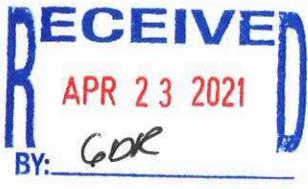


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 Ms. Adeola O NICKNAME LAST SUFFIX Addie Neyliger	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4222 Oak Forest Missouri City TX 77459	Date Received 	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 244-5861	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Soniah J. NICKNAME LAST SUFFIX Jones	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4714 Forest Home Drive Missouri City TX 77459	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 721-1896	Date Imaged	
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 checked="" 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 3 / 23 / 21 THROUGH 4 / 21 / 21		
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 21	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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)	
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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)

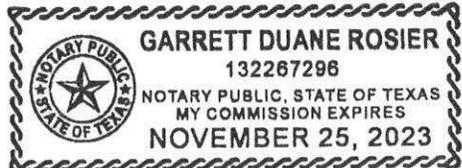
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 545. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,690. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 120. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,738. ²⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,906. ⁹⁷
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.

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 23 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)

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>11,145.00</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>17,560.60</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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>4,067.68</i>
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 Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Employee Federation	7 Amount of contribution (\$) 3,000.⁰⁰
6 Contributor address; City; State; Zip Code 12621 W. Airport Blvd Suite 400 Sugar Land TX 77478		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvelyn Harris	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code Missouri City TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baig Mohammed	Amount of contribution (\$) 500.⁰⁰
Contributor address; City; State; Zip Code 13112 Haven Falls Ln. Sugarland TX 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Mack	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 2515 Edgedale Missouri City TX 77489		
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 **Adeola O. Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
4/4/21

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael J. Siwierka

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
1368 Lake Pointe Sugar Land TX 77478

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/6/21

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

Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code
23 Palm Blvd Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/6/21

Full name of contributor out-of-state PAC (ID#: _____)
Kenneth R. Demerchant

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
60 Schubach Dr. Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/8/21

Full name of contributor out-of-state PAC (ID#: _____)
Darryl B Carter

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
5651 Willers Way Houston TX 77056

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 **Adeola O. Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
3/23/21

5 Full name of contributor out-of-state PAC (ID#: _____)
Monique Nicholson

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
mblacklock9@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/21

Contributor address; City; State; Zip Code
Knderrick01@aol.com

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/21

Contributor address; City; State; Zip Code
jackiebush@yahoo.com

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/21

Contributor address; City; State; Zip Code
jmattox37@gmail.com

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: 8

2 FILER NAME Adeola O. Neyliger

3 Filer ID (Ethics Commission Filers)

4 Date 3/25/21

5 Full name of contributor out-of-state PAC (ID#: _____)
Gloria Clouser

7 Amount of contribution (\$) 100.00

6 Contributor address; City; State; Zip Code
clousergloria@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 3/25/21

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

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
palmerhouseministry@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/25/21

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

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
garelyn@houstonluxuryliving.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/25/21

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

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
Khartwell@inspiredhands.net

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 Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Floyd	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code chrifloyd4@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Lewis	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code cindylew98@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Bludso	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code bludsosbbq@yahoo.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Lewis	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code eilewis10@gmail.com		
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 Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Mattox	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code jmattox37@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Clouser	Amount of contribution (\$) 450.00
Contributor address; City; State; Zip Code lynn.clouser@yahoo.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Kimmons	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Bkimmons1@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Carter	Amount of contribution (\$) 750.00
Contributor address; City; State; Zip Code scarter@sterlingtherapy.com		
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 Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexis Rylander	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code alexisrylander@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neeta Sane	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code neeta@neetasane.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert Stone III	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code has3trey@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Farley	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code frakeyfrank@hotmail.com		
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: 8
2 FILER NAME Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhyan Mays	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code thetamu64@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvette Mitchell	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code mitchye10@hotmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemit Wooley	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Wooley0812@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynette Reddix	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code lynettereddix23@yahoo.com		
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:	2 FILER NAME <i>Adele Heylig</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <i>4/10/21</i>	5 Payee name <i>3M graphics</i>
--------------------------	------------------------------------

6 Amount (\$) <i>7,268.30</i>	7 Payee address; City; State; Zip Code <i>Houston TX</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>mail in</i>
	(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 <i>4/12/21</i>	Payee name <i>Texas Campaign</i>
------------------------	-------------------------------------

Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>Houston, TX</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	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	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4/12/21</i>	Payee name <i>Texas Campaign</i>
------------------------	-------------------------------------

Amount (\$) <i>165.00</i>	Payee address; City; State; Zip Code <i>Houston, TX</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Post</i>
	<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: <i>2</i>	2 FILER NAME <i>Adrian O. Heyliger</i>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date <i>4/20/21</i>	5 Payee name <i>3M Graphics</i>
--------------------------	------------------------------------

6 Amount (\$) <i>8,577.30</i>	7 Payee address; <i>Houston TX</i>	City;	State;	Zip Code
----------------------------------	---------------------------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>mailing</i>
	(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 <i>4/20/21</i>	Payee name <i>The Young and the Politice</i>
------------------------	---

Amount (\$) <i>1,250.00</i>	Payee address; <i>Houston, TX</i>	City;	State;	Zip Code
--------------------------------	--------------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Political Advertisish</i>	Description <i>com essay</i>
	<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

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	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/Officsholder/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 G: <i>2</i>	2 FILER NAME <i>Adeola Heyliger</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/20</i>	5 Payee name <i>Texas Victory Consulting</i>	
6 Amount (\$) <i>545.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Houston, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Compassing Expense</i>	(b) Description
	(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 <i>3/27</i>	Payee name <i>Texas Victory Consulting</i>	
Amount (\$) <i>545.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Houston, TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Compassing Expense</i>	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 <i>3/27</i>	Payee name <i>Texas Victory Consulting</i>	
Amount (\$) <i>1,250.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Houston, TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting Expense</i>	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	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 G: <i>1</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/3/21</i>	5 Payee name <i>Texas Victory Consulting</i>	
6 Amount (\$) <i>18500.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Houston, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Canvassing Expense</i>	(b) Description
	(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
4 Date <i>4/10/21</i>	5 Payee name <i>Texas Victory Consulting</i>	
6 Amount (\$) <i>600</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Houston, TX</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Canvassing Expense</i>	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
4 Date <i>4/11/21</i>	5 Payee name <i>Texas Victory Consulting</i>	
6 Amount (\$) <i>500.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Houston, TX</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Canvassing Expense</i>	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	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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Adeola Heylige	
4 Date	5 Payee name	
4/21	Andree Johnson	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
117.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Polling Expense	
	(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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	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	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	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	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED