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 REC	SGIE MI	OFFICE USE ONLY
NAME	NICKNAME LAST AB P	SUFFIX	Date Received H
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 5011 CHAPPEL MISSOURI CITY 77459	The second secon	OCT 28 REC'D
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 277-56-79	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS MR FIRST RE	agie m	Receipt # Amount \$
NAME	NICKNAME LAST ABI	PAHAM SUFFIX	Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / S	UITE #, CITY;	STATE, ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	# · · · · · · · · · · · · · · · · · · ·
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year 26 20
11 ELECTION	ELECTION DATE Month Day Year ☐ Primary 1 /3 /2 ☐ General	Runoff Other Description Special	OOL BOARD
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	X
-4			
	go то	PAGE 2	

14 C/OH NAME	EGGIE /	ABRAHAM	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
- "	COMMITTEE TYPE	COMMITTEE NAME	
_	GENERAL		K
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ \$
	The second secon	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 414.82
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 AY OF THE REPORTING PERIOD	THE \$ \$
NOTARY P	TT DUANE ROSIE 132267296 PUBLIC, STATE OF TEX DIMISSION EXPIRES IMBER 25, 202	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
Summermen		mi -	lidate or Officeholder
AFFIX NOTARY STAM		with said Regaie Abraham	2R .
Sworn to and subsci		to certify which, witness my hand and seal of office.	, this the _&O
Sanet Duan	4 Rosia	Garrett Dunne Rosier Exec	utive Assistant to Bot
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

The C/OH Instruction C	3 Filer ID (Ethics Commission) To Filer ID (Ethics Commission)	Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI Tason M	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX BURLINE	Date Received E. V. E
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COE 17107 SIMON Ct. Rich mond Texas 77407	OCT 2 6 REC'D Superintendent's Office
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 855-7175	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MCS. Andrea D	Receipt # Amount \$
INAIVIE	NICKNAME LAST SUFFIX BURGINE	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE 77407
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 455-7175	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded Modif Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year M	onth Day Year 0 / 26 / 2020
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	FBISD Position #1 FBISD	Position 1
	GO TO PAGE 2	

14 C/OH NAME	=	16	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
up up	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDO	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN BES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600 00
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1000 00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 2,271.10
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	#E \$ 20,000 00
18 AFFIDAVIT			
NOTARY NOV	ETT DUANE ROS 132267296 Y PUBLIC, STATE OF TI COMMISSION EXPIRES EMBER 25, 20	true and correct and includes all information under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
		Signature of Cand	idate or Officeholder
AFFIX NOTARY STAM		by the said Jason Burdine	26
Sworn to and subso	cribed before me,	by the said	, this the
day of October	, 20_20,	to certify which, witness my hand and seal of office.	
Sanet Duan	e Rosin	Garrett Dugne Rosier Execut	ive Assistant to the BOT
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Comm					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$ 20,000				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$ 1,000 =0				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COI	NTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$				

LOANS

SCHEDULE E

The Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Jason Burdine		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender out-of-state of Jason Burding	PAC (ID#)	9 Loan Amount (\$) \$ 20,000
6 Is lender a financial Institution? Y N 8 Lender address; City; 7 107 S.mon Ct. R	State; Zip Code	10 Interest rate 0% 11 Maturity date 12-3\-20
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral none	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)
Is lender Lender address; City; a financial	State; Zip Code	Interest rate
Institution? Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	EDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jason Burdine	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
10/4/20	Jim Rice. 6 Contributor address; City; State; Zi 5402 OBAN TEMACE LA Su	\$250 °°
8 Principal occur	pation / Job title (See Instructions) 9 Employe	r (See Instructions)
Conct	ruction Consulting Rice	& Cordner Consulting
CO 151	COLLEGE COLLEG	
Date 10/5/20	Full name of contributor out-of-state PAC (ID# Jones Patterson Contributor address; City; State; Zi	
7	Contributor address; City; State; Zi	4111
Principal occup	dustry out the (ess mension)	r (See Instructions)
Date 1	Full name of contributor	
10/9/20	Michael J Siwierka Contributor address; City: State; Zi 1368 Lake Point Plkuy Sugarland TX 7	7478 \$ 250 5°
Principal occup		Bradon Fielder Colling & Mot LLP
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City; State; Zi	p Code
Principal occup	pation / Job title (See Instructions) Employe	er (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/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 com	Other (enter a category not listed above) plete this form.
1 Total pages Schedule F1:	2 FILER NAME Jason Rurdine	3 Filer ID (Ethics Commission Filers)
4 Date 10-13-20	6 Payee name Fred Taylor	
6 Amount (\$) 200.	7 Payee address; Fred Taylor: 4326 Miss	City; State; Zip Code Crystal Ridge Texas 77459 Souri City St. Texas 77459
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	Poll workers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-13-20	Texas Compaign	nS
Amount (\$)	Payee address;	City; State; Zip Code
40000	9600 Glanfield Court Suite 148	Houston Texas 77096
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting Expose	Sign Placement Poll workers
	Check if travel outside of Texas. Complete Schedule T.	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	
10-13-20	IW Print	
Amount (\$)	Payee address;	City; State; Zip Code
40000	20718 Ivory Creek	Katy Texas 77450
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Printing Expense	Pushcoods
	Check if travel outside of Texas. Complete Schedule T.	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 SC	HEDULE AS NEEDED

FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Allison NAME Date Received NICKNAME LAST **SUFFIX** Drew CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 77 Sugar Creek Blvd. MAILING Amount Receipt # **ADDRESS** Suite 375 Sugar Land, TX 77478 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** NAME NICKNAME LAST **SUFFIX** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded \$500 limit **PERIOD** Month Day Month Day Year Year **COVERED** 09/25/2020 **THROUGH** 10/24/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 χ General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Fort Bend ISD Board of Trustees: Position 5 Place Fort Fort Bend ISD Board of Trustees: Position 5 Place Bend District FBISD Fort Bend Fort Bend District FBISD **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Drew, Allison		14 Filer ID	
15 NOTICE FROM POLITICAL	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or
COMMITTEE(S) Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		_
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 3,700.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,127.07
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 1,552.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFADAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Signature of	Candidate or Officehold	er
AFFIX NOT	FARY STAMP / SEAL ABO	DVE		
		aidertify which, witness my hand and seal of office.	, this the	day
Signature of office	er administering	Printed name of officer administering	Title of officer a	administering oath

SUBTOTALS - C/OH

		3 of 9
18 FILER NAME	19 Filer ID	
Drew, Allison		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,700.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL (CONTRIBUTIONS	\$ 2,701.07
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICA	L CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL F	UNDS	\$ 426.00
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL	L CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CC	NTRIBUTIONS RETURNED	\$

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/9	
2	FILER NAME Drew, Allison	1			3	Filer ID	
4	Date 10/21/2020	 Full name of contributor out-of-s Fort Bend Employee Federation Loc Contributor address; City; State; Zip Co 12821 W. Airport Suite 400 Sugar Land, TX 77478)	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Date 10/01/2020	Full name of contributor out-of-s Jacobsen, Stewart Contributor address; City; State; Zip Co 3323 Winnsboro CT Sugar Land, TX 77478	tate PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Dearborn & Creggs	5)		
	Date 09/25/2020	Full name of contributor out-of-s Matocha, Kevin Contributor address; City; State; Zip Co 1600 Hwy. 6 Suite 245 Sugar Land, TX 77478	tate PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Stonehenge	i)		
	Date 09/25/2020	Rice, James				Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Rice & Gardner Consult		S	
	Date 10/06/2020	Full name of contributor out-of-s Sabouni, Lina and Mourhaf Contributor address; City; State; Zip Co Palm Blvd. Missouri City, TX 77459	tate PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Autoarch	()		
			•				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/9
2	FILER NAME	3 Filer ID
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/21/2020 Siwierka, Michael 6 Contributor address; City; State; Zip Code 1368 Lake Pointe Pkwy	7 Amount of Contribution (\$) \$250.
8	Sugar Land, TX 77478 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instruction Perdue, Brandon, Field Perdue)	, and the second
	Date Full name of contributor out-of-state PAC (ID#:) 09/25/2020 Tim, Stubenrouch Contributor address; City; State; Zip Code 3210 Spring Trail Dr. Sugar Land, TX 77479	Amount of Contribution (\$) \$100.
	Principal occupation / Job title (See Instructions) Commercial Market President Employer (See Instructions) Pioneer Bank	ions)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
l	Sch: 1/3 Rpt: 6/9	Drew, Allison			
4	Date	5 Payee name			
	10/06/2020	Fort Bend Independent			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$200.00	P.O. Box 623			
		Sugar Land, TX 77478			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
ľ	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		e-Newspaer Ad			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L	experientare to benefit c/of				
	Date	Payee name			
	10/07/2020	Forward Times			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	P.O. Box 8346			
		Houston, TX 77288			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
	LXI LINDITORL	Check if Austin, TX, officeholder living expense			
		e-Voters Guide ad			
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
⊨	Data				
	Date 10/20/2020	Payee name			
		Johnson, Andrea			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	TBD			
		TBD, TX 00000			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Poll Worker			
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
H					
ı					

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/3 Rpt: 7/9	Drew, Allison
4	Date	5 Payee name
	10/21/2020	Knox, Koretta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1911 Summer Place Dr
		Missouri City, TX 77489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event
		LVCIII
_	Complete ONLY !! -!!!	Condidate/Officeholder name Office accords
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
	10/20/2020	Logo Printing & Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.51	9725 Bissonet
		Houston, TX 77036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Literature
		Campaign Elorada
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/23/2020	Logo Printing & Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$676.56	9725 Bissonet
		Houston, TX 77036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Literature
		Sampaigh Eletature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/3 Rpt: 8/9	Drew, Allison
4	Date	5 Payee name
	10/10/2020	Texas Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$326.00	9600 Glenfield Court
		Suite 148
		Houston, TX 77096
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Sign Placement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs
		Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/13/2020	Vaskey Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	7322 Southwest Freeway
		Suite 800
		Houston, TX 77074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		e-Advertising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	
	Date	Payee name
	10/15/2020	Zoom Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	55 Almaden Boulevard
		6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Virtual Conference Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID Sch: 1/1 Rpt: 9/9 Drew, Allison Date Payee name 10/21/2020 Knox, Koretta 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 1911 Summer Place Dr Reimbursement from political contributions intended Missouri City, TX 77489 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2020 **Texas Campaigns** Amount (\$) Payee address; City; State; Zip Code \$326.00 9600 Glenfield Court Suite 148 Reimbursement from political contributions Houston, TX 77096 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Signs, Social Media **EXPENDITURE** Signs, Social Media Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Last Suffix	Date Received OCT 2 6 REC'D
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 30 11 Bonney Porcar Dr 77459 Missouri City TX	Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (28) 799-5065	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR POSSI GULLON NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; [Le 115 Beckerdge thoushon, Th. 7-	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (781) 870-3023	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	Day Year 15 / 2020
1 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
2 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	07 Pos 4
	GO TO PAGE 2	

14 C/OH NAME SH	12121	ROSE-GILLIAN 15 Filer	ID (Ethics Commission Filers)			
16 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					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		ANNUAL AND				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 377.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 727.00			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 6			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6005,00			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 56.64			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ &			
18 AFFIDAVIT			<u> </u>			
GARR	132267296	under Title 15, Election Code				
NOV	NOVEMBER 25, 2023					
1/2/2011/2012/2012/2012/2012/2012/2012/	AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subso	sworn to and subscribed before me, by the said Shirley Rose - Gilliam this the 36					
day of October	1 10 0 0					
prett biane	Kosen	Garrett Duane Kosier Executive.	Assistant to the BOT			
Signature of officer	administering oath	Printed name of officer administering oath Tit	le of officer administering oath			

SUBTOTALS - C/OH

19 FILER NAME ROSE-GULLAM 20 Filer ID (Ethics Commission Filers					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250°.				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s				
4. SCHEDULE E: LOANS	\$				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1005				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 144 90				
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	н \$				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 256.00 8 Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of contribution (\$) 100.00 State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 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 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica credit Card Payment	Fees Office Ow Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E	Repense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER JAME LENROSE. GILL	3 Filer ID (Ethics Commission Filers)				
4 Date 0/16/2020	5 Payer name BURT LEUIN	ē.				
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
43500	9600 Glenfield Co	our 148 HouTX 77036				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertisines	Consulting				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
10/16/2020	Texas Victory C	onsulting				
Amount (\$)	Payee address;	City; State; Zip Code				
\$32500	1634 Sauliner	- Street Houtx 77019				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Consulting Fees				
	Check If travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date _j	Payee name					
10/09/2020	Pressed 4 Time De	signs				
Amount (\$)	Payee address;	City; State; Zip Code				
3000	2902 BergenBay Lan	ne Fresnot 77545				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Face Masks				
	Check if travel outside of Texas. Complete Schedule T.	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				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Vages/Contract Labor Othe	el Out Of District r (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ROSE. GUL	1Au 3 Fi	er ID (Ethics Commission Filers)
10 25 w	5 Payee name ORIA MCCR	Ay	
6 Amount (\$) '	7 Payee address;	City;	State; Zip Code
300.00	3026 lakefreld Way S	ugar LAND T	X 77479
8 PURPOSE OF EXPENDITURE	Pour No Expense	Push Car	rds Distribution
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
9 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
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, o	fficeholder 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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	COLIEDUI E AC NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

*		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By cal Committee	Event Expense Foce Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling E Printing I Salaries/	Expense Wages/Contract Labor	Travel In District Travel Out Of District	pment & Related Expense
	Ţ	The Instruction Guide ex	kplains how to	complete this form.		
1 Total pages Schedule G:	2 FILER N	HIRLAY RO	SE-G	ILLIAM	3 Filer ID (Ethic	s Commission Filers)
10/10/2020	Fyz	zy's Taco				
6 Amount (\$) 9 144 9 Belimbursement from political contributions intended	7 Payee ad		ouri A	JUTX 7	State;	Zip Code
8 PURPOSE OF EXPENDITURE	EV	(See Categories listed at the top of	se	(b) Description Fundru	tising -	Food
		Check if travel outside of Texas, Comple	ete Schedule T.	Check If Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	100	Shivley Ro	5e-G1	Office sought	FBISD A	office held
Date	Payee nan	ne				
Amount (\$)	Payee add	iress;		City:	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedule)	Description		
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	, TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/O	Candida	ate / Officeholder name		Office sought) 10) allegisman aving a	Office held
Date	Payee nam	ie				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the	his schedule)	Description		
	c	heck if travel outside of Texas. Complete	e Schedule T.	Check if Austin,	TX, officeholder living ex	rnense
Complete ONLY If direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATTAC	CH ADDITIONAL COPIES	OF THIS SC	CHEDULE AS NEED!	ĒD	

The C/OH Instruction C	Guide explains how to complete this form. 1 Filer ID (Etnics Commission Filers) angiehanan@gmail.com	2 Total pages filed 5
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS FIRST ANGIE MI	OFFICE USE ONLY
NAME	NICKNAME LAST HANAN SUFFIX	Date Record C.C.V.D.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 903 GOLDFINCH AVE Sugar Land TX 77478	OCT 2 6 REC'D Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 460-0330	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MRS FIRST WENDY MI NICKNAME LAST RACHUK SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; 2203 Madewood Dr MISSOURI C	CITY TX 77459
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 419-1457	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 & Sth day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR)
10 PERIOD GOVERED	Month Day Year Month 09 / 24 / 2020 THROUGH 10/	Day Year 25 2020
11 ELECTION	Month Day Year Primary Runoff Description 11 03 2020 General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known	
	GO TO PAGE 2	

······					
14 C/OH NAME		15 File	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$2,100.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 21.31				
	4. TOTAL POLITICAL EXPENDITURES \$ 416.76				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0F REPORTING PERIOD \$2,100.00				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
18 AFFIDAVIT					
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. NOVEMBER 25, 2023 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Angie Hanan, this the					
day of October	20,20	to certify which, witness my hand and seal of office.			
Sant buane	form		Assistant to the BOT		
Signature of officer a	idministering oath	Printed name of officer administering oath T	itle of afficer administering oath		

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$2,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 416.76
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12,	SCHEDULE K. INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	S

MONETARY POLITICAL CONTRIBUTIONS

	ART TOETHOAL CONTRIBOT	SCHEDULE AT
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1 of 1
FILER NAME	ANGIE HANAN	3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
0/8/2020	5 Full name of contributor out-of-state PAC (ID#: Fort Bend Employee Federation COPE Local 6 Contributor address; City; State;	81 (87)8
		Zip Code 77478
		loyer (See Instructions)
Date 0/9/2020	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State:	Zip Code
	106 Dogwood St., Sugar Land, TX 77478 ation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor	Amount of contribution (S)
	Contributor address; City: State;	Zip Code
Principal occupa	ation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (S)
1	Contributor address; City; State;	Zip Code
Principal occupa	ation / Job title (See Instructions) Emp	loyer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1: page 1 of 1	2 FILER NAME ANGIE HANAN	3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com		
4 Date	5 Payee name			
10/06/2020	2 Day Postcards			
6 Amount (\$) \$416.76	7 Payee address; 621 Richmond Ave	city; Houston	State; Zip Code TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		180	
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS- NICKNAME	Senetta Liliamis	1	SUFFIX	OFFIC Date Received	E USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BO 330 Pear 18 AREA CODE (7/3)	PHONE NUMBER	CITY; STATE; SE COMY 77584 EXTEN:	bNLN.	BY	2 7 2021 Dam CDK
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M 5	Senette LAST	a	MI C SUFFIX	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY	XLN. P	Peor bane	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (7/3)	PHONE NUMBER	EXTENS	SION		
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exc	noff ceeded Modified porting Limit	treasurer (Officehold	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 10	Day Year / 5 / 202	O THROUGH	Month	Day Ye.	1020
11 ELECTION	Month Day	Year Primary General	Runoff Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE S	SOUGHT (if known)	Trust	eeDos5
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTITHE CANDIDATE / OFFICONSENT. CANDIDATE COMMITTEE TYPE GENERAL SPECIFIC	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ED TO REPORT THIS INFO	EXPENDITURES MAI WITHOUT THE CANDII RMATION ONLY IF TH	DE BY POLITICAL CO DATE'S OR OFFICEHO EY RECEIVE NOTICE O	MMITTEES TO SUPPORT LOER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO F	PAGE 2			

Forms provided by Texas Ethics Commission

FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

Sene+	ta R. Williams	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 587.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	AY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	#E \$
req	signature of Candid	date or Officeholder
Affidavit	Please complete either option below: GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023	
NOTARY STAMP/SEAL	pefore me by Denetta R. Williams this the 2	1 day of January .
but Duene Ro	which, witness my hand and seal of office. Garrett Duom Rosier	Executive Assistant to the
gnature of officer administer	ng oath Printed name of officer administering oath OR	Title of officer administering oath
) Unsworn Declaratio		
y name is September 330 y address is 330 xecuted in FH Ben	A County, State of Texas, on the Holding day of Tank	77584) (zip code) (country)
	Signature of Candidate/	Officeholder (Declarant)

www.ethics.state.tx.us

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Commission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16500				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ 162.16				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$433,93				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	SUSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	DNS RETURNED \$				

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 FILER NAME	Ha R.Willia	m5		3 Filer ID (Ethics Commission Filers)
10./6	5 Full name of contributor April Spice 6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$)
		Cissoun	CHYIIX	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 0.18	Full name of contributor Rafel Coy Contributor address;	out-of-state PAG City; DUSTON	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	55 Oller	Employer (See Instruc	ctions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	111 4- 11
Principal occup	ation / Job title (See Instructions)	7	Employer (See Instruc	ctions)
Date	Full name of contributor		; (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT	IONAL CODIES	OF THIS SCHEDULE AS N	JEEDED.
	ATTACITADDITI	CHAL COLIES	JI THIS SCHEDULE AS I	ICEDED

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, , , , , , , , , , , , , , , , , , , ,	,
1 Total pages Schedule F1:		mes	3 Filer ID (Ethics	Commission Filers)
10.22.20	Allied Signs			
108.25	6820 Harwin	Houston	State;	77036
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expens	e Pu	sh Co	ards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	***************************************		
10.22.20	The Home be	epot		
Amount (\$) 53.91	6800 NSanth	DUSTEN A	Ehby	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Equipment	6 ft. C	/pos	5+5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
				*
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel In District 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. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) City: State; Zip Code eimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** 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 Date State: Zip Code mbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Zip Code embursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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)

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	Denetta R. Will	iams 3 Filer ID (Ethics Commission Filers)		
10.2420	HOUSton T. St	nirt Printer			
Amount (\$) Reimbursement from political contributions intended	7 Payee address; 9777 Harwin 7 HOUSTON, TX	#106 11036	ate; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description 1. Shir	+5		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	iving expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City; St	ate; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	iving expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
	r ayes name				
Amount (\$)	Payee address;	City; State	; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder I	iving expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST REGG! NICKNAME LAST	SUFFIX	OFFICE USE ONLY Date Received KECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CO	EXTENSION EXTENSION	OCT 0 9 REC'D Superintendent's Office Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS MIR FIRST REGGIE NICKNAME LAST	MI	3: SO PM GDR Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 5011 CHAPPEL TX TT 459		STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 277-567	EXTENSION		
9 REPORT TYPE	July 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 3/10/2020	Month THROUGH	Day Year 3 / 2 0 2 0	
11 ELECTION	ELECTION DATE Month Day Year Primary 11 / 3 / 2020 General	Runoff Runoff Special ELECTION TYPE Other Description	HOOL BOARD	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

14 C/OH NAME	REGGIE	ABRAHAM 15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
,	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL (OTHER	\$ 1765,55		
EXPENDITURE TOTALS	E 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 1350.73			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 414.8			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ \$	
18 AFFIDAVIT			·	
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. NOVEMBER 25, 2023				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAME		y the said Reggie Abraham	QI .	
Sworn to and subscri	0.00	o certify which, witness my hand and seal of office.	, this the	
Santt Diane	Rosin	Garrett Downe Rosier Execution	Assistant to the 1807	
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Co			mmission Filers)	
	RE	GGE	ABRAHAM		
21		LE SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	×	SCHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS		\$ 1765.55
2.		SCHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E:	LOANS		\$
5.		SCHEDULE F1:	POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$1350,73
6.		SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.		SCHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.		SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$
12.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME REGGIE ABRAHAM			3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: SURYA RAGUTHU 6 Contributor address; City; State; Zip Code 1235 LAKE POINTE PKWY # 103 SUGARLAND, TX 17478			7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 3-10-20 TO 10-3-20	~ A	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME REGGIE ABRAHAM	\	3 Filer ID (Ethics Commission Filers)
4 Date 3-28-20	5 Payee name ALPHA GRAPHICS		
6 Amount (\$)	7 Payee address; 7051 PORTWEST HOUSTON, TX 77	City; DR . 50	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 3 - 23 - 20	Payee name THE UPS STORE		
Amount (\$)	Payee address; 5233 BELLAIRE BELLAIRE, TX 77		State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVETTISING EXPENSE Check if travel outside of Texas. Complete Schedule T.	Description YARD FLIER	- \$
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held
Date 4 - 13 - 20	Payee name FACEBOOK AD		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADERTISING EXPENSE	Description	OF AD
	Check if travel outside of Texas. Complete Schedule T.	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 S	CHEDULE AS NEEL	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 (orders extraggrup at listed charge)

Candidate/Officeholder/Politica Credit Card Payment	, inting Ex	ages/Contract Labor Other (enter a	f District a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME REGGIE ABRAHAN		(Ethics Commission Filers)
4 Date 9-21-20	5 Payee name AMAZON	•	
6 Amount (\$)	7 Payee address; ONLINE ORDER	City; Star	te; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	ADUERTISING	STAKES FO	P
EXPENDITURE	EXPENSE	4'x8' 51G	<i>PS</i> ,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 6-1-2020 9-1-2020	Payee name WELLFARGO	BANK	
Amount (\$)	Payee address;	City; Stat	e; Zip Code
40.00			
	Category (See Categories listed at the top of this schedule)	Description	LILLTER
PURPOSE OF	FEES	SERVICE FE	E
EXPENDITURE		まら、	HTM OO
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	er living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	r 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 S	CHEDULE AS NEEDED	

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST Jason	₩I	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received R. V.C.
	Burdine		OCT 02 rec'd
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CT. 17107 Simon Ct. Richmond TX 7	STATE; ZIP CODE	Superintendent's Office
Change of Address	1710hthora m		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (7/3) 8SS-7/75	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Andrea	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Burdine		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 17107 Simon Ct Richmond TX	-	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 855-7175	EXTENSION	
9 REPORT TYPE	January 15 30th day before elections and supplies that the supplies are supplied to the supplies and supplies the supplies are supplied to the supplies and supplies the supplies are supplies as a supplies are supplies and supplies are supplies as a supplies are supplies are supplies are supplies as a supplies are supplies are supplies are supplies as a supplies are supplies as a supplies are supplies are supplies are supplies as a supplies are supplies as a supplies are supplies are supplies as a supplies are supplies are supplies are supplies as a supplies are supplies a		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 16 / 20	THROUGH 10	Day Year
11 ELECTION	Month Day Year Primary 3 / 20 General	Runoff Other Description Special	
12 OFFICE	Fort Bend ISD Position 1	13 OFFICE SOUGHT (IF KNOWN) FBISD Position	
	GO TO		

14 C/OH NAME		15 File	r ID (Ethics Commission Filers)
16 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		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	· · · · · · · · · · · · · · · · · · ·
Additional Pages		*	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	-
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL (OTHER	\$ 4,400	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES \$ 1,728.90		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ \$28.55 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20,000		
OUTSTANDING LOAN TOTALS	The state of the s	TAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE ST DAY OF THE REPORTING PERIOD \$ 20,0	
18 AFFIDAVIT			
GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023			
<i>~~~</i>		Signature of Candidate	or Officeholder
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subsc	ribed before me, b	by the said Jason Burding	, this the
day of Odobr	, 20 <u>20</u>	to certify which, witness my hand and seal of office.	
Manet Diane	Cosic	Garnett Duane Rosier Execut	we Assistant to BOT
Signature of officer a	dministering oath	Printed name of officer administering oath Title	le of officer administering oath

SUBTOTALS - C/OH

19	ZO THE ID (LITIES OF			
	Jason Burdine			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,400		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$ 20,000		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,000		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME Filer ID (Ethics Commission Filers) 5 Full name of contributor 7 Amount of contribution (\$) Eller Cody Contributor address; State; Zip Code Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Brandon Perdue Fielder Collins Moth Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) State; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 6 Contributor address; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 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

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	Complete this form. Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jason Burdine	3 Filer ID (Ethics Commission Filers)
4 Date 6	5 Payee name GSP	
\$ 1,300.90	7 Payee address; 804 Afton	City; State; Zip Code Houston Tx 77055
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Road Signs
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name	
9/22	1W Print	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 228	20718 Ivory Creek	Katy TX 77450
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Push-Cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 9/29	Payee name Clements HS	FFA
Amount (\$)	Payee address;	City; State; Zip Code
\$ 100	4200 El Kins Rd	Sugarland TX 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Fundraising
	Check if travel outside of Texas. Complete Schedule T.	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	S SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memonals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (actions a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jason Burdi	3 Filer ID (Ethics Commission Filers)
4 Date 10 2	5 Payee name Fort Bend	Buyers Group
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 100000	P.O. Box 1974	12 Sygorland TX 77496
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ContributionS (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Fundraising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	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	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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

LOANS			SCHEDULE E
The Instruction Guide explain	1 Total pages Schedule E:		
2 FILER NAME Jason Burdine			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 7 Name of lender 7-1-2020 5 Same of lender	Out-of-state PAC	(ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code 7107 Simon cf. Rich Mond TX		10 Interest rate - 0 - 0/0 11 Maturity date	
Y		77407	12-31-2020
12 Principal occupation / Job title (See Instruction	ons) 13	3 Employer (See Instructions)	
14 Description of Collateral none	15		ds were deposited into political ions)
16 GUARANTOR INFORMATION 17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupation (See Instructions)	21	Employer (See Instructions)	
Date of loan Name of lender	out-of-state PAC	(ID#:)	Loan Amount (\$)
Is lender Lender address; a financial	City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation / Job title (See Instruction	ons)	Employer (See Instructions)	
Description of Collateral		Check if personal functions account (See Instruction	ds were deposited into political ions)
GUARANTOR Name of guarantor INFORMATION			Amount Guaranteed (\$)
Guarantor address;	City;	State; Zip Code	
not applicable			
Principal Occupation (See Instructions)		Employer (See Instructions)	
		OF THIS SCHEDULE AS NEE	10,100,100,000

The C/OH Instruction (Suide explains how to complete th	1 Filer ID		2 Total pages filed:	
The Clor manuchan	suide explains now to complete th	is form.		6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIR: Allis		MI	OFFICE USE ONLY Date Received OCT 0 5 REC'D	
	NICKNAME LAS		SUFFIX	Superintendent's Office	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUI' 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478	TE#; CITY;		Date Hand-delivered or Date Postmarked 3: 43 pm 6 DR Receipt # Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRS	T	MI		
	NICKNAME LAS	Г	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX	PLEASE); APT	T / SUITE #; CITY;	STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	MBER EXTENSION			
8 REPORT TYPE		th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)	
9 PERIOD COVERED	Month Day Year 07/01/2020	THROUGH	Month Day 09/24/2020	Year	
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020	Primary X General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) Fort Bend ISD Board of Trustee Fort Bend District FBISD Fort B		12 OFFICE SOUGHT (i	f known)	
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

				2 (of 6	
13 C / OH NAME	Drew, Allison		14 Filer ID			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	is box is for notice of political contributions accepted or political expenditures made by political committees to support the ndidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or nsent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		-	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TARANTEES OF LOANS), UNLESS ITEMIZED	ΓHAN PLEDGES,	\$	0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 2,4	196.36	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ITEMIZED	\$	96.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 8	84.00	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,5	552.40	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00	
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						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subso	Sworn to and subscribed before me, by the said Olison Drew, this the, this the, and subscribed before me, by the said Olison Drew, this the, and subscribed before me, by the said Olison Drew, this the, and subscribed before me, by the said Olison Drew, this the, and subscribed before me, by the said Olison Drew, this the, and subscribed before me, by the said Olison Drew, this the, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew, and subscribed before me, by the said Olison Drew					
Signature of officer administering Signature of officer administering						

SUBTOTALS - C/OH

					3 of 6		
	ER NAN		19 Filer ID				
	Drew, Allison						
	ME OF		SUBTOTAL AMOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	950.00		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,546.36		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE E: LOANS		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	96.00		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	788.00		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/6 FILER NAME Filer ID Drew, Allison Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/10/2020 Donald Roseman: Perdue, Brandon, Fielder, Collins and Mott \$500.00 6 Contributor address; City; State; Zip Code 1235 North Loop W Suite 600 Houston, TX 77008 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2020 Humphrey, Yolanda \$250.00 Contributor address; City; State; Zip Code 2803 Scottsdale Palms Dr Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Partner Perdue, Brandon, Fielder, Collins & Mott Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/31/2020 Kelley, Birdie \$100.00 Contributor address; City; State; Zip Code 7631 S Glen Willow Lane Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/10/2020 Rajaya, Kiran \$100.00 Contributor address; City; State; Zip Code 4507 Morning Cloud Lane Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) IT Baylor College of Medicine

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/6		
2 FILER NAME	3 Filer ID			
Drew, Allison				
⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
08/10/2020 Harris, Michael	1 7	contribution (\$) description \$1,546.36 Signs		
7 Contributor address; City; State; Zip Code				
1200 Smith Street				
Suite 1550	V.			
Houston, TX 77002		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
Lawyer	Self			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
20 il contabator is a crima, taw intri or parchi(s) (il any) (i ore sobiolici)				
		No.		
		J.		
		/		
		l		
		I		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

	Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule G: Sch: 1/1 Rpt: 6/6	2 FILER NAME Drew, Allison 3 Filer ID
4	Date 09/10/2020	5 Payee name Texas Campaigns
6	Amount (\$) \$462.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9600 Glenfield Court Suite 148 Houston, TX 77096
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs, Social Media (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs, Social Media
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2020	Texas Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$326.00	9600 Glenfield Court
	Reimbursement from political contributions intended	Suite 148 Houston, TX 77096
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living average.
	EXPENDITURE	Signs Check if Austin, TX, officeholder living expense Signs
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

The C/OH Instruction 6	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	SHIRLEY A	MI	OFFICE USE ONLY
	ROSE-GILL	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3011 Bonney Bria	STATE: ZIP CODE 77459	OCT 0 5 REC'D Superintendent's Office
Change of Address	· M.	ssouri City TK	W. Bond I CD,
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 799-5065	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR R FIRST	МІ	Receipt # Amount \$ Date Processed
	NICKNAME GULLOR	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU [.1	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (28) 870-3023	EXTENSION	
9 REPORT TYPE	July 15 Sth day before electric July 15 Sth day before electric Bull 15 Sth day bull 15 Sth da		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	08 6 1 Z0Z0	THROUGH O	Day Year / 05 / 2020
11 ELECTION	Month Day Year Primary 11 / 03 / 2070 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FBISD Bo	
	GO ТО І	PAGE 2	

14 C/OH NAME SHIR	EY RO	SE GILLIAM "	5 Filer ID (Ethics Commission Filers)		
16 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				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMBAICN TREASURED ADDRESS	Contract to the second		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	s 1335°°		
	10000	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5435.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 6		
	4. TOTAL POLITICAL EXPENDITURES \$ 5100.36				
CONTRIBUTION BALANCE	The state of the s	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	1 / 1		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* + + + + + + + + + + + + + + + + + + +		
18 AFFIDAVIT			Λ		
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. NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 Signature of Candidate or Officerolder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subsc		•	this the		
day of October, 20 20, to certify which, witness my hand and seal of office.					
Saret Duem	Manet Dueme Rose Garrett Duano Rosier Executive Assistant to 46 607				
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s 41 94.69
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$5100.36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 1115,00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form, 9 Filer ID (Ethica Commission Filers) 7 Amount of contribution (\$) 1000 .00 8 Principal occupation / Job title (See Instructions Fort Bend Employee Federation Contributor address: City: State: Zip Code 12621 WAIrport State 400 SLTX 17478 Amount of contribution (\$) 1000,00 Principal occupation / Job title (See Instructions) Pate Full name of contributor | out-of-state PAC (ID#: PATRICIA Guillory 9.15.20 | Contributor address: City: State: Zip Cade 10701 SRAUA CrosbyTk 77532 Principal occupation / Job title (See Instructions) | Employer (See Inst. N/A Amount of contribution (\$) 100.00 Employer (See Instructions) Full name of contributor Full name of contributor Contributor address; City; Signature PAC (ID#: Out-of-state PAC (ID#: Date Amount of contribution (\$) 9.16.20 10000 10925 Bramer Houston TX 77089 Principal occupation / Job title (See Instructions) Teucher 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. Shirlay Rose Gilliam 2 Filer ID (Ethica Commission Filers) 4 Date 7 Amount of contribution (\$) 100.00 out-of-state PAC (ID#; Amount of contribution (\$) 100,00 Amount of contribution (\$) 100.00 2319 Brodgreen, Missouricity 77459 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#: Amount of contribution (\$) 100.00 615 E. EULU STREET Whaten Tx 77488 Principal occupation / Job title (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 1 Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SHIRLY ROSE GILLIAM 7 Amount of contribution (\$) Va Nessa Bocton 6 Contributor address; City; State; Zin Gode Sq. 8711 Stitzgerald Way Mockty Tk 100.00 Principal occupation / Job title (See Instructions out-of-state PAC (ID#: Date Amount of contribution (\$) Keith Brooks State; Zip Code 200.00 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) PILLE GRAYS Contributor address; City; State; Zip Code Principal occupation / Job title (See Instruction Date out-of-state PAC (ID#:_ Amount of contribution (\$) 200.00 Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 100.00 State; Zip Code 8 Principal occupation / Job title (See Instructions Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; State; Zip Code City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:	
2 FILER NAMI	SHIRLEY ROSE GILLIAM		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 4194.69	
5 Date 6 Full name of contributor out-of-state PAC (ID#:				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
1	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 2010 6 Amount (\$) 7 Pavee address: City; State: Zip Code 8 PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name BURT LEVINE Payee address; Amount (\$ Zip Code abou Glenfield Court #148 Houston TX 77036 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Nertisina EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH State: Zip Code Houston TX **PURPOSE** Campaign Consulting **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 6 Amount (\$ Zip Code ane, Fresno, TX 77545

his schedule) (b) Description 8 T. Shirts /Masks **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name owers Zip Code Amount (\$) State: 3807 FM 1092 Missouri City Category (See Categories listed at the top of this schedule) PURPOSE duertisina OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Amount Zip Code **PURPOSE** 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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. Total page Schedule F1: 2 FILER NAME

3 Filer ID (Ethics Commission Filers) Zip Code 8 **PURPOSE** Newspaper OF EXPENDITURE (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Check if Austin, TX, officeholder living expense

PURPOSE EXPENDITURE

Check if travel outside of Texas. Complete Schedule T.

Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	SHIRLY ROSE-G		Filer ID (Ethics Commission Filers	;)	
401/30/2020		Newspape	2		
6 Amount (\$) 9 1, 115.00 Reimbursement from political contributions	7 Payee address; 3600 EPALM VALLEY Blvd	City; Roy Royaclk	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Shirley Rose-Gimm	Office sought FBISDBUT POS	Office held		
Date	Payce name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	Office held		
Date	Рауее пате				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, 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 NEEDE	D		

			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction G	uide explains how to complete this		angiehanan@gmail.com	17	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MRS FIRST	ANGIE	МІ	OFFICE USE ONLY	
NAME	NICKNAME LAST	HÁNÁŃ	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 903 GOLDFINCH AVE		ITY; STATE; ZIP CODE ISSOURI CITY TX 77478	OCT 0 5 REC'D Superintendent's Office	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBE (281) 460-0336		EXTENSION	Date Hand-delivered or Date Postmarked 12:36 pm 6DR	
6 CAMPAIGN	MS / MRS / MR MRS FIRST	WENDY	MI E	Receipt # Amount \$	
TREASURER NAME	NICKNAME LAST	RACHUK	SUFFIX	Date Processed	
	NONAWE EXC			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASI 2203 MADEWOOD DR	E); APT / SU	IITE #, CITY; MISSOURI CITY	STATE; ZIP CODE TX 77459	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 419-1457	ER	EXTENSION		
9 REPORT TYPE	January 15 📈 30th	n day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th o	day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day 02 01 202	Year 20	Month THROUGH 10 /	Day Year 01 2020	
11 ELECTION	ELECTION DATE Month Day Year 11 03 2020	Primary General	ELECTION TYPI Runoff Other Description Special	E	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know FBISD BOARD OF TRUSTEES PO		
GO TO PAGE 2					

14 C/OH NAME ANG	iler ID (Ethics Commission Filers) ehanan@gmail.com				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ \$2,206.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,206.00		
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 520.29		
	4. TOTAL POLITICAL EXPENDITURES \$5,395.20				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$2,206.00		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 7,777.81		
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. NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023					
Emman	KKKKKKKK	Signature of Candidat	e or Officeholder		
AFFIX NOTARY STAM		ov the said angle Hannan Hanan	5		
Sworn to and subsci		to certify which, witness my hand and seal of office.	, this the9		
Janet Dran	o Posis		ive Assistant to DOT		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

19	FILER NAME ANGIE HANAN 20 Filer ID (Ethics Co.		mmission Filers)	
		angiehanan@gr		nail.com
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	\checkmark	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$2,206.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	\checkmark	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$1,000.00
4.	\checkmark	SCHEDULE E: LOANS		\$4,500.00
5.	\checkmark	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$1,597.10
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	\checkmark	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 3,277.81
9.	\checkmark	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 3,277.81
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

			SCHEDULE A I	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 8	
2 FILER NAME	ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com	
4 Date 2/24/2020	5 Full name of contributor □ out-of-state PAG Arleigh Kalinowski	C (ID#:)	7 Amount of contribution (S) \$400.00	
	6 Contributor address; City;	State; Zip Code		
C Dringing and	11 Howell Lane Sugar Land			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date 2/24/2020			Amount of contribution (\$) \$101.00	
	Contributor address; City;	State; Zip Code		
	7027 Argonne Trail Sugar La	nd TX 77479		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 3/3/2020			Amount of contribution (\$) \$200.00	
	Contributor address; City;	State; Zip Code		
***************************************	515 N. Adams Arnett	OK 73832		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 3/3/2020	Out-of-state PAC (ID4:		Amount of contribution (S) \$100.00	
	6706 Oakman LN Sugar La	and TX 77479		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 8
2 FILER NAME	ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 3/4/2020	5 Full name of contributor out-of-state PAC Charlie Litchfield	C (ID#:)	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City;	State; Zip Code	
	911 Goldfinch Ave Sugar Lar	nd TX 77478	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 3/6/2020	Full name of contributor	C (ID#:)	Amount of contribution (\$)
0/0/2020			\$25.00
	Contributor address; City;	State; Zip Code	
	515 N. Adams Arnett	OK 73832	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/6/2020	Full name of contributor	: (ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; City;	State; Zip Code	
	3810 Broken Pine Ct Sugar Land	d TX 77478	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/6/2020	Full name of contributor	(ID#:)	Amount of contribution (\$) \$50.00
	Contributor address; City;	State; Zip Code	
	13427 Venice Villa Lane Sugar	r Land TX 77479	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O		

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 3 of 8 The Instruction Guide explains how to complete this form. ANGIE HANAN 2 FILER NAME 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 3/6/2020 \$25.00 **Emily Villamar-Robbins** 6 Contributor address; City; State; Zip Code 7614 Arborgate Drive 75231 Dallas TX 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 3/20/2020 **Orjanel Lewis** \$100.00 Contributor address; City; State; Zip Code 4111 N. Creekmont Dr Fresno TX 77545 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 3/20/2020 Paige Bonnivier-Hassel \$100.00 State; Zip Code Contributor address; City; 4611 Bermuda Dr Sugar Land 77479 TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 6/22/2020 Hazel Dolar \$50.00 Contributor address; State; Zip Code City; 2618 Creek Terrace Dr Missouri City TX 77459 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 1 Total pages Schedule A1: 4 of 8 The Instruction Guide explains how to complete this form. 2 FILER NAME ANGIE HANAN 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 7/30/2020 \$25.00 Siyi Lai 6 Contributor address; City; State: Zip Code 6715 Aegean Trail Sugar Land TX 77479 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 7/30/2020 Shu Rau \$50.00 Contributor address; City; State; Zip Code 2718 Colony Park Drive Sugar Land TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 8/24/2020 Bao Hoang \$50.00 Contributor address; State; Zip Code City; 2807 Fairway Sugar Land TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) 8/24/2020 MJ Hewitt \$25.00 Contributor address; State; Zip Code City; 1023 Goldfinch Sugar Land TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

4			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 8
2 FILER NAME	ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 8/24/2020	5 Full name of contributor uut-of-state PAC Cathy Hunter	(ID#:)	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City;	State; Zip Code	
	10307 Chapel Ct Missouri City	/ TX 77459	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 8/26/2020	Full name of contributor □ out-of-state PAC Wanda Hanan	(ID#:)	Amount of contribution (\$) \$10.00
	Contributor address; City;	State; Zip Code	
5/	515 N. Adams Arnett	OK 73832	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 8/26/2020	Full name of contributor	(ID#:)	Amount of contribution (\$) \$50.00
	Contributor address; City;	State; Zip Code	
	10607 Saratoga Square Missouri C	ity TX 77459	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 8/27/2020	Full name of contributor	(ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; City;	State; Zip Code	
	3147 Robinson Road Missouri C	City TX 77459	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			79
	ATTACH ADDITIONAL COPIES O	E TUIS SCHEDI II E AS N	EEDED

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 1 Total pages Schedule A1: 6 of 8 The Instruction Guide explains how to complete this form. ANGIE HANAN 2 FILER NAME 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ 8/31/2020 \$100.00 Ranga and Srini Vassan 6 Contributor address; State; Zip Code 914 Mockingbird Way Sugar Land TX 77478 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) 8/31/2020 Mirella Garcia \$25.00 Contributor address; City; State; Zip Code 13906 Panhandle Dr Sugar Land TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 9/1/2020 Abha Misra \$25.00 Contributor address; State; Zip Code City; 4115 Turtle Trails Ln Sugar Land TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ 9/1/2020 Ferrel Bonner \$25.00 Contributor address; State; Zip Code City; PO Box 1063 TX 77545 Fresno 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 1 Total pages Schedule A1: 7 of 8 The Instruction Guide explains how to complete this form. ANGIE HANAN 2 FILER NAME 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 9/14/2020 \$50.00 Deb Ellefson 6 Contributor address; Zip Code State; Needville 11702 Casadores Drive TX 77461 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 9/18/2020 Daniel Hauschel \$100.00 Contributor address; State; Zip Code 3802 Rita Elliot Court Missouri City TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 8/24/2020 Clayton Pope \$100.00 Contributor address; State; Zip Code City; 15512 N 2740 Rd 73756 Loyal OK Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Stephanie Pennell 10/1/2020 \$20.00 Contributor address; City; State; Zip Code 2922 Pecan Ridge Drive Sugar Land TX 77479 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 1 Total pages Schedule A1: 8 of 8 The Instruction Guide explains how to complete this form. 2 FILER NAME ANGIE HANAN 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ 10/1/2020 \$50.00 Cathy Hunter 6 Contributor address; City; State; Zip Code 10307 Chapel Ct Missouri City TX 77459 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Nehal Dave 6/29/2020 \$200.00 State; Zip Code Contributor address; City; 3827 Bending Key Ct Sugar Land TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date

Full name of contributor

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

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

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME ANGIE HANAN angiehanan@gmail.com 4 TOTAL OF UNITEMIZED PLEDGES \$1,000.00 6 Full name of pledgor 5 Date out-of-state PAC (ID#:__ 8 Amount . 9 In-kind contribution of Pledge \$ description 9/24/2020 Fort Bend American Federation of Teachers \$1,000.00 7 Pledgor address; State; Zip Code City; 12621 W. Airport Blvd #400 Sugar Land TX 77478 Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#:__ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Full name of pledgor Date out-of-state PAC (ID#: description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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.

LOANS			SCHEDULE E	
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 1	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
ANGIE HANAN			angiehanan@gmail.com	
4 TOTAL OF UN	IITEMIZED LOANS		\$ 4,000.00	
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
2/18/2020	ANGIE HANAN		\$500.00	
6 Is lender a financial Institution?	8 Lender address; City; 903 GOLDFINCH AVE Sugar	State; Zip Code Land TX 77478	10 Interest rate 0%	
YN			11 Maturity date 12/31/2020	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) N/A				
14 Description of Coll.	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
and Craw arion				
- net applicable	18 Guarantor address; City;	State; Zip Code		
not applicable	in (One beater)	21		
20 Principal Occupat	ion (See instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
3/6/2020	ANGIE HANAN		\$3,500.00	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial Institution?	903 GOLDFINCH AVE Sugar	Land TX 77478	0%	
YN			Maturity date	
		F	12/31/2020	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions) N/A		
Description of Coll	ateral			
✓ none		Check if personal fund account (See Instruct	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	on (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

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 Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1 page 2 of 2	2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com
4 Date 9/15/20	5 Payee name 2DAYPOSTCARDS.COM		
6 Amount (\$) \$323.67	7 Payee address;	City;	State; Zip Code
	621 Richmond