


# 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: 8

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST M	MI Asher	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Baptiste	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8226 Chelsea Bend Ct., Houston, TX. 77083			
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 281 )	PHONE NUMBER 730-3667	EXTENSION	Date Received
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Hazel	MI	Date Hand-delivered or Date Postmarked 12:05AM
	NICKNAME	LAST Lundy	SUFFIX	Receipt #
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 17022 Quail Bend Drive, Missouri City, TX. 77489			Amount \$
				Date Processed
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE ( 832- )	PHONE NUMBER 496-2518	EXTENSION	Date Imaged
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month Day Year    02 / 01 / 2024    THROUGH    Month Day Year    3 / 26 / 2024			
<b>11</b> ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) FBISD Trustee, Position 2	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

M. Asher Baptiste

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)

\$ 2000.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2040.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 5038

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 2000

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 2000.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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**  
M. Asher Baptiste**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS**  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2040
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5038
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.

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: <b>2</b>	
<b>2</b> FILER NAME <b>M. Asher Baptiste</b>				<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>03/24/24</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brenda Johnson</b>			<b>7</b> Amount of contribution (\$) <b>\$100</b>	
	<b>6</b> Contributor address; City; State; Zip Code <b>P O Box 172 Missouri City 77459</b>				
<b>8</b> Principal occupation / Job title (See Instructions) <b>Finance Advisor</b>			<b>9</b> Employer (See Instructions) <b>Self Employed</b>		
<b>Date</b> <b>03/24/24</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Johnson</b>			<b>Amount of contribution (\$)</b> <b>\$100.00</b>	
	<b>Contributor address; City; State; Zip Code</b> <b>1201 Franklin St Houston, Tx 77002</b>				
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>			<b>Employer (See Instructions)</b> <b>Self Employed</b>		
<b>Date</b> <b>03/24/24</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer McGruver</b>			<b>Amount of contribution (\$)</b> <b>\$100</b>	
	<b>Contributor address; City; State; Zip Code</b> <b>10031 Briarwild Ln Houston Tx 77080</b>				
<b>Principal occupation / Job title (See Instructions)</b> <b>Tax Preparer</b>			<b>Employer (See Instructions)</b> <b>H &amp; R Block</b>		
<b>Date</b> <b>03/24/24</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kemi Moyede</b>			<b>Amount of contribution (\$)</b> <b>\$50</b>	
	<b>Contributor address; City; State; Zip Code</b> <b>UNKNOWN</b>				
<b>Principal occupation / Job title (See Instructions)</b> <b>Secondary Teacher</b>			<b>Employer (See Instructions)</b> <b>Fort Bend Independent School Dist</b>		
<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.

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: <b>2</b>	
<b>2</b> FILER NAME M Asher Baptiste				<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date  03/24/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prethea Walker			<b>7</b> Amount of contribution (\$)  \$50	
	<b>6</b> Contributor address; City; State; Zip Code 4642 North Ripple Ridge Houston, Texas 77053				
<b>8</b> Principal occupation / Job title (See Instructions) Teacher			<b>9</b> Employer (See Instructions) HOuston Independent School District		
Date  03/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaLover Horace			Amount of contribution (\$)  \$100	
	Contributor address; City; State; Zip Code 8317 Grandview St Houston Tx 77051				
Principal occupation / Job title (See Instructions) Banker			Employer (See Instructions) Primeway Credit Union		
Date  03/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rony Baptiste			Amount of contribution (\$)  \$1500	
	Contributor address; City; State; Zip Code 6201 Bonhomme RD Houston Texas 77036				
Principal occupation / Job title (See Instructions) CEO Of Security Company			Employer (See Instructions) P. A. S.T. Patrol		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaynell Scott Holiday			Amount of contribution (\$)  \$40	
	Contributor address; City; State; Zip Code 16503 Quail Park Dr Missouri City Tx				
Principal occupation / Job title (See Instructions) Passport Acceptance Agent			Employer (See Instructions) District Clerk Fort Bend County		
<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.					

2000

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <div style="text-align: center;">1</div>
<b>2</b> FILER NAME <div style="text-align: center;">M Asher Baptiste</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 2000
<b>5</b> Date of loan 02/01/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dr M Asher Baptiste	<b>9</b> Loan Amount (\$) \$2000
<b>6</b> Is lender a financial Institution?  Y <b>N</b>	<b>8</b> Lender address; City; State; Zip Code  8226 Chelsa Bend Ct Houston Tx 77083	<b>10</b> Interest rate N/A
		<b>11</b> Maturity date N/A
<b>12</b> Principal occupation / Job title (See Instructions) Educational Consultant		<b>13</b> Employer (See Instructions) Usacari Consulting LLC
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If lender 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: 2	2 FILER NAME M Asher Baptiste	3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2024	5 Payee name Kirby Williams	
6 Amount (\$) \$600	7 Payee address; 4410 Buffalo Lake Ct 77406	City; State; Zip Code Richmond Tx
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web Design/ Mainteance
	(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 02/17/2024	Payee name Sue Hauenstein	
Amount (\$) \$500	Payee address; 2926 Angel Mist Lane	City; State; Zip Code Rosenberg Tx 77471
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Manager
	<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 03/17/2024	Payee name Sue Hauenstein	
Amount (\$) \$1000	Payee address; 2926 Angel Mist	City; State; Zip Code Rosenberg TX 77471
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Manager
	<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: 2	2 FILER NAME M Asher Baptiste	3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2024	5 Payee name T Houston	
6 Amount (\$) \$1370.00	7 Payee address; Harwin St	City; State; Zip Code Houston Tx
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Printed Material - Banners, Yard Signs, Tshirts
	(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 03/24/2024	Payee name Brookstreet BBQ	
Amount (\$) \$994.00	Payee address; 1418 Highway 6	City; State; Zip Code Sugar Land Texas 77478
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	Description Campaign Event
	<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 03/15/2024	Payee name M3 Graphics sign and Printing	
Amount (\$) \$574	Payee address; 11730 Wilcrest Drive	City; State; Zip Code Houston Tx 77099
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door hangers/ Push Cards
	<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		