

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Shirley A  
NICKNAME LAST SUFFIX  
Rose-GILLIAM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3011 Bonney Brar Dr  
Missouri City TX 77459

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(281) 799-5065

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Chelsea  
NICKNAME LAST SUFFIX  
Rose

OFFICE USE ONLY

Date Received  
RECEIVED  
APR 06 2023  
BY: jhaller @ 5:18pm  
Date Hand-delivered or Date Postmarked  
RECEIVED  
Receipt # Amount \$  
APR 11 2023  
Date Processed  
BY: jvasquez @ 2:24pm  
Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1813 Pannell St. Houston, TX 77020

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713) 392-7320

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
02/20/2023 THROUGH 04/06/2023

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
05/06/2023 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)  
FBISD BOT POS 4

13 OFFICE SOUGHT (if known)  
FBISD BOT POS 4

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE COMMITTEE NAME  
☐ GENERAL COMMITTEE ADDRESS  
☐ SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

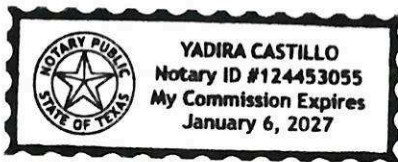
15 C/OH NAME <b>Shirley Rose-Gilliam</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1875.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6325.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 538.27
	4. TOTAL POLITICAL EXPENDITURES	\$ 4727.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1597.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

*Shirley Rose Gilliam*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shirley Rose Gilliam this the 11<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.

Yadira Castillo Yadira Castillo Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

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

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

Signature of Candidate/Officeholder (Declarant)



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

Shirley Rose-Gilliam

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

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4450.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4718.41
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 5
2 FILER NAME Shirley Rose-Gilliam		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Reynolds 6 Contributor address; City; State; Zip Code 2440 Tx Pkwy #102 Missouri City, TX 77489	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theresa Price Contributor address; City; State; Zip Code 2727 Skyview Crest Drive Houston, TX 77047	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Rice Contributor address; City; State; Zip Code 5402 Oban Terrace Sugar Land, TX 77459	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashish Agrawal Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 5</b>
2 FILER NAME <b>Shirley Rose-Gilliam</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/02/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Grady Prestage</b>	7 Amount of contribution (\$)  <b>1000.00</b>
	6 Contributor address; City; State; Zip Code <b>303 Tx Pkwy #213 Missouri City, TX 77459</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/02/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lina Sabouni</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>23 Palm Blvd Missouri City, TX 77489</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/03/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dr. Amber Robinett</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>Humble, TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/27/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lora Ramsey</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>4511 Toledo Bend Drive Richmond City, TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 5</b>
2 FILER NAME <b>Shirley Rose-Gilliam</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/09/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dylan Russell</b> 6 Contributor address; City; State; Zip Code <b>4518 Pebblestone Drive Missouri City TX 77459</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/09/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dolores Collins</b> Contributor address; City; State; Zip Code <b>15918 Logan Rock Road Missouri City, TX 77489</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/09/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michael Guillory</b> Contributor address; City; State; Zip Code <b>10207 Sralla Road Crosby TX 77532</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Adeola Heyliger</b> Contributor address; City; State; Zip Code <b>4222 Oak Forest Drive Missouri City, TX 77459</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 5</b>
2 FILER NAME <b>Shirley Rose-Gilliam</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/11/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Arnell Evans</b> 6 Contributor address; City; State; Zip Code <b>13613 Evening Wind Drive Pearland TX 77584</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edina Bell</b> Contributor address; City; State; Zip Code <b>4848 Pin Oak Park Drive Houston TX 77081</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Charles Rencher</b> Contributor address; City; State; Zip Code <b>1730 Hodge Lake Lane Sugar Land TX 77478</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tawana McGinnis</b> Contributor address; City; State; Zip Code <b>4203 W Meadows Drive Sugar Land TX 77479</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 5</b>
2 FILER NAME <div style="text-align: center;">Shirley Rose-Gilliam</div>		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center;">Michael Harris</div> <hr/> <div style="display: flex; justify-content: space-between;"><div>6 Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div style="text-align: center;">Sugar Land TX 77478</div>	7 Amount of contribution (\$) <div style="text-align: center;">500.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center;">Noelia Longoria</div> <hr/> <div style="display: flex; justify-content: space-between;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div style="text-align: center;">19 Ardea Way Drive Missouri City, TX 77459</div>	Amount of contribution (\$) <div style="text-align: center;">100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center;">XL Business Solutions</div> <hr/> <div style="display: flex; justify-content: space-between;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div style="text-align: center;">3815 Westall Lane Missouri City TX 77459</div>	Amount of contribution (\$) <div style="text-align: center;">100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <hr/> <div style="display: flex; justify-content: space-between;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2		2 FILER NAME Shirley Rose-Gilliam		3 Filer ID (Ethics Commission Filers)	
4 Date 02/09/23		5 Payee name TGM Digital Media			
6 Amount (\$) 491.25		7 Payee address; City; State; Zip Code 13910 Murphy Rd Stafford TX 77477			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Push Cards, Yard Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 03/20/23		Payee name Burt Levine			
Amount (\$) 400.00		Payee address; City; State; Zip Code 9600 Glenfield Court #148 Houston TX 77036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense		Description Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 03/15/23		Payee name NBD Graphics			
Amount (\$) 1958.03		Payee address; City; State; Zip Code 917 S.Mason Rd. Katy TX 77450			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Push Cards, Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2		2 FILER NAME Shirley Rose-Gilliam		3 Filer ID (Ethics Commission Filers)	
4 Date 03/19/23		5 Payee name USPS			
6 Amount (\$) 1140.30		7 Payee address; City; State; Zip Code 3701 Glenn Lakes, Missouri City TX 77459			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Postage for mailout		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/20/23		Payee name Khloe Green			
Amount (\$) 200.00		Payee address; City; State; Zip Code 1924 Laguna Ridge Lane Houston TX 77089			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Mailout worker		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Push Cards, Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Push Cards, Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED