CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form.	i Filer iD (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	. MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Jason	\mathcal{M}	Date Received
	NICKNAME LAST	SUFFIX	1/8/19
·	Burdine	•	UN 5:03.m.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 17107 Simon C Richmond, TX 7	CTIV; STATE; ZIP CODE + . 7407	uzv p.m.
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	·
OFFICEHOLDER PHONE	(713) 855-7175		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs. Andre	SUFFIX	Date Processed
	NICKNAME LAST BUYdi	nl	Date Imaged
7 CAMPAIGN '	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP GODE
TREASURER ADDRESS	17107 Simon	U .	
(Residence or Business)	Richmond, TX	77407	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 855-717	EXTENSION	
,			
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
·	July 15 , Sth day before el	ection Exception Exception (\$500 limits)	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Day Year 31/2018
11 ELECTION ·	Month Day Year Primary	ELECTION TYPE Runoff Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (II know	n)
- 01,102	FOR Bend ISD Board of Trustee	-14. /	
	Board of Trustee		
	go то	PAGE 2	. •

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)
16 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 OF 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	A Comment of the Comm	
	SPECIFIC	COMMITTEE ADDRESS	• • •
	:	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	.•
		• • • • • • •	and and
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ Ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ \
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 28.55
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDA T	NORMA ALIC Notary Public, St Comm. Expires Notary ID 13	of e of lexos 01-11-2020 I swear, or affirm, under penalty of perjury,	
		(ason Burl	
		Signature of Candidate	or Officeholder
AFFIX NOTARY STAMI	P/SEALABOVE	·	
Sworn to and subscr	ibed before me. I	by the said Jason Burdine	this the 8th
day of Sanuav	_	to certify which, witness my hand and seal of office.	-
lee.		Norma Paras	Public Maters
Signature of officer a	dministering oath	Printed name of officer administering oath Ti	tle of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST C-RAYLE NICKNAME LAST JAME	SUFFIX	OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: 1 810 MAIDEN 5 UC-ARLAND, T	~ 77475	
OFFICEHOLDER PHONE	(281) 565-719	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	GRE GO	24	Date Imaged
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 443-3503		
9 REPORT TYPE	January 15 30th day before July 15 8th day before	Francisco SECO Emili	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 61	Day Year
11 ELECTION	ELECTION DATE Month Day Year Prima Gene	Description	PE
12 OFFICE	FURT BENIS ISA TRUSTEE, PUSITION	13 OFFICE SOUGHT (if kno	wn)
	GO T	O PAGE 2	

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

14 C/OH NAME GRA	YLE T.	TAMES	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$		
EXPENDITURE TOTALS	 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 		\$
	4. TOTAL POLITICAL EXPENDITURES \$ 150.		\$ 150.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2,567,10		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT	NORMA ALICIA P otary Public into to forms. Excess 01-1 Notary (D. 18049	true and correct and includes all info under Title 18, Election Code.	perjury, that the accompanying report is ormation required to be reported by me
AFFIX NOTARY STAN	MP/SEALABOVE	Signature of Car	loidage of Officeriolider
	cribed before me,	by the said <u>Erayle</u> <u>Sames</u> , to certify which, witness my hand and seal of office	, this the
Signature of officer	administering outh	Norma Perez Printed name of officer administering oath	Public Notary Title of officer administering oath

SUBTOTALS - C/OH

19	nmission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 150 0	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBLE RETURNED TO FILER	TIONS	\$.13

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		xpense Travel Ou Vages/Contract Labor Other (en	ustrict at Of District ter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GRAYLE T. TAME		ID (Ethics Commission Filers)
4 Date 12-7-18	5 Payee name FURT BEND INPERENCE		612
6 Amount (\$)	7 Payee address: City: State: Zip Code 16 701 (orpora to # 282 Stafford, 77 7777		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense		NEW CONTRACTOR STATES TO
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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas Check if Austin, TX, officeh	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas Check if Austin, TX, officer	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	RAYLE T. TAMES	3 Filer ID (Ethics Commission Filers)
4 Date 7 31- 12 31 15	5 Name of person from whom amount is received WELLS FARGO 6 Address of person from whom amount is received: City: State:	8 Amount (\$) Zip Code
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City: State	Amount (\$) Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Amount (\$) Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State:	Amount (\$) Zip Code
	Purpose for which amount is received	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

p. 10/8

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST James MID.	OFFICE USE ONLY	
NAME	NICKNAME LAST SUFFIX	Date Received	
	Jim Rice	01/08/2019 of 8:07am	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5402 Oban Terrace Lane Sugar Land, Texas 17479	at 8:07am	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 980. BOT!	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS) MR FIRST MI DOCOLHU S.	Receipt # Amount \$	
NAME	NICOVALANE LAST SHEETY	Date Processed	
	Suzanne Ramos	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 3907 Senna Place, Sugar La	zip code ud, Tx. 77479	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 980, 9051		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month 1/1/2019 THROUGH 12	Day Year / 31 / 2018	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special		
12 OFFICE	OFFICE HELD (if any) TBISD Trustee 13 OFFICE SOUGHT (if know FBISD. TI	n)	
	FBISD Trustee FBISD. To	ition 3	
GO TO PAGE 2			

p. 2 of 8

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME Jim Rice (James D. Rice) 15 Filer ID (Ethics Commission Filers)				
16 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			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,018.28	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD (1 NCWAS) OM WYOUND	\$ 8,370.46	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 000.00			
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. Notary Public, State of Texas Comm. Expires 01-11-2020 Notary ID 130491680 Signature of Candidate or Officeholder				
AFFIX NOTARY STAM	MP/SEALABOVE			
Sworn to and subso		by the said <u>James D. Pice</u> to certify which, witness my hand and seal of office.	_, this the	
Charles Norma Perez Public Notany				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

p. 30/8

SUBTOTALS - C/OH

9 FILER NAME 20 Filer ID (Ethics Commission Filers)		
Jim Rice		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$ 10,000,00 ontributions \$ 5,018.28	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ontributions $$5,018.28$	
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 FU	NDS \$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTED TO FILER	TIONS \$	

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl		1 Total pages Schedule E:
2 FILER NAME	James D. Rice		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	0000000000000000	\$ 10,000,00
5 Date of loan 12/10/2018		out-of-state PAC (ID#:	9 Loan Amount (\$) \$10,000,00
6 Is lender a financial Institution?	8 Lender address; City; State; Z 5402 Obum Terr	race Lane	10 Interest rate D. 00 11 Maturity date
Y 🔊	Sugar Land,	1x 77479	Not Determine
12 Principal occupati	on / Job title (See Instructions) MANAGEMENT CONSU	13 Employer (See Instructions) High Rice 4 G	ardner Consultina
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial	Lender address; City; State;		Interest rate
Institution? Y N			Maturity date
	 ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral		deposited into political account
none	No. of automates		Amount Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor		Amount Guarantous (ψ)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ition (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see instr	SOF THIS SCHEDULE AS NEE ruction guide for additional repo	

p. 5 of 8

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1: P. lef 4 4 Date, 1/10/2018	2 FILEB, NAME JAMES D. Ric 5 Payee name Fort Bend/Skl	ue Star	3 Filer ID (Ethics Commission Filers)
6 Amount (\$) \$106.25	7 Payee address; Oty; State; Z 4655 Techniple Stafford, Tx. T	11p Code 2X, #200 7471	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Asta at the top of this s Advertising Exp	€ Check if travel of Check if Austi	utside of Texas. Complete Schedule T. n. TX, officeholder living expense PET A.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ł	Office sought	Office held
Date 8/12/2018	Burt Levine/A	BC Commun,	ications
Amount (\$) \$400.00	Payee address; City; State; 2 9999 Bellaive Houston, Tx.	17036. #900	1 99
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	MGP, Check if travel or	ulside of Texas. Complete Schedule T. n, TX, officeholder living expense CONSULTING
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date 8/15/2018	Payee name Clements Hio	in School	
Amount (\$) \$ 300.00	Payee address; City; State; 3	zip code 2d. Sugar La	nd, Tx.77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Expense	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NE	EDED
Forms provided by Texas Etl	ales Commission www.ethi	ics.state.tx.us	Revised 9/8/2015

p. 6 of 8

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James D. (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense PURPOSE OF EXPENDITURE Political Consultina Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Burt Levine/ABC Communications. 11/01/2018 Payee address; City; State; Zip Code 9999 Bellaire Blva. #909 4400.00 Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Expense Check if Austin, TX, officeholder living expense EXPENDITURE Political Consulting Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 11/08/2018 Fort Bend/SW Star Amount (\$) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** TIGINA EXPUSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

p. 7 of &

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME James D. Rice		3 Filer ID (Ethics Commission Filers)	
4 Date 2 20 8	5 Payee name Bwt Levine/At	Communic	cations	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zi 9999 Bellaire Houston, Tx. 17	BNd. #909 036.3499		
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Consulting Expen	Check if Iravel ou	viside of Texas. Complete Schedule T. o, TX, officeholder fiving expense	
		Politica	1 Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12.06.2018	Burt Levine/At	3c Communi	cations.	
Amount (\$)	Payee address; City; State; Zi	Blyd. #909		
\$ 400,00		36.3499		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Consulting Expe	Check if travel ou	Iside of Texas. Complete Schedule T. TX, officeholder living expense CONSULTING	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
12.08.2018	I cenhower Co	nsulting		
Amount (\$)	Payee address; City; State; Z	ip Code		
\$55.78	3019 Arrowhea Sugar Land, T	4. 11479		
PURPOSE OF EXPENDITURE	Category I See Categories listed at the top of this s Campaign Con Sul	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense N COU SULTING	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	
Forms provided by Texas Eth	nics Commission www.ethic	s.state.tx.us	Revised 9/8/201	

p. 8 48

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Polling Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James | Cen nower Consulting 7 Payee address; City; State; Zip Code 12.10.2018 6 Amount (\$) 3019 Arrowhead Dr. \$ 2,300.00 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE ___ Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 12.14.2018 Fort Bend Independent City; State; Zip Code Amount (\$) Payee address; P.O. Box 623 Sugar Land, Tx. 77487.0623 \$ 150.00 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Newspaper Ad. Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082010 MS/MRS/MR FIRST ΜI CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Kristin Mrs. NAME Date Received **ELECTRONICALLY FILED** 01/14/2019 **SUFFIX** NICKNAME LAST Tassin Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: ZIP CODE **OFFICEHOLDER** 850 St. Elmo's Ct. MAILING Receipt # Amount **ADDRESS** Change of Address Missouri City, TX 77459 Date Processed Date Imaged FIRST М MS/MRS/MR CAMPAIGN **TREASURER** Mr. Shannon NAME SUFFIX NICKNAME LAST Tassin STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **CAMPAIGN TREASURER** 850 St. Elmo's Ct. **ADDRESS** (Residence or Business) Missouri City, TX 77459 AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN **TREASURER** (281) 685-2885 PHONE REPORT 15th day after campaign treasurer appointment (officeholder only) **TYPE** 30th day before election Runoff Х January 15 Exceeded \$500 limit Final Report (Attach C/OH-FR) 8th day before election July 15 Day Year Year Month PERIOD Month Day COVERED THROUGH 07/01/2018 12/31/2018 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Month Day Year Primary Runoff Other General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Fort Bend ISD Trustee **GO TO PAGE 2** Version V1.1.28ab6150 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

