

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Shirley A 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

NICKNAME LAST SUFFIX

Chelsea Rose

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1813 Pannell St. Houston, TX 77020

(Residence or Business)

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

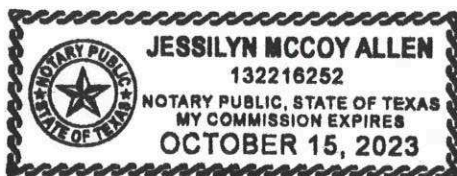
| | | |
|--|---|--|
| 15 C/OH NAME <u>Shirley Rose Gilliam</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>1875.00</u> |
| | 2. TOTAL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

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

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 A. Rose Gilliam this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

Jessilyn M. Allen Jessilyn M. Allen Exec. Asst to Sup & Bot
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Shirley Rose-Gilliam</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>4450</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>471841</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 105 |
| 2 FILER NAME Shirley Rose GILMAN | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/21/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Reynolds | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; City; State; Zip Code 2440 TX PKWY #102 MCKINNEY TX 77489 | | |
| 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 | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 2727 SkyviewCrest Dr Houston TX 77041 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/21/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ashish Agrawal | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/2/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grady Prestage | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 303 TX PKWY #213 MCKINNEY TX 77459 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 of 5 |
| 2 FILER NAME Shirley Rose - Gullum | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/24/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Rice | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 5402 Oban Terrace 52 TX 77479 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2/27/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Sabouni | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 23 Palm Blvd Mc City TX 77489 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/2/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Robinett | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/5/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORA Ramsey | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3 of 5 |
| 2 FILER NAME Shirley Rose Guiriam | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/9/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dylan Russell | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; City; State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/9/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolores Collins | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 15918 Logan Rock R Mo City TX 77489 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/9/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Guithory | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 10207 Stralla Road Crosby TX 77532 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/11/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adeola Heyliger | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 4222 Oak Forest Dr Mo City TX 77459 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 of 5 |
| 2 FILER NAME Shirley Rose GILLIAM | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/13/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Harris | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code Sugarland TX | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/29/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noelia Longoria | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 19 Ardea Way Dr Mo City TX 77459 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/29/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XL Business Solutions | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 3815 Westall Ln Mo City TX 77459 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 1055 | 2 FILER NAME Shirley Rose GILMAN | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/29/03 | 5 Payee name NINFA'S | | |
| 6 Amount (\$) 114.12 | 7 Payee address; City; State; Zip Code 5730 Hwy 6 Missouri City 77459 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Fundraising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| | | | |
| Date | Payee name | | |
| | Little Ceasars | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 12.97 | 1947 Texas Pkwy MoCity TX 77481 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Bev | | Description Lunch for workers |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| | | | |
| Date | Payee name | | |
| 03.09.23 | Swamp Chicken | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 28.12 | 8035 SH-6N Missouri City TX 77459 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraising | | Description Food Fun Event - Fundraising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---------------------------------------|
| 1 Total pages Schedule F1: 2 of 5 | 2 FILER NAME Shirley Rose-Gilliam | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3-17-23 | 5 Payee name OFFICE MAX | | |
| 6 Amount (\$) 48.38 | 7 Payee address; City; State; Zip Code 270 Meyerland Plaza Hou TX 77096 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Labels For Mailout | | (b) Description 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 | Candidate / Officeholder name Office sought Office held | | |

| | | | |
|--|---|--|----------------------------------|
| Date 3-17-23 | Payee name Burt Levine | | |
| Amount (\$) \$ 400 | Payee address; City; State; Zip Code 9600 Glenfield Court #148 Hou TX 77036 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description Consultant |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |

| | | | |
|--|---|--|--------------------------------|
| Date 3.30.23 | Payee name Campaign Manager Partner | | |
| Amount (\$) 87.00 | Payee address; City; State; Zip Code PoBox 118 Still River, MA 01467 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description Web site |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 3 of 5 | 2 FILER NAME Shirley Rose GILHAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/26/23 | 5 Payee name Pressed 4 Time Designs | |
| 6 Amount (\$) 90.00 | 7 Payee address; 2902 Bergen Bay Lane, Fresno, TX 77545 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description T-Shirts |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 2/9/23 | Payee name TGM Digital Media | |
| Amount (\$) 491.25 | Payee address; 13910 Murphy Rd Stafford TX 77477 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | 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 | Candidate / Officeholder name | Office sought Office held |
| Date 3/20/23 | Payee name Khloe Green | |
| Amount (\$) 200.00 | Payee address; 1924 Laguna Ridge Lane Hou TX 77089 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees-Mailout | Description Advertising Expense |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 4 of 5 | 2 FILER NAME Shirley Rose-GILLIAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/15/23 | 5 Payee name NBD Graphics | |
| 6 Amount (\$) 1958.03 | 7 Payee address; City; State; Zip Code 917 S. Mason Rd. Katy TX 77450 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Signs-Push Cards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 3/19/23 | Payee name USPS | |
| Amount (\$) 1140.30 | Payee address; City; State; Zip Code 3701 Glenn Lakes, Missouri City TX 77459 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Exp | Description Mailout-Postage |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 3/20/23 | Payee name H.E.B. | |
| Amount (\$) 118.77 | Payee address; City; State; Zip Code 4724 Hwy 6 Missouri City 77459 TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Postage-Mailout |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: 5 of 5 | 2 FILER NAME Shirley Rose Gilliam | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/22/23 | 5 Payee name Office Depot | |
| 6 Amount (\$) 27.05 | 7 Payee address; City; State; Zip Code 11815 SWilcrest Dr Houston TX 77031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Mail Stamp |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 3/19/23 | Payee name Foodarama | |
| Amount (\$) 11.86 | Payee address; City; State; Zip Code 1603 Cartwright Rd No City TX 77489 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Expense | Description Personnel Lunch |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED