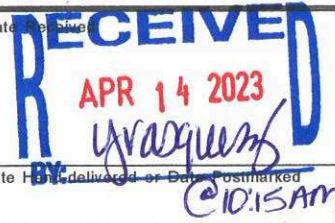


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) angie.hanan@gmail.com		2 Total pages filed: 8		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Angie	MI M.		
	NICKNAME	LAST Hanan	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED	Month Day Year 1 / 16 / 23 THROUGH 4 / 6 / 23			Date Received _____ Date Delivered _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	

6 EXPLANATION OF CORRECTION

Multiple itemized contributors were unintentionally omitted from schedule A1 in the 30-day report. This caused changes to cover sheet page 2 contribution total on item number 17. The total political contribution was unchanged.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

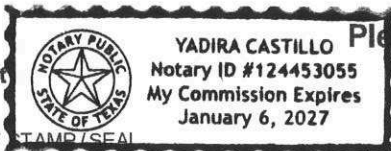
Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Angie Hanan this the 14th 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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
MRS ANGIE
NICKNAME LAST SUFFIX
HANAN

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
903 GOLDFINCH AVE, SUGAR LAND, TX 77478

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 460-0330

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MRS WENDY
NICKNAME LAST SUFFIX
RACHUK

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2203 MADEWOOD DR, MISSOURI CITY, TX 77459

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 419-1457

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(Officerholder 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
1 / 16 / 23 THROUGH 4 / 6 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☒ Primary Runoff Other
Description
5 / 6 / 23 ☒ General Special

12 OFFICE

OFFICE HELD (if any)

FBISD SCHOOL BOARD OF TRUSTEES POS 1

13 OFFICE SOUGHT (if known)

FBISD SCHOOL BOARD OF TRUSTEES POS 1

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
ANGIE HANAN

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)	\$ 502.29
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,424.29
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 278.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,661.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,383.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,300.00

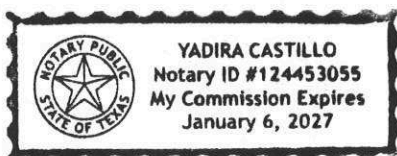
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Angie Hanan

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angie Hanan this the 14th day of April

20 23, 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)

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: 6
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) KIRAN RAJAYA 6 Contributor address; City; State; Zip Code 4507 Morning Cloud Ln, Sugar Land 77479	7 Amount of contribution (\$) 101.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2023	Full name of contributor out-of-state PAC (ID#: _____) SHRIYA SOLUTIONS Contributor address; City; State; Zip Code Sugar Land Texas 77479	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) ADEOLO O HEYLIGER Contributor address; City; State; Zip Code 4222 Oak Forest Dr. Missouri City, Tx 77450	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: 6
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers)
4 Date 01/23/2023	5 Full name of contributor out-of-state PAC (ID#: JAMES D RICE 6 Contributor address; City; State; Zip Code 5402 OBAN TERRACE L SUGAR LAND, TX 77479	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: RANGA AND SRINI VASAN Contributor address; City; State; Zip Code 914 MOCKINGBIRD WAY SUGAR LAND TX 77478	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor out-of-state PAC (ID#: KP GEORGE CAMPAIGN Contributor address; City; State; Zip Code PO BOX 18711 SUGAR LAND TX 77496	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2023	Full name of contributor out-of-state PAC (ID#: ARLEIGH KALINOWSKI Contributor address; City; State; Zip Code 11 HOWELL LAND SUGAR LAND TX 77479	Amount of contribution (\$) 500.00
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: **6**

2 FILER NAME

ANGIE HANAN

3 Filer ID (Ethics Commission Filers)

4 Date

03/01/2023

5 Full name of contributor

DERON HARRINGTON

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2505 Park Ave, Ste B, Pearland, TX 77581

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/15/2023

Full name of contributor

BRIDGET YEUNG

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

538 Lombardy, Sugar Land, Tx 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2023

Full name of contributor

MARY HANAN

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

11901 Camelot, OKC, OK 73120

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/19/2023

Full name of contributor

WANDA HANAN

■ out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

515 N ADAMS ARNETT, OK 73832

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: 6
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2023	5 Full name of contributor out-of-state PAC (ID#: NEHAL DAVE 6 Contributor address; City; State; Zip Code 3827 BENDING KEY CT SUGAR LAND TX 77479	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/23/2023	Full name of contributor out-of-state PAC (ID#: DYLAN RUSSELL Contributor address; City; State; Zip Code 4518 Pebblestone Drive, Missouri City Texas 77459	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2023	Full name of contributor out-of-state PAC (ID#: JOANNA OUDERKIRK Contributor address; City; State; Zip Code 1727 SHORELINE DR MISSOURI CITY TX 77459	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: DEXTER MCCOY Contributor address; City; State; Zip Code 23434 McNabb Spur Lane, Richmond, Texas 77469	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: 6
2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers)
4 Date 01/19/2023	5 Full name of contributor out-of-state PAC (ID#: JIGISHA DOSHI 6 Contributor address; City; State; Zip Code 7027 ARGONNE TR SUGAR LAND TX 77479	7 Amount of contribution (\$) 251.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2023	Full name of contributor out-of-state PAC (ID#: JAMES PRESTAGE Contributor address; City; State; Zip Code 36 Big Trail, Missouri City TX 77459	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: DEB ELLEFSON Contributor address; City; State; Zip Code 11702 CASADORES LC NEEDVILLE TX 77461	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor out-of-state PAC (ID#: KARL SCHULZ Contributor address; City; State; Zip Code 918 MOCKINGBIRD WAY SUGAR LAND TX 77478	Amount of contribution (\$) 150.00
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: **6**

2 FILER NAME

ANGIE HANAN

3 Filer ID (Ethics Commission Filers)

4 Date

01/22/2023

5 Full name of contributor

KIMBERLY HIBSCH

out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/30/2023

Full name of contributor

NISHANT GURNANI

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2023

Full name of contributor

ABHA MISRA

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

4115 TURTLE TRAILS LN SUGAR LAND TX 77479

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/2023

Full name of contributor

DYLAN RUSSELL

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.