FORM C/OH

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 3

13 C / OH NAME	Tassin, Kristin (Mrs.)		14 Filer ID 00082010	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with I officeholders are required to report this inform	nout the candidate's or office	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	ME	
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS	-
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTH ARANTEES OF LOANS), UNLESS ITEMIZED		\$ 50.0
	2. TOTAL POLITIC (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 50.0
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNL	ESS ITEMIZED	\$ 0.0
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 0.0
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T ERIOD	HE LAST DAY OF THE	\$ 50.0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOAN: RTING PERIOD	S AS OF THE LAST DAY	\$ 0.0
17 AFFADAVIT				
		l swear, or affirm, under p true and correct and inclue under Title 15, Election Co	des all information require	accompanying report is d to be reported by me
			Mrs. Kristin Tassin	
		Signate	ure of Candidate or Officel	holder
AFFIX NO	OTARY STAMP / SEAL AE	OVE		
Sworn to and subs	scribed before me, by the	said	, this the	day
of	, 20, to 0	ertify which, witness my hand and seal of office	e.	
Signature of off	icer administering	Printed name of officer administering	Title of offi	cer administering oath
Signature of off	icor auministanty	Filinea hairie oi onicei aunimistentig	TING OF OH	oo, commiscering out

SUBTOTALS - C/OH

			3	of 3
18 FILER NA Tassin, k	ME (ristin (Mrs.)	19 Filer ID 00082010	(Ethics Commission File	:rs)
1	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOL	TNľ
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
з. 🔲	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTE	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS. Adeola NICKNAME LAST Helia	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	Proces	EXTENSION	FEB 2 6 2021 BY: CDR 2: 34 pm Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. NICKNAME LAST Hey Lige	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1611 GLACIER BLW FLOS NO TY 77		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 837 922 - 516	EXTENSION	
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 1 8	THROUGH 12	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	Fort Bend IsD Truste Pos. 4	13 OFFICE SOUGHT (if known)	
	GO ТО F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	cola H	eyliqu	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH TURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,001.40
CONTRIBUTION BALANCE	5. TOTAL P	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 1,001.40 DAY \$ 5,410.80
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA		
GARRING NOTARY	ETT DUANE ROS 132267296 139267296 COMMISSION EXPIRE EMBER 25, 20	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAMP			lidate or Officeholder
Sworn to and subscri	bed before me, b	y the said adeola Hey liker	, this the 2ζ
day of February	0	o certify which, witness my hand and seal of office.	, und une
Sanet Diane	Rosin	1	ecutive Assistant to 607
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FILER NAME 20 Filer ID (Ethics Com		mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB	BUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POL	LITICAL CONTRIBUTIONS	\$ 1001.40
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM F	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUT	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CRETURNED TO FILER	\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 250.00 (b) Description Check If travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Description Check If travel outside of Texas, Complete Schedule T. **PURPOSE** OF _ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name State; 500.00 missour (Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Food/Beverage Expense Po Gift/Awards/Memorials Expense Po	ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Adesla Huylige	/	3 Filer ID (Ethics Commission Filers)
4 Date 12/03	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
151.40	Pearland TX		
8	(a) Category (See Categories listed at the top of this sched		
PURPOSE	Fundaising		side of Texas. Complete Schedule T.
EXPENDITURE	Findraising Golf Tournaut	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Ol	H .	*	
Date	Payee name		
^ mount (ft)			
Amount (\$)	Payee address; City; State; Zip C	ode /	
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE		Check If travel outsi	de of Texas, Complete Schedule T.
OF EXPENDITURE	×	Check If Austin,	TX, officeholder living expense
	-		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		5	İ
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip C	ndo	
, (4)	i ayoo addices, City, Clate, Zip o		
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE		Check If travel outsi	de of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, 7	TX, officeholder living expense
* * * * * * * * * * * * * * * * * * * *	6.		*
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED