# 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 Co	ommission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mrs	FIRST <b>Kristin</b>		K	OFFICE USE ONLY
IVAIVIL	NICKNAME	LAST <b>Tassin</b>		SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 850 Saint El Missouri City	mos Ct	CITY; STATE;	ZIP CODE	APR 0 4 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	( 281,0 )	PHONE NUMBER 630-2885	EXTENSIO	ON	Date Hand-delivered or Date Postmarker
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	Grayle  LAST  James		MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address 1810 Maider Sugar Land,	nhair Lane	SUITE #; CITY;		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 281,0)	PHONE NUMBER 799-2873	EXTENSIO	N	
9 REPORT TYPE	January 15 July 15	30th day before 8th day before el	lection Exce	off eded Modified orting Limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1,0	Day Year / 1,0( / 24.(	THROUGH	Month 3,QC	Day Year / 25.( / 24.(
11 ELECTION	Month Day 5,04 4,04	Year Primary  24 X General	Runoff	Other Description	
12 OFFICE	OFFICE HELD (if any)		CALADOS DO ANTONIOS COMO CONTRA	ought (if known	N_A_A1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE W	THOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPO DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE ( HEY RECEIVE NOTICE OF SUCH EXPENDITURE
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TRI	EASURER NAME		
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS		
		<b>GO TO</b>	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH

15 C/OH NAME Kristin Tassin			16 F	iler ID (Ethic	s Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAL CONTRIBUTIONS MADE ELE	CAL CONTRIBUTIONS (OTHER TH RANTEES OF LOANS, OR ECTRONICALLY)	HAN	\$	AUGUS RICHA O STEERING SUR
Tie :	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOAN	NS)	\$	3150
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	i- 1997 (S.	\$	0
il 2	4. TOTAL POLITICAL EXPEN	DITURES	4	\$	6747.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	JTIONS MAINTAINED AS OF THE	LAST DAY	\$	553.47
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT (     LAST DAY OF THE REPORTII	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	\$	500
(1) Affidavit	YADIRA CASTILL	olete either option belo		e or Officeh	
NOTARY STAMP/SEAL	My Commission Ex January 6, 202	pires			
Sworn to and subscribed I	pefore me by Kristin Tassir	1 this th	e 4 <sup>+</sup>	h day of_	April .
20 79 , to certify v	which, witness my hand and seal of office.	Cashillo ficer administering oath		Vista Title of off	cer administering oath
<b>《美国教育》</b>		OR			
(2) Unsworn Declaratio	n				
My name is Kristin Tas	ssin	, and my date of birth	is Mar	ch 11, 19	71
My address is 850 St. E	imo's Ct.		TX	77459	United States
Executed in Fort Bend	(street) County, State of Texas	(city) , on the 25thday of Mar		(zip code) , 20 24, (year	(country)
		Signature of Cano	didate/Off	iceholder (De	eclarant)



### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	stin Ta		20 Filer ID (Ethics Con	nmissio	n Filers)
		ILE SUBTOTALS F SCHEDULE		0.75	SUBTOTAL AMOUNT
1.	×	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3150
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	IS	\$	0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	×	SCHEDULE E: LOANS		\$	500
5.	×	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	3091.53
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	=:	\$	0
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$	0
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	×	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$	3655.85
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$	0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$	0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	IBUTIONS RETURNED	\$	0



# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Kristin Tas			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Kristen Rinehold	AC (ID#:)	7 Amount of contribution (\$)
01/29/2024	6 Contributor address; City; 10138 Water Harbor Dr, Missouri City	State; Zip Code	100
8 Principal occ Teacher	upation / Job title (See Instructions)	9 Employer (See Instruction Fort Bend ISD	
Date 02/05/2024	Full name of contributor out-of-state PA  Justin Schiro	C (ID#:)	Amount of contribution (\$)
100.000	Contributor address; City; 21118 Meadow Ash Ct, Richmond,	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Date 02/07/2024	Full name of contributor  Melanie Anbarci  Contributor address;  City;  Contributor St, Sugar Land, TX 77	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 02/07/2024	Full name of contributor  Lina & Michael Sabouni  Contributor address;  City;  8200 Savoy Dr., Houston, TX 77036	State; Zip Code	Amount of contribution (\$)
Principal occup  Architects	pation / Job title (See Instructions)	Employer (See Instructi Autoarch	ions)altitudot rocksuuood lagionii
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

Kristin Tassin  Date 5 Full name of contributor out-of-state PAC (ID#:) Darrin & Merrianne Duhon  (9/2024 6 Contributor address; City; State; Zip Code 7787 Pine Center Dr, Houston, TX 77095  Principal occupation / Job title (See Instructions)  Consultant 9 Employer (See Instructions)  DXC Technology  Jim Rice & Mary Walker  (2/29/2024 Contributor address; City; State; Zip Code	Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$)  100.00  Amount of contribution (\$)
Darrin & Merrianne Duhon  6 Contributor address; City; State; Zip Code 7787 Pine Center Dr, Houston, TX 77095  Principal occupation / Job title (See Instructions)  Consultant  Pate  Full name of contributor  Date  Full name of contributor  Out-of-state PAC (ID#:)  Jim Rice & Mary Walker  Contributor address; City; State; Zip Code	100.00
Date  Full name of contributor  Jim Rice & Mary Walker  Contributor address;  City;  DXC Technology  DXC Technology  City;  State; Zip Code	12 12
Jim Rice & Mary Walker  2/29/2024  Contributor address; City; State; Zip Code	Amount of contribution (\$)
5402 Oban Terrace Ln, Sugar Land, TX 77479	500.00
Principal occupation / Job title (See Instructions)  Construction Management consultant  Employer (See Instruction Rice & Gardner	ons)
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)	ons)
Date Full name of contributor out-of-state PAC (ID#:)  Contributor address: City: State; Zip Code	Amount of contribution (\$)
Property of the second of the	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 3
2 FILER NAME Kristin Tas	3:		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Walter Sass	PAC (ID#:)	7 Amount of contribution (\$)
2/21/2024	6 Contributor address; City; 2707 Autumn Lake Dr., Katy, TX 7	State; Zip Code	250.00
8 Principal occ Engineer	upation / Job title (See Instructions)	9 Employer (See Instruction Weisser Engineering	
Date	Full name of contributor out-of-state  Joseph Duron	PAC (ID#:)	Amount of contribution (\$)
2/22/2024	Contributor address; City; 2100 Tanglewilde St., #100, Houstor	State; Zip Code	250.00
Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instruction Decon Engineering	ions)
Date 2/22/2024	Full name of contributor out-of-state  Mike & Lina Sabouni  Contributor address; City;  23 Palm Blvd., Missouri City, TX 7	State; Zip Code	Amount of contribution (\$) 500.00
Principal occu Architects	pation / Job title (See Instructions)	Employer (See Instruction Autoarch	
Date	Full name of contributor out-of-state Helen Callier	PAC (ID#:)	Amount of contribution (\$)
2/22/2024	Contributor address; City; 2638 Hidden Graden Dr., Kingwoo		250.00
Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instruction PermitUsNow	ions)
~ is			HOUSE IN THE STATE OF THE STATE

### LOANS SCHEDULE E

If the requested	I information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Kristin Tassin			
TOTAL OF UN	IITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
01/25/2024	Kristin Tassin		500.00
Is lender a financial Institution?	8 Lender address; City; 850 St. Elmos Ct., Missouri Cit	State; Zip Code	10 Interest rate 0
YN	ooo ot. Eimos ot., iviissoum on	y, 1777400	11 Maturity date
2 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
4 Description of Coll  × none	ateral	15  ✓ Check if personal fun account (See Instruction	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
× not applicable	18 Guarantor address; City;	State; Zip Code	
	tion (See Instructions)	21 Employer (See Instructions)	-1 -1 -1
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	lateral	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		T-2	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
w).	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE	

### 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
Candidato/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (eriter a categ	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Kristin Tassin	185 1185	3 Filer ID (Ethic	cs Commission Filers)
4 Date 02/02/2024	5 Payee name Go Daddy	Lpi-	-A-Mai	1 ams U3 04/2024
6 Amount (\$) 25.85	7 Payee address; 2155 E. GoDaddy Way, Tempe, AZ 8	City; 35284	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Web service	10 mg (m)	
nation of the	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ng Frank A	Office held
Date	Payee name	<u> </u>	refré a fil	idens
02/06/2024	Harland Clarke Check/ACC			
Amount (\$) 42.01	Payee address; 10931 Laureate Dr., San Antonio, TX	City; ( 78249	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	60 N/40	98/1500-1	Puriosir 30 Extraprismo
No 1950 Mary Star W	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	eti mati	Office held
Date	Payee name		Carried Control	erts C
02/08/2024	Eric W Pohl Photography		med hoff	
Amount (\$) 550.00	Payee address; 1650 Beauchamp Rd., Dripping Sprin	city; gs, TX 78620	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Creation of prir	nt materials	SECRETOR TO TALFFORTS S
Marketon all of	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	adab-9831 185	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

### 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

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
Others (orders a extension and listed shows)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Kristin Tassin 4 4 Date 5 Payee name 03/04/2024 Build-A-Sign 7 Payee address; State; Zip Code 6 Amount (\$) 11525A Stonehollow Dr., Suite 100, Austin, TX 78758 379.31 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising expense Magnets PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Ninfa's 03/18/2024 City; State: Zip Code Amount (\$) Payee address; 5730 Highway 6, Missouri City, TX 77459 123.67 Description Category (See Categories listed at the top of this schedule) Food/Beverage expense campaign event PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/21/2024 Fort Bend Independent Amount (\$) Payee address; City; State: Zip Code P.O. Box 623, Sugar Land, TX 77478 100.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising expense Newspaper ad OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### 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 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

1 Total pages Schedule F1:	The Instruction Guide explains how to c		2 Eiles ID /Eth	ion Commission Filess
4	Kristin Tassin	Ti ud	3 Filer ID (Eth	ics Commission Filers)
4 Date 03/22/2024	5 Payee name TX GOP Store	78 = 1.5	ner mus mil	4 plus 3/25/2023
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1071.68	404 I-45 South, Huntsville, TX 77340	Sapilia, althus		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	.at : (6)	8
PURPOSE OF EXPENDITURE	Printing expense	Signs	Sea?	Tisuruluri Pin Bisko propinsal
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	itin, TX, officeholder livi	ing expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	E <sub>S</sub> :	and agyre.	No.
Amount (\$)	Payee address;	City;	State;	Zip Code
	wjed City ICA 86.083			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Oampaign buttons	SAGUBARAS	Printing	PURPOSE OF EXPENDITURE
Sensora Illino	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livi	ing expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	67	e a anniente de la	Stells
Date	4			
Date	_			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Payee address; ASTAT AR AND PARTY AN	City;	State;	1282
	The state of the s	City;	State;	1287
	niadelptifa, FA 13154	City;	State;	1287
Amount (\$)  PURPOSE  OF	Category (See Categories listed at the top of this schedule)	City;  Description	State;	603.50 PURPOSE OF STERROTURE

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Kristin Tassin 4 4 Date 5 Payee name 3/25/2024 Raise the Money 6 Amount (\$) 7 Payee address; City; Zip Code State: P.O. Box 26466, Little Rock, AR 72221 41.09 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Fees Processing fees PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Zazzle 2/24/2024 City: State: Zip Code Amount (\$) Payee address; 1800 Seaport Blvd, Redwood City, CA 94063 154.42 Category (See Categories listed at the top of this schedule) Description Printing expense Campaign buttons **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/24/2024 Rush Order Tees Amount (\$) Pavee address: State: Zip Code 2727 Commerce Way, Philadelphia, PA 18154 603.50 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Printing expense T-shirts 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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (expense) not listed above)

Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
2	Kristin Tassin	(sãot	T CHESCA	
1 Date	5 Payee name			
02/07/2024	Chick-fil-A		12 S VV	Experience S
6 Amount (\$) 117.45 Reimbursement from political contributions intended	7 Payee address; 9130 Highway 6, Missouri City, TX	City; 77459	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event expense	(b) Description Food for camp	aign kick-off	- 100031111 300
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	2274 123 mk	Office held
Date 03/19/2024	Payee name Fort Bend Republican Women	o'g l	Santa (	(%)= () (6/2024
Amount (\$) 25.00 Reimbursement from political contributions intended	Payee address; 1910 Fawn Way Cir., Richmond, TX	City;	2 00831	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees The Company of	Meeting fee	Everillan	APC STATE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C		Office sought	ect (see	Office held
Date 02/19/2024	Payee name Fort Bend Republican Women		didil	450 (06/502)
	Payee address;	City;	State;	Zip Code
Amount (\$) 25.00  Reimbursement from political contributions intended	1910 Fawn Way Cir., Richmond, T	X 77406		
25.00  Reimbursement from political contributions	1910 Fawn Way Cir., Richmond, To	Description Meeting fee	a see a see	MECHACITA SALAR SA
25.00 Reimbursement from political contributions intended  PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Meeting fee	n, TX, officeholder living	50 340 10 (34)

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Maras/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule G:	2 FILER NAME Kristin Tassin		3 Filer ID (Ethics	Commission Filers)
4 Date 02/08/2024	5 Payee name IW Print			-,42 34
6 Amount (\$) 3414.21  Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description print materials	& signs	ody-u acces
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date 02/06/2024	Payee name Sam's Club			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	15800 S Fwy S, Pearland, TX 7758	34		
Reimbursement from political contributions	Category (See Categories listed at the top of this schedule)  Event expense	Description Campaign kicl	k-off food	National In
Reimbursement from political contributions intended  PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Campaign kicl	k-off food	pense
political contributions intended  PURPOSE OF	Category (See Categories listed at the top of this schedule)  Event expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description Campaign kicl	n, TX, officeholder living ex	pense Office held
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See Categories listed at the top of this schedule)  Event expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description Campaign kicl	n, TX, officeholder living ex	
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/	Category (See Categories listed at the top of this schedule)  Event expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  OH  Payee name	Description Campaign kicl  Check if Austi Office sought  City;	n, TX, officeholder living ex	
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date  02/06/2024  Amount (\$)  14.88  Reimbursement from political contributions	Category (See Categories listed at the top of this schedule)  Event expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  OH  Payee name  H-E-B  Payee address;	Description Campaign kicl  Check if Austi Office sought  City;	n, TX, officeholder living ex	Office held
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date  02/06/2024  Amount (\$)  14.88  Reimbursement from political contributions intended  PURPOSE OF	Category (See Categories listed at the top of this schedule)  Event expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  OH  Payee name  H-E-B  Payee address;  8900 Hwy 6, Missouri City, TX 774  Category (See Categories listed at the top of this schedule)	Description Campaign kicl  Check if Austi Office sought  City;  Description Campaign kic	n, TX, officeholder living ex	Zip Code