ out-of-state PAC (ID#:

Charann Thompson

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Houston TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/21

Full name of contributor

☐ out-of-state PAC (ID#:

Andrea Williams

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Pearlane, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/2

2 FILER NAME

Haleola Hayuga

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cedrick Smith

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

Houston, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Portia Babineaux

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

Dallas, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sandra Tennessee

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Pearland, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cynthia Knox

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Sugarland, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 42

2 FILER NAME

Ardeola Hyciger

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lauranda Pontaud

7 Amount of contribution (\$)

150.00

6 Contributor address;

City;

State;

Zip Code

Phoenix, AZ

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Diamond Potho

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Pearland, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ferita Gentry

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Missouri City, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dr. C. E. Shabazz

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

Houston, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adela Hylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/19/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tony Corniel</u>	7 Amount of contribution (\$) <u>250.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carol Cornimir</u>	Amount of contribution (\$) <u>150.00</u>
Contributor address; City; State; Zip Code <u>Sugar Land, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Earl Allen</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Yanessa Berg</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2/2</u>
2 FILER NAME <u>Debra Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/22/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Danny Mum</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>Houston TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	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: 3	2 FILER NAME Adeola O. Heyliger	3 Filer ID (Ethics Commission Filers)
4 Date 1/19/21	5 Payee name Courtney Alexander	
6 Amount (\$) \$250.00	7 Payee address: City: State: Zip Code Seattle, Washington	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/16/21	Payee name Kevin Rice	
Amount (\$) \$250.00	Payee address: City: State: Zip Code Pearland TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description DJ - Campaign kickoff
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/21	Payee name Texas Campaign	
Amount (\$) \$300.00	Payee address: City: State: Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1 3		2 FILER NAME Adicola Heylign		3 Filer ID (Ethics Commission Filers)	
4 Date 3/3/21		5 Payee name Buller Wi sem an			
6 Amount (\$) \$1,000.00		7 Payee address, City, State, Zip Code Houston TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 3/08/21		Payee name M3 Graphics			
Amount (\$) 113.66		Payee address, City, State, Zip Code Houston, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Design PushCart		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 3/18/21		Payee name Saykumar Parekh			
Amount (\$) 1700.85		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Signs, magnets		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 3		2 FILER NAME Adeola Heyuig		3 Filer ID (Ethics Commission Filers)	
4 Date 3/18/21		5 Payee name M3 Graphics			
6 Amount (\$) 2557.41		7 Payee address; City; State; Zip Code Houston TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign, Pushcarts		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/22/21		Payee name Sprint to Sprint			
Amount (\$) 3,215.00		Payee address; City; State; Zip Code Houston TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign - Yard		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Filer)

2 Total pages filed

13

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	MRS	RAFAT	U			
	NICKNAME	LAST	SUFFIX	Date Received		
		JILANI				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE					
	2023 PLANTATION BEND DR SUGAR LAND TX 77478					
Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(832)	277 3230				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #		
	MS	MARIUM		Amount \$		
	NICKNAME	LAST	SUFFIX	Date Processed		
		SIDDIQUI		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE					
	2190 N LOOP W, STE 104 HOUSTON, TX 770178					
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(832)	715-0733				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	2	12	21	THROUGH	3	22
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
	5	1	21	<input checked="" type="checkbox"/> General	Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				FBISD Board of Trustees - Pos. 6		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
Additional Pages						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Rafat Ulain Jilani

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,175.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 178.87

4. TOTAL POLITICAL EXPENDITURES

\$ 4,438.58

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 6,657.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 500.00

18 SIGNATURE

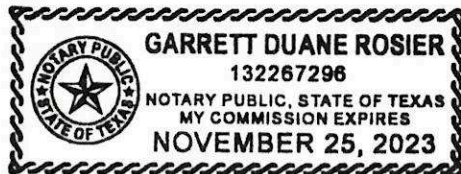
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Rafat Ulain Jilani

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rafat Ulain Jilani this the 1 day of April

20 21, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Garrett Duane Rosier

Executive Assistant to the BOT

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Rafat Jilani and my date of birth is 04/04/1958

My address is 2023 Plantation Bend Dr. Sugar Land TX 77478 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Fort Bend County, State of County on the 1st day of April 2021

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Rafat Ulain Jilani

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,175.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,018.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,420.58
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME RAFAT ULAIN JILAN I		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/21	5 Full name of contributor MOHAMMED ABDULHAMMED out-of-state PAC (ID#)	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 8718 GRASSWREN RD RICHMOND TX 77407		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/21	Full name of contributor BASEER HASSAN PIRHADI out-of-state PAC (ID#)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4407 SCARLET SUGAR TX 77479 MAPLE CT LAND		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/21	Full name of contributor LAIQUE REHMAN out-of-state PAC (ID#)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6075 WESTHAMER HOUSTON TX 77056 #875		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/21	Full name of contributor SULTAN MAHMOOD out-of-state PAC (ID#) (SABIB INVESTMENT DBA DENNY'S)	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 925 WILCREST DR HOUSTON TX 77079		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
2 FILER NAME RAFAT UAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/21	5 Full name of contributor FAIYAZ MERCHANT out-of-state PAC (ID# _____) 6 Contributor address: POT LAKE SHORE DR City: SUGAR LAND State: TX Zip Code: 77478	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/21	Full name of contributor MUHAMMAD TATIR JAVED out-of-state PAC (ID# _____) Contributor address: 2295 AVALON City: BEAUMONT State: TX Zip Code: 77707	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/21 3/20/21	Full name of contributor SHAHREEN & GHULAM BOMBAYWALA out-of-state PAC (ID# _____) Contributor address: 4210 STONE PASS CT. 4 City: SUGAR LAND State: TX Zip Code: 77479	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor MT KHAN out-of-state PAC (ID# _____) Contributor address: 11201 WILDING LANE City: HOUSTON State: TX Zip Code: 77024	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
2 FILER NAME RAFAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/21	5 Full name of contributor ABDUL ZAKARIA out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$200.00
6 Contributor address, City, State, Zip Code 4003 THISTLE HILL CT. Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/20/21	Full name of contributor YEWKIT LO out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code 5751 WILLOWBEND HOUSTON TX 77096 BLVD		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor FARIDA K ABDULLAH out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code 4701 BRYCEBURN DR BELLAIRE TX 77401 UNIT A		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor ISMAIL MOHAMMED out-of-state PAC (ID# _____)	Amount of contribution (\$) \$200.00
Contributor address, City, State, Zip Code 1522 SUMMER FOREST DR Sugar Land TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME RAFIAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/21	5 Full name of contributor ZAHOR GIRE out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$250.00
6 Contributor address: 1505 POTOMAC HOUSTON TX 77057 City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/20/21	Full name of contributor FRONTIER MEDICAL COLLEGE out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address: 1234 REGALSIDE CT RICHMOND TX 77469 City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor SHAZIA SHAZIA BABER out-of-state PAC (ID# _____) BUKHARI BUKHARI	Amount of contribution (\$) \$200.00
Contributor address: 8614 SENTOSA WOODS CT City: State: Zip Code RICHMOND TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor SALMAN RAZZAQI (WELFORD GROUP) out-of-state PAC (ID# _____)	Amount of contribution (\$) \$500.00
Contributor address: 6114 CREEK RIDGE CT MINNETONKA MN 55345 City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 4
2 FILER NAME RAFIAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/21	5 Full name of contributor MOHAMMED S. MIAN 6 Contributor address; 14922 HOLLYDALE DR HOUSTON TX 77062	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/20/21	Full name of contributor HAROON SHEIKH Contributor address; 3239 BRIDGEBERRY HOUSTON LIVE TX 77082	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor LAIQUE REHMAN Contributor address; 5075 WESTHEIMER RD # 875 HOUSTON TX 77056	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor SEHRISH A RAHMAN HOSSAIN Contributor address; 10911 KIRKALDY RD RICHMOND TX 77407	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME RAFIAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/18	5 Full name of contributor FEROZ ROOPANI out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$500.00
6 Contributor address: 455 JULIE RIVERS DR SUGAR LAND TX 77479 City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22	Full name of contributor ZOHRA ELKASSABGI out-of-state PAC (ID# _____)	Amount of contribution (\$) \$75.00
Contributor address: 8201 ROCK CREST CORPUS TX 78414 DR CHRISTI City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E:

1

2 FILER NAME

RAFAT ULAIN TILANI

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

0

\$ n/a

5 Date of loan

2/16/21

7 Name of lender

☐ out-of-state PAC (ID# _____)

RAFAT ULAIN TILANI

9 Loan Amount (\$)

\$500.00

6 Is lender a financial institution?

☐ Y ☒ N

8 Lender address

City

State

Zip Code

2023 PLANTATION
BEND DR SUGAR LAND TX 77478

10 Interest rate

n/a

11 Maturity date

n/a

12 Principal occupation / Job title (See Instructions)

ESSP

13 Employer (See Instructions)

n/a

14 Description of Collateral

none

15

☒ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

n/a

18 Guarantor address

City

State

Zip Code

not applicable

20 Principal Occupation (See Instructions)

n/a

21 Employer (See Instructions)

n/a

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

☐ Y ☐ N

Lender address

City

State

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address

City

State

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 1	2 FILER NAME ULAIN RAEAT JILANI	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Payee name ELITE BANQUET HALL C/O ABDUL MAJEED MOHAMMEDI	
6 Amount (\$) \$500.00	7 Payee address: 11315 S HWY 6 SUGARLAND TX 77498	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD & BEVERAGE EXPENSE	(b) Description PARTIAL PMT. MEET & GREET FOR campaign event
	(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 3/22/21	Payee name ELITE BANQUET HALL C/O ABDUL MAJEED MOHAMMEDI	
Amount (\$) \$400.00	Payee address: 11315 S HWY 6 SUGARLAND TX 77498	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD & BEVERAGE EXPENSE	Description PARTIAL PMT #2 CANDIDATE MEET & greet / campaign kickoff event
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address: City: 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/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME RATAT ULAIN JUAN I	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 60.87
5 Date 3/20/21	6 Payee name ELITE BANQUET HALL C/O ABDULMAJEED MOHAMMAD EP	
7 Amount (\$) \$900.00	8 Payee address, City, State, Zip Code 11315 HWY 4 SUGAR LAND TX 77498	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD & BEV. EXPENSE. (b) Description REMAINING BALANCE OWED TOWARDS MEET & GREET HALL RENTAL & FOOD & BEV. (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
11 Complete ONLY if direct expenditure to benefit C/OH		
Date 3/22/21	Payee name ALLIED SIGNS	
Amount (\$) \$1,859.71	Payee address, City, State, Zip Code 6820 HARWIN DR HOUSTON TX 77036	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE ADVERTISING EXPENSE Description BANNER, STAND FLYERS, POSTCARDS, YARD SIGNS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2 2	2 FILER NAME RAFAT U. JILANI	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 60.87
5 Date 3/17/21	6 Payee name HAWKTECH SOLUTIONS BUSINESS & TECHNOLOGIES	
7 Amount (\$) \$ 600.00	8 Payee address; WWW.HAWKTECH SOLUTION.COM City: State: Zip Code SH BUSINESS EXCEL 5TH FLOOR SHAIKPET SATYA COLONY HYDRABAD, INDIA	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE DESIGN, DOMAIN REGISTRATION, GRAPHIC DESIGN WEBSITE MAINTENANCE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name HAWKTECH	
Amount (\$)	Payee address, City, State, Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: 4

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Edtrina
Moss

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10919 Perennial Mist Dr
Missouri City, Tx 77459

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 978-4987

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Takeisha
Turner

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

16703 Forthbridge Ct
Houston, Tx 77084

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 304-1284

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 1 / 2021

THROUGH

Month

Day

Year

4 / 1 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Bend ISD Trustee, Pos. 6

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Edtrina Moss</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>427.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>427.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

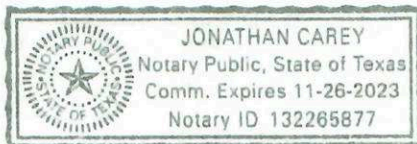
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Edtrina Moss

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Edtrina Moss this the 1st day of April,

20 21, to certify which, witness my hand and seal of office.

Jonathan Carey
Signature of officer administering oath

Jonathan Carey
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Edtrina Moss

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 427.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>Edtrina Moss</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/1/2021</u>	5 Payee name <u>Edtrina Moss</u>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>10919 Perennial Mist Dr.</u> <u>Missouri City, TX 77459</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	(b) Description <u>Website Setup + Design</u>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <u>Edtrina Moss</u> <u>Ft. Bend ISD, Trustee Pos. 6</u>	
Date <u>3/14/2021</u>	Payee name <u>Daley Professional Web Solutions</u>	
Amount (\$) <u>427.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>P.O Box 402 Montgomery, NY 12549</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

5/01/21

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED
APR - 1 2021
BY: GDR

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

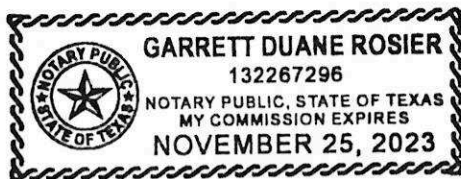
15 C/OH NAME <u>NADEEM NAIK</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1050.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,617.69</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,050.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>567.69</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Nadeem Naik
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nadeem Naik this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

Garrett Duane Rosier Garrett Duane Rosier Executive Assistant to the BOT
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

NADEEM NAIK

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 1050.00

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 1619.69

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

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

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

NADEEM NAIK

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MOIN PIRAHNA

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

M. TARIQ RASA

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

M. J. KHAN

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DR. KHAN

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

NADEEM NAIK

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mohammad FATEEN KHAN

7 Amount of contribution (\$)

500.00

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 PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME NADEEM NAIL	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/21	5 Payee name SHANAT RESTAURANT	
6 Amount (\$) 541.00	7 Payee address; City; State; Zip Code HILLCROFT, HOUSTON TX.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE CAMPAIGN KICKOFF	(b) Description DINNER for Jwitees.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/1/21	Payee name MNS ENTERPRISES	
Amount (\$) 259.80	Payee address; City; State; Zip Code Houston TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING CAMPAIGN PRINTING	Description CARDS & BANNER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/4/21	Payee name MNS ENTERPRISES / MEHMOOD AHMED	
Amount (\$) 319.33	Payee address; City; State; Zip Code Houston TX 77087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING CAMPAIGN PRINTING	Description CARDS & BANNER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 2 FILER NAME NANCEN NAIL 3 Filer ID (Ethics Commission Filers)

4 Date 3/8/21 5 Payee name STANARD SWEETS

6 Amount (\$) 6.50 7 Payee address; City; State; Zip Code Sugar Land TX.

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Exp (b) Description For Justice (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 3/8/21 Payee name Anna Lopez

Amount (\$) 31.96 Payee address; City; State; Zip Code Sugar Land TX

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food/Beverage Exp Description Campaign meeting (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 3/8/21 Payee name Binyami W Moore

Amount (\$) Payee address; City; State; Zip Code Sugar Land TX

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food & Beverages Description Campaign meeting (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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>8</u>		2 FILER NAME <u>NADDEM NAIK</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/8/21</u>		5 Payee name <u>STARBUCKS</u>			
6 Amount (\$) <u>8.77</u>		7 Payee address; <u>STARBUCKS</u>		City; <u>SMITHLAND TX 77083</u>	State; <u>TX</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food + BEVERAGE EXP</u>		(b) Description <u>CAMPAIGN MEETING</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH				
Date <u>3/9/21</u>		Payee name <u>SHEN SERVICE STATION</u>			
Amount (\$) <u>49.81</u>		Payee address; <u>Houston</u>		City; <u>TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>POLLING EXPENSE</u>		Description <u>GAS</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH				
Date <u>3/10/21</u>		Payee name <u>AGITA Juice + cafe</u>			
Amount (\$) <u>47.10</u>		Payee address; <u>Superland</u>		City; <u>TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event</u>		Description <u>CAMPAIGN MEETING</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH				
Date <u>3/10/21</u>		Payee name <u>AGITA Juice + cafe</u>			
Amount (\$) <u>47.10</u>		Payee address; <u>Superland</u>		City; <u>TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event</u>		Description <u>CAMPAIGN MEETING</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>8</u>		2 FILER NAME <u>NADDEEN NAIK</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/11/21</u>		5 Payee name <u>AGITA JUICE</u>			
6 Amount (\$) <u>7.99</u>		7 Payee address; City; State; Zip Code <u>Sugarland Tx</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Exp.</u>		(b) Description <u>MEETING</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/15/21</u>		Payee name <u>AGITA JUICE</u>			
Amount (\$) <u>12.48</u>		Payee address; City; State; Zip Code <u>Sugarland Tx</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Exp</u>		Description <u>MEETING</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/16/21</u>		Payee name <u>AGITA JUICE</u>			
Amount (\$) <u>8.57</u>		Payee address; City; State; Zip Code <u>Sugarland Tx</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Exp</u>		Description <u>MEETING</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME NADCEM NAIK	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name KROHER	
6 Amount (\$) 8.50	7 Payee address; Hwy 6	City; State; Zip Code Tx
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Exp	(b) Description poll worker
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/17/21	Candidate / Officeholder name Arlita Jester	
Amount (\$) 6.42	Payee address; Sugarland	City; State; Zip Code Tx
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp	Description meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/17/21	Candidate / Officeholder name Arlita Jester	
Amount (\$) 13.88	Payee address; Sugarland	City; State; Zip Code Tx
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp	Description MEETING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Arlita Jester		
Office sought 		
Office held 		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME WADEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 Date 3/17/21		5 Payee name			
6 Amount (\$) 51.89		7 Payee address; City; State; Zip Code SHELL SERVICE STATION			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP		(b) Description SAS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 3/22/21		Payee name CZ RESTAURANT			
Amount (\$) 22.99		Payee address; City; State; Zip Code Houston TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp		Description MEETING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held					
Date 3/22/21		Payee name AGHA Juice			
Amount (\$) 22.98		Payee address; City; State; Zip Code Sugar Land TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp		Description MEETING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME WADEEM NAIK	3 Filer ID (Ethics Commission Filers)
4 Date 3/23/21	5 Payee name AGORA Juice	
6 Amount (\$) 17.12	7 Payee address; City; State; Zip Code Sugarland TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description MEETING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/25/21	Payee name Go Daddy . Com	
Amount (\$) 89.79	Payee address; City; State; Zip Code 480-105-8855 AZ	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AD EXP	Description WEBSITE WADEEMNAIK.COM
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3/31/21	Payee name SHEU SERVICE	
Amount (\$) 40.32	Payee address; City; State; Zip Code Sugarland TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Exp.	Description GAS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME WADEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/21		5 Payee name FLOYD CAGAN			
6 Amount (\$) 138.72		7 Payee address; Sugar Land TX City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/ Beverage Exp.		(b) Description Guests/ Major Sugarland.		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				

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