	E / OFFICEHOLDER	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	uide explains how to complete this form.	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX			
	Addie Heyliger	DECEIVEN		
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 42222 Oak Forest	FEB 2 6 2021		
MAILING ADDRESS		BY: OPIC 2: 34pm		
Change of Address	Missouri City , TX 77459 AREA CODE PHONE NUMBER EXTENSION			
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 244 -586!	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR Milton MI	Receipt # Amount \$		
NAME	NICKNAME HAST SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 42-22. Oak. Forest- Missouri, City, TX, 77459	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 922 - 5123	-		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment		
	July 15 . 8th day before election Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month 7/1/20 THROUGH 12/	Day Year 31 / 20		
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Finnary Runon Description			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know	n)		
	FBISD Pos. 6			
GO TO PAGE 2				

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	O. Hen	lige-	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			and the second
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		a thin	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$ 11.65
2		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	^{NN} _{ED} \$ /1.65 \$ /1.65 \$ 2.73.96
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, B ITEMIZED	\$ 2.73.96
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3.73.96
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY \$ 844.66
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	^{HE} \$ D
18 AFFIDAVIT			
GARR	132267296 PUBLIC, STATE OF T COMMISSION EXPIRE	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 Heyffigure lidate or Officeholder
AFFIX NOTARY STAMF	P/SEALABOVE		
Sworn to and subscr	ibed before me. b	by the said Adelola Herliger	, this the _2C
day of February		to certify which, witness my hand and seal of office.	
uay or <u>reserve</u>	, 20,1	o certify which, whiless my hand and sear of office.	
Sarrett Diean	e Rosin	Garrett Duque Rosier Exect	vice Asistant to BOT
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath

Forms provided by Texas Ethics Commission

Revised 9/8/2015

	ORM C/OH HEET PG 3
19 FILER NAME Adwich O. Heyliger 20 Filer ID (Ethics Con	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 CONTRIBUTIONS	\$ 100.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL 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	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimburseme Office Overhead/Rental Expen Polling Expense Printing Expense Salaries/Wages/Contract Labo ns how to complete this form	Se Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Adeola.	Hey liger	3 Filer ID (Ethics Commission Filers)
4 Date 7/20	5 Payee name Lynn Clo	user	
6 Amount (\$)	7 Payee address; City; State; 2)	Texas
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if I	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office soug	ht Office held
Date .	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code /	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check If tr	avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	nt Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check If tr	avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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Revised 9/8/2015

6

SCHEDULE F1

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 Mr.	FIRST David	MI B.	OFFICE USE ONLY
NAME	NICKNAME Dave	LAST Rosenthal	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 6910 Oak Bay Circle Missouri City, Texas 7745;		CITY; STATE; ZIP CODE	JAN 2 2 2021 BY GDR 12:30
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 685-1081	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Joan	MI B.	Receipt # Amount \$
	NICKNAME	LAST Rosenthal	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NC 6910 Oak Bay Circle Missouri City, Texas 77459		SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 685-1081	EXTENSION	
9 REPORT TYPE	X January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year 16 2020	Month THROUGH 1	Day Year 15 2021
11 ELECTION	ELECTION DATE Month Day 5 1	Year Primary 2021 X General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) FBISD Position 7		13 OFFICE SOUGHT (if know	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICER CONSENT. CANDIDATES AI	IOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

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FORM C/OH COVER SHEET PG 2

15 C/OH NAME David B. Rosenthal		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	THAN \$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS) \$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ o
	4. TOTAL POLITICAL EXPENDITURES	\$ o
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE \$ 2,518.74
(1) Affidavit	Please complete either option bel GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	et Candidate or Officeholder
NOTARY STAMP/SEAL	ofere me hu David P. Pecenthal	14- 22 January
Sworn to and subscribed t	efore me by <u>David B. Rosenthal</u> this	the <u>22</u> day of <u>January</u> ,
20 <u>21</u> , to certify w	hich, witness my hand and seal of office.	
Nanet Duane	Garrett Duane Rosier E	Executive Assistant to the Board of Trustees
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio		
My name is	, and my date of birt	th is
My address is		.,,,,,
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of(m	nonth), 20 (year)
	(m	nontn) (year)
	Signature of Ca	andidate/Officeholder (Declarant)

0

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 NAME	MS MRS MR	GRAYLE	MI	OFFICE USE ONLY
NAME	NICKNAME	JAMES	SUFFIX	PECEIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	Majdenbar ar Land, TY	CITY: STATE: ZIP CODE	JAN U 6 2021 BX: G. Rosier
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 565-7191	EXTENSION	Date Hand-delivered or Date Postmarked 3:56 p.m. Receipt # Amount \$
S CAMPAIGN TREASURER NAME	MSV MRS / MR	SHARUN	MI J	Date Processed
NAME	NICKNAME	GREGO	suffix Ry	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1803	NO PO BOX PLEASE): APT / S RUCK FERCE UNJ. TX 7		STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (8 32)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	67	16 20	THROUGH OL	15 21
11 ELECTION	ELECTION DA		ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	rsn - Trustee Pos	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)				ADE BY POLITICAL COMMITTEES TO SUPPORT NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE	/ OFFICE	HOLDER
CAMPAIGN	FINANCE	REPORT

(~)	ZAYLO	E JAME	5			ler ID (Ethics	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZE PLEDGES, LOANS	D POLITICAL CONTRI , OR GUARANTEES OF MADE ELECTRONICAL	LOANS, OR	THAN	\$.06
	2.		L CONTRIBUTIONS DGES. LOANS, OR GU	ARANTEES OF LO	ANS)	\$	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZE	D POLITICAL EXPEND	ITURE.		\$	_
	4.	TOTAL POLITICA	LEXPENDITURES			\$	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL OF REPORTING PI	CONTRIBUTIONS MAIN	ITAINED AS OF TH	E LAST DAY	\$ 1	279.38
OUTSTANDING LOAN TOTALS	6.		AMOUNT OF ALL OUTS	STANDING LOANS	AS OF THE	\$	
				Signature	of Candidat	e or Officer	older
	GAR NOTA	RETT DUANE RO 132267296 RY PUBLIC, STATE OF Y COMMISSION EXPIR	TEXAS	ner option be	elow:	V	
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed 20 2 L, to certify	GAR NOTA NO NO NO NO NO NO NO	BRETT DUANE RO 132267296 RY PUBLIC: STATE OF Y COMMISSION EXPIR VEMBER 25, 2 WEMBER	SIER S TEXAS S 023 S COLOGINALS			day of	January
(1) Affidavit	GAR NOTA NOTA NO NO NO NO NO NO NO NO NO NO NO NO NO	by <u>Grayle</u> Barne Hand and sea	SIER TEXAS ES 023 COMPS	this			Sanuay 6 the BOT cer administering oa
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20 21, to certify faulth Dueue (GAR NOTA NOTA NO NO NO NO NO NO NO NO NO NO NO NO NO	by <u>Grayle</u> Barne Hand and sea	SIER S TEXAS S 1023 S To AMES To forfice. Durane Rosier	this			
(1) Affidavit	GAR NOTA NOTA NO NO NO NO NO NO NO NO NO NO NO NO NO	by <u>Grayle</u> Barne Hand and sea	SIER S TEXAS S 2023 S 2023 S Dame S Tofoffice. Duane Rosier name of officer administ	this			
(1) Affidavit NOTARY STAMP/SEAU Sworn to and subscribed 20 21 to certify Auth Duern (2) Signature of officer administer 2) Unsworn Declaration	GAR NOTA NOTA NO NO NO NO NO NO NO NO NO NO NO NO NO	RETT DUANE RO 132267296 RY PUBLIC, STATE OF Y COMMISSION EXPIR VEMBER 25, 2 WEMBER 25, 2 WEMBER 25, 2 Server J by Grayle	SIER S TEXAS S 2023 S Color Tofoffice. Duane Rosier name of officer administ OR	this <u>Ext cut</u> ering oath	the <u>6</u>	Title of offi	cer administering oa
(1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed 20 21, to certify Mignature of officer administe 2) Unsworn Declaration	GAR Nota Nota NO Nota NO NO NO NO NO NO NO NO NO NO NO NO NO	RETT DUANE RO 132267296 RY PUBLIC, STATE OF Y COMMISSION EXPIR VEMBER 25, 2 COMMISSION EXPIR VEMBER 25, 2 COMMISSION EXPIRE VEMBER 25, 2 COMMISSION EXPIRE	SIER S TEXAS S 1023 S Texas Dames Tof office. Duame Rosier name of officer administ OR	this <u>Ext cut</u> ering oath	the <u>6</u>	Title of offi	cer administering oa
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed 20 2 L, to certify	GAR NOTA NOTA NO NO NO NO NO NO NO NO NO NO NO NO NO	RETT DUANE RO 132267296 RY PUBLIC, STATE OF Y COMMISSION EXPIR VEMBER 25, 2 COMMISSION EXPIR VEMBER 25, 2 COMMISSION EXPIRE VEMBER 25, 2 COMMISSION EXPIRE SSS MY hand and sea Garne H Printed	SIER TEXAS ES 1023 DOCA To forflice. Duane Rosier name of officer administ OR	ering oath and my date of bin (city)	the <u>6</u>	Title of offi	cer administering oat

19	FILER NAME . 20 Filer ID (Ethics O GRAYLE JAMES	Commission Filers)				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	S				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS						
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$.06				

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

SCHEDULE K

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

The	Instruction Guide explains how to complete this for	n.	1	Total pages Sche	dule K:
2 FILER NAME	GRATLE JAMES		3	Filer ID (Ethic	s Commission Filers)
4 Date July'20	5 Name of person from whom amount is received WELLS FARGO				8 Amount (\$)
5xac '20	6 Address of person from whom amount is received;	City;	State;	Zip Code	
	7 Purpose for which amount is received INTEREST	c	heck if pol	itical contribution	returned to filer
Date	Name of person from whom amount is received				Amount (\$)
	Address of person from whom amount is received;	City;	State;	Zip Code	
	Purpose for which amount is received	c	heck if pol	itical contribution	returned to filer
Date	Name of person from whom amount is received				Amount (\$)
	Address of person from whom amount is received;	City;	State;	Zip Code	
	Purpose for which amount is received	c	heck if poli	itical contribution	returned to filer
Date	Name of person from whom amount is received				Amount (\$)
	Address of person from whom amount is received;	City;	State;	Zip Code	
	Purpose for which amount is received		heck if poli	tical contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF TH	IS SCHE	EDULE AS	NEEDED	

the second	TE / OFFICEHOLDER N FINANCE REPORT	х	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	OFFICE USE ONLY	
	NICKNAME ROSE-GILL	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3011 Bonney Brian	STATE; ZIP CODE	JAN 15 2021 BY: GDR 11:35 am	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 799-5065		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	KOSSI GUUNOG	MI Zungen und Suffix	Receipt # Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 16115 Beckricige		state; zip code X 77053	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (28() 870 - 303)	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year		Day Year 15/2021	
11 ELECTION	ELECTION DATE Month Day Year Primary 11/03/2020 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	FRISD BOT POSA	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

15 C/OH NAME	irley Rose-GuurAM	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)	\$ 2030.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Đ
	4. TOTAL POLITICAL EXPENDITURES	\$ 2019.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	st DAY \$ 7.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ D
	Please complete either option below	Auf Julia Indidate of Officeholder
(1) Affidavit	NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	
NOTARY STAMP/SEAL		
0.1		15 day of January,
20, 21, to certify Manet Duene	which, witness my hand and seal of office. Rosin Garry H Dyune Rosier Executive	Assistant to the BOT
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaratio	OR	
My name is	, and my date of birth is	
		tate) (zip code) (country)
Executed in	County, State of, on the day of (month), 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Eth	hics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 203000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2090 <u>00</u> \$ 1000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2079.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$
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	с/он \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	D \$

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Shirley Rose-GuyAm	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
0/07/21 KON Keynelds 6 contributor address; city; state; zip cod 7459 2440 Texas Parkway No City TX	1000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor [] out-of-state PAC (ID#:) Darry B. Charter Contributor address; City; State; Zip Code	Amount of contribution (\$)
5651 Willers Way Houston TK 77056	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of contribution (\$)
23 Palm Blvd MoCily TK77459	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Dout-of-state PAC (ID#:) 10/30/20 Contributor address; City; State; Zip Code	Amount of contribution (\$)
5126 Ruby Rock Way Richmond TX	30.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional i	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 9/26/201

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedu	ule A2:	
2 FILER NAM	E Shirley Rose. GILIAM		3 Filer ID (Ethics Con	mmission Filers)	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	\$ 1000.	00		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: RON REYNOLDS 7 Contributor address; City; State; 8140 Huy & S733, Missaur Cid cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code TA 7745 11 Employe	8 Amount of Contribution \$ 000.00 Check if travel outsid r (FOR NON-JUDICIA		
	s principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUI	DICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of I Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	 Check if travel outsid	e of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUE	DICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF TH f contributor is out-of-state PAC, please see Instruction	HIS SCHEDUL	EASNEEDED	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 B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide e	Office Ove Polling Exp se Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N		Guur	tm	3 Filer ID (Ethics Commission Filers)
4 Date 10 30 2020	5 Payee na NEK	F Wave S	trateo	gies ,LL	C
6 Amount (\$)	7 Payee ad AleOC		Court	#148 Hoc	State; Zip Code 15ton, TK 77036
8 PURPOSE OF EXPENDITURE		Y (See Categories listed at the top WORKEN EX		(b) Description	sulting
1	(c)	Check if travel outside of Texas. Con	plete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held
Date	Payee na		Δ		
10/30/2020	Tex	las Victori	1 Cone	sulting	
Amount (\$)	Payee ac			City;	State; Zip Code
300000	1034	Sauliner	St. Ar	uston,TX	77019
	Category	(See Categories listed at the top of	of this schedule)	Description	
PURPOSE OF EXPENDITURE	Ao	lvertising		Consul	ting Fees
		Check if travel outside of Texas, Com	plete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
expenditore to benefit C/OF	t.				
Date	Payee na	ame			
11 103/2070	Vi	ctoria Mc	CRAY		
Amount (\$)	Payee ad	ldress;		City;	State; Zip Code
400.00	3021	e Lakefiell	Way. Si	gar Land	TX 77479
	Category	(See Categories listed at the top o	f this schedule)	Description	
PURPOSE OF EXPENDITURE	Poll	ing Expense		Push Cavi	d Distoibution
		Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
	ATT	ACH ADDITIONAL COP	PIES OF THIS S	CHEDULEASNEE	DED

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office O Polling I Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor complete this form.	Travel In District Travel Out Of Distric	oment & Related Expense
1 Total pages Schedule F1: 2 of 2	2 FILER N	AME ROSE-(JILL AN	1	3 Filer ID (Ethic	s Commission Filers)
4 Date 01 08 21	5 Payeen	hirley Gi	LIAM			
6 Amount (\$) \$1,11500	7 Payee a 30 (ddress; 1 Bonney	Briar	Dr Missouri G	State; Ny TX -	zip Code 17459
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the Repayment	10		ty Impact	
2	(c)	Check if travel outside of Texas. C	Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date DI D8 21	Payee na Sh	irley GILLI	AM			
Amount (\$) \$ 144.90	Payee a	ddress; ' 1 BonneyPa	Briar D	City; Mcsouril	state; tly TX 7	zip Code 7459
PURPOSE OF EXPENDITURE		V (See Categories listed at the to epayment Ref	op of this schedule)	#	aco sing Eve	nt
		Check if travel outside of Texas. C	Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	Jdress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the to	op of this schedule)	Description		b.
		Check if travel outside of Texas. C	Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	9	Office sought		Office held
	AT	TACH ADDITIONAL C	OPIES OF THI	S SCHEDULE AS NE	EDED	

SCHEDULE F1

CANDIDATE / OFFICEHOLDER

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	w to complete this form.		Ethics Commission Filers)	2 Total pages t	iled: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs.	FIRST		M		USE ONLY
	NICKNAME	Hanan	ι	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		CITY; ST			
Change of Address	<u></u>			77478		
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (281)	PHONE NUMBER 460.0330		XTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs.	Wendy		MI	Receipt # Date Processed	Amount \$
	NICKNAME	Rachuk	4	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT	Γ / SUITE #;	CITY,	STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	2203	Made wo	od Drive	Missouri	Gty TX	77459
B CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EX	TENSION	1	
PHONE	(832) 4	-19.1457				
9 REPORT TYPE	January 15	30th day befo	ore election	Runoff		fter campaign ppointment ar Only)
	July 15	8th day before	e election	Exceeded Modified Reporting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	
	10	26/2020		н I /	15 /20	21
11 ELECTION	ELECTION DA	ATE		ELECTION TYPE		
	Month Day	Year Prima	ary Runoff	Other Description		
	11 /03	2020 Gene	eral Special			
2 OFFICE	OFFICE HELD (if any)	1	13 OF	FICE SOUGHT (if known)	en e	
	FBISD BO	and of Trystees F	osition			
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIO	CE OF POLITICAL CONTRIBUTIO CEHOLDER. THESE EXPENDITU S AND OFFICEHOLDERS ARE RE	ONS ACCEPTED OR POLI	ANDE WITHOUT THE CAND	IDATE'S OD OFFICEUOI	DEDIC KNOW FOOD OD
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			1	
	SPECIFIC	COMMITTEE CAMPAIGN T	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRE	SS	7	
, ,	1	GO T	O PAGE 2			

Forms provided by Texas Ethics Commission

Revised 8/17/2020

Anaie	Hanan 16	ngiehanan@gmail.
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)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5562,29
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. OF REPORTING PERIOD 	^{AY} \$
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD 	" \$ 1800, a
	swear, or affirm, under penalty of perjury, that the accompanying report is true an	nd correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	(m-M Han	
ço	Please complete either option below:	late or Officeholder
	Please complete either option below:	late or Officeholder
	Please complete either option below: GARRETT DUANE ROSIER 132267296 Notary public, state of texas MY commission expires NOVEMBER 25, 2023	late or Officeholder
(1) Affidavit	Please complete either option below: GARRETT DUANE ROSIER 132267296 Notary PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	
(1) Affidavit	Please complete either option below: GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 NOVEMBER 25, 2023 L before me by <u>Angle Hanan</u> this the <u>1</u> which, witness my hand and seal of office.	3 day of Sanuary
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20 <u>21</u> , to certify Marth Duame	Please complete either option below: GARRETT DUANE ROSIER 132267296 Notary public, state of texas My commission expires NOVEMBER 25, 2023 NOVEMBER 25, 2023 November 25, 2023 L before me by <u>Angle Hanan</u> this the <u>1</u> which, witness my hand and seal of office. Kou Gawett Dugne Rosic Executiv	3 day of <u>Sanuary</u> Assistant to the Bo
(1) Affidavit	Please complete either option below: GARRETT DUANE ROSIER 132267296 Notary public, state of texas MY commission expires NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 H before me by <u>Agic Hanan</u> this the <u>I</u> which, witness my hand and seal of office. Which, witness my hand and seal of office. Which, witness my hand and seal of office. Which, witness my hand and seal of office. Which are of officer administering oath Printed name of officer administering oath	3 day of Sanuary
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20 <u>21</u> , to certify Marth Duame	Please complete either option below: GARRETT DUANE ROSIER 132267296 Notary PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 NOVEMBER 25, 2023 NO	3 day of <u>Sanuary</u> Assistant to the Bo
(1) Affidavit	Please complete either option below: GARRETT DUANE ROSIER 132267296 Notary PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 NOVEMBER 25, 2023 NO	3 day of <u>Sanuary</u> Assistant to the CO Title of officer administering o
(1) Affidavit	Please complete either option below: GARRETT DUANE ROSIER 132267296 Notary public, state of texas MY commission expires NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 MY commission expires NOVEMBER 25, 2023 NOVEMBER 25, 2023	3 day of <u>Sanuary</u> Assistant to the CO Title of officer administering o
(1) Affidavit	Please complete either option below: GARRETT DUANE ROSIER 132267296 Notary Public, state of texas My commission EXPIRES NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 L before me by <u>Angie Hanan</u> this the <u>1</u> which, witness my hand and seal of office. Which, witness my hand and seal of office. My control C	3 day of <u>Sanuary</u> Assistant to the Co Title of officer administering o Difficer administering o (zip code) (country)
(1) Affidavit	Please complete either option below: GARRETT DUANE ROSIER 132267296 NoTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 NOVEMBER 25, 2023 NOVEMBER 25, 2023 Defore me by Agie Hanan this the before me by Agie Hanan this the which, witness my hand and seal of office. Which, witness my hand and seal of office. Printed name of officer administering oath Printed name of officer administering oath OR ON	3 day of <u>Sanuary</u> Assistant to the CO Title of officer administering o

SUBTOTALS - C/OH

19	FILER N	mmiss	sion Filers)		
		gmai	·com		
21	SCHEDU NAME O		SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
З.		SCHEDULE B: PLEDGED CONTRIBUTIONS	7	\$	
4.		SCHEDULE E: LOANS		\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL 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	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	

	MONETARY (IN-KIND) POLITIC RIBUTIONS	AL		SCHEDULE A2
If the requ	ested information is not applicable, DO NOT includ	le this page	in the report.	
т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sche	dule A2:
2 FILER NAM	E Angie Hanan		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 10.20.20	 ⁶ Full name of contributor □ out-of-state PAC (ID#:	Zip Code 77459 ifu Tx		9 In-kind contribution description Campaign Literature Distribution
Ter	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) tas State Representative	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
	employer/law firm (FOR JUDICIAL)			JDICIAL) (See Instructions) use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor in out-of-state PAC (ID#: Contributor address; City; State;) Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	1	ide of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
I	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g 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 E Candidate/Officeholder/Politici Credit Card Payment	Fees O Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pr	ffice Overhead/Rental Expense Transportation olling Expense Travel In Distr inting Expense Travel Out Of alaries/Wages/Contract Labor Other (enter a)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)			
1	Angie Hanan	angieha	nan@gmail.com			
4 Date	5 Payee name					
11/17/20 6 Amount (\$)	7 Payee address;	0.4	71.0			
\$ 84.48	14455 N. Hagden Roa					
8	(a) Category (See Categories listed at the top of this sche	(b) Description				
PURPOSE OF	Alter	website				
EXPENDITURE	Advertising expense	WEDSIFE				
	(C) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, TX, officeholde	r living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
12/16/20	Angie Hanan		2			
Amount (\$)	Payee address;	City; State	e; Zip Code			
\$3277.81	903 Goldfinch Ave	SugarLand TX	77478			
	Category (See Categories listed at the top of this schedu	ule) Description	1 I I I I I I I I I I I I I I I I I I I			
PURPOSE OF EXPENDITURE	Loan Repayment/Reimburs	ement Credit Card Ch	harge for Signs			
	Check if travel outside of Texas. Complete Schedu		living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	•				
1/7/21	Angie Hanan					
Amount (\$)	Payee address;	City; State	; Zip Code			
\$2200.00	903 Goldfinch Av	e SugarLand TX	77478			
	Category (See Categories listed at the top of this schedu					
PURPOSE OF EXPENDITURE	Loan Repayment	Partial repayment	al loan			
	Check if travel outside of Texas. Complete Schedul	leT. 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						

Forms provided by Texas Ethics Commission

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Revised 8/17/2020

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The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages	filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	FIRST Jan	nes	мі р.	And Manager and And Descent And	E USE ONLY
		n LAST Rich	e	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO 5402 Sugar	x: APT/SUITE#; C Oban Terri Land, Tx.	stry: state; ace Lan 7747	ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (29) 0	PHONE NUMBER 180.8071	EXTENSIC	'n		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MR9 / MR	FIRST	thy	S.	Receipt # Date Processed	Amount \$
	SUZAN	nc Ramo	5	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 3907 SUQA	(NO PO BOX PLEASE): APT / SL Senna Place Land, T	ите #; сіту; 20 20. 1747	19	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER	EXTENSIO	N x		
9 REPORT TYPE	January 15	30th day before ele	ection Runot	f		iter campaign ppointment ar Only)
	July 15	8th day before elec	uon	ded Modified ling Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 2020	THROUGH	Month	Day Yea 31/20	
11 ELECTION	0111	Year Primary	Runoff Special	LECTION TYPE Other Description	2	
12 OFFICE	OFFICE HELD (If any)	p Trustee	13 OFFICE SO	JGHT (if known)	74	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRE COMMITTEE NAME	MAY HAVE BEEN MADE WIT	HOUT THE CANDI	DATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREAS			÷	
		GO TO P	AGE 2			

p. 2 of 5

- 19 (19) (19) (19) (19) (19)	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	Jim Rice (James D. Rice)	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	s) \$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8.00
	4. TOTAL POLITICAL EXPENDITURES From Schedule G	\$ 263.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ 2.22.76.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	of the \$ 18,229.17
	Please complete either option below	andidate or Officeholder
	CHRISTEL A CORRAL Notary ID #130768971	
(1) Affidavit	OF THE August 8, 2024	
NOTARY STAMP/SEA	T	II day of January,
20 2 to certify Signature of officer administer		Administrative Assistant Title of officer administering oath
	OR	
(2) Unsworn Declaratio	on	
My name is	, and my date of birth is	l <u></u> .
My address is	······································	······································
		state) (zip code) (country)
Executed in	County, State of, on the day of(monthe	n), 20 (year)
	Signature of Candie	date/Officeholder (Declarant)

SUBTOTALS - C/OH	FORM C/OH COVER SHEET PG 3
19 FILER NAME Jim Rice (James D. Rice	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	UTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLIT	TICAL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PC	DLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	ONAL FUNDS \$ 2.63.03
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIO	DNS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLI	ITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	ONTRIBUTIONS RETURNED \$

p. 3 of 5

p. 4 of 5 POLITICAL EXPENDITURES MADE FROM SCHEDULE G PERSONAL FUNDS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILEB NAME 2 0 4 Date 5 Payee name Levendent 6 7 Payee address; City; Amount (\$) Zip Code State: 10.00 20. Reimbursement from political contributions ntended (a) Category See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF tisino baber Ver EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas: Complete Schedule T. (c) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct J 3 expenditure to benefit C/OH Date Payee name Hina 460 cen nowe Payee address; Amount City; State; Zip Code 5 10. 10 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Consulting ampaio OF un EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct FBISD Trustee Position 3 expenditure to benefit C/OH Date Pavee name FAr ee address; Pa Amount (\$) City; Zip Code State; 6. 25 10 Ð Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE WSpaper OF tisind EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH B151 rustee rition 0 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PERSONA	. EXPENDITURES MADE FR L FUNDS	ROM	SCHEDULE G
If the requested ir	formation is not applicable, DO NOT include	e this page in the re	port.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G: p. 2 of 2	2 FILER NAME Jim Rice		3 Filer ID (Ethics Commission Filers)
12/27/20	5 Payee name Fort Bend Inde	pendent	,
Amount (\$)	7 Payee address; P.O. BOX 623	City;	State; Zip Code
political contributions intended	Sugar Land, Tx	17487	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	paper Ad.
EXTENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
) Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Sim Rice FBIS	Office sought D Trustee	Pogition 3
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	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/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1
	Payee address;	City;	State; Zip Code
Amount (\$)			
Amount (\$) Reimbursement from political contributions intended			5 9
Reimbursement from political contributions	Category (See Categories listed at the top of this schedule)	Description	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 NAME	MS/MRS/MR Senetta	SUFFIX	OFFICE USE ONLY
	NICKNAME Willian	n3	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 3309 Primre Pearland. Tx	CITY: STATE: ZIP CODE DSC Canyon 777584	JAN 27 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (413) 657. 93	T/	Da S frand-delivered or Date Postmarked Receipt # Arnount \$
6 CAMPAIGN TREASURER NAME	NICKNAME	ta R	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 3309 Primrose	SUITE #; CITY; CITY; ACC	state: ZIP CODE
8 CAMPAIGN TREASURER PHONE	area code phone number (713) 657-93		
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before of	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 /26 / 20	THROUGH	Day Year / 15/2/
11 ELECTION	ELECTION DATE Month Day Year Primar 11/3/21 General	Description	
12 OFFICE	FBISS Trustee	Pos 5	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REC COMMITTEE TYPE COMMITTEE NAME	RES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN T	REASURER NAME	
	COMMITTEE CAMPAIGN	REASURER ADDRESS	
	GO TO	D PAGE 2	

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (C PLEDGES, LOANS, OR GUARANTEES OF LOANS, OF CONTRIBUTIONS MADE ELECTRONICALLY) 	
1 1	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES	OF LOANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 551.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING L LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$
7	Please complete either optic	nature of Candidate or Officeholder
(1) Affidavit	GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	
NOTARY STAMP/SEAL	before me by Denetta R. Williams	this the 27 day of January,
24	hich, witness my hand and seal of office.	
Youth Duane R	sin Garrett Duan Kosier	Executive Assistant to the BOT
	ng oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declaratio	n	
My name is <u>Sene</u> My address is <u>33</u> C	Ho R. Williams and my da	te of birth is 09.28. 1966
Et Bo	(street) (city) County, State of TEXAS, on the 254	

SUBTOTALS - C/OH COVER	FORM C/OH SHEET PG 3
19 FILER NAME Denetta R. Williams 20 Filer ID (Ethics C	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$325.00
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	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 150.00
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	\$ 551.97
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM SCHEDULE G PERSONAL FUNDS 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) **Credit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: FILER NAME 21 3 Filer ID (Ethics Commission Filers) 4 Date 5 ee name 7 Pavee address City; State; Zip Code 0 mbursement from olitical contributions intended (a) Category 8 (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date (\$) Payee address City; State Zip Code 082 Relimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pa Amount Pavee addre City; State; Zip Code mbursement from olitical contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held **Gomplete ONLY** if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

POLITICAL PERSONAL	EXPENDITURES MADE FRO	MC	SCHE	
If the requested inf	ormation is not applicable, DO NOT include t	this page in the re	port.	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising I Transportation Equipmer Travel In District Travel Out Of District Other (enter a category n	nt & Related Expense
1 Total pages Schedule G:	Benetta R. Will	iams	3 Filer ID (Ethics Co	ommission Filers)
4 Date 11.2.20-	The Home De	00+		
6 Amount (\$) 53.91 Reimbursement from political contributions intended	7 Payee address; 104/19 HWY 6 Sous Sugarhandit	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description	POSTS) Inse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	o	ffice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXFEMPTIONE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	iense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	c	Office held
Date	Payee name			-1
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	c	Office held
				and the state of the second

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
If the requested infor	nation is not applicable, DO NOT include this page in the rep	oort.
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	Benetta R. Williams	3 Filer ID (Ethics Commission Filers)
	IZED UNPAID INCURRED OBLIGATIONS	\$ 150,00
5 Date 10,14,20	Allied Signs	
7 Amount (\$)	B Payee address; City; 6820 Harwin	State; Zip Code
130.00	HDUS	TON IX 11034
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description 4X43 (c) Check if travel outside of Texas, Complete Schedule T. Check if Aust	i9N5
11 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
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Aut	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	Office held
Forms provided by Texas Ethic	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	EDED Revised 8/17/2020

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	TARY POLITICAL CONTRIBUT		SCHEDULE A1
			6
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	etta R. William	5	3 Filer ID (Ethics Commission Filers)
4 Date 1.7,20	5 Full name of contributor Belinda Scott 6 Contributor address; City;	State; Zip Code	7 Amount of contribution $($)$ 75.00
8 Principal accu	patjon / Job title (See Instructions)	9 Employer (See Instruct	ions)
Ro	fired.		
Date . 6.20	Full name of contributor Contributor address; City;	State; Zip Code	Amount of contribution (\$)
	Missauri		
Principal occu	Pation, Job title (See Instructions)	Employer (See Instruct	of Texas
Date	Full name of contributor 🗌 out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🛛 out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

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The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
3 CANDIDATE/ OFFICEHOLDER NAME	MS MRS MR FIRST AFSHI	MI	OFFICE USE ONLY
		SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 7343 CHATHAM GREEN DR SUGAR LAND, TX 77479	CITY; STATE; ZIP CODE	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 687-6097	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	SUMITA	SUFFIX	Date Processed
	GHOSH		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 4607 KENESHAW CT SUGAR LAND, TX 77479	JITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(713) 471-6620		
9 REPORT TYPE	January 15 30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	07 / 01 / 2020	THROUGH 12 /	31 2020
11 ELECTION	ELECTION DATE		
	Month Day Year Primary	Runoff Other Description	
	05 / 04 / 2019 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	N/A	FORT BEND TRU	STEE POSITION 3
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CANE	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
	GENERAL COMMITTEE ADDRESS		
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
	GO TO I	PAGE 2	

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

AFSHI CHAR	ANIA	C. E. C. BERNER, M. C. C. M. LARGER, A. C. BRAZINA, C. M. SCHER, M. S. C. SCHER, M. S. C. BARNER, M. S. C. BRAZINA, M. S. S. C. BRAZINA, M. S. C. BRAZINA, M. S. S. C. BRAZINA, M. S. S. C. BRAZINA, M. S. S. S. C. BRAZINA, M. S. S. S. S. C. BRAZINA, M. S.	TO File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	;)	\$ ₀
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	다 노래했	\$ ₀
1513 3013	4.	TOTAL POLITICAL EXPENDITURES	97555.G.	\$ ₀
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY	^{\$} 3,179.96
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	OF THE	^{\$} 25,000.00
req	uired to b	affirm, under penalty of perjury, that the accompanying report is true e reported by me under Title 15, Election Code.	A	>
ZAHE	A N. KA	MDAB		or Officeholder
Notary Pu Comm. E	blic, Stat	6-04-2023 Please complete either option below	v :	
1) Affidavit		Jahl.		

NOTARY STAMP/SEAL

Sworn to and	subscribed before me by AFSHI CHARANI	
₂₀ 21	, to certify which, witness my hand and seal of office	

Signature of officer administering oath

(2) Unsworn Declaration

My name is ____

Printed name of officer administering oath	Title of officer administering oath				
OR					
	OF Lowersh				

My name is		, ar	nd my date of	birth is		
My address is				ti-		2.18
Executed in	(street) County, State of	, on the	(city) day of	(state)	(zip code)	(country)
				(month)	(year)	1981-1974

Signature of Candidate/Officeholder (Declarant)

_ this the <u>15TH</u> day of JANUARY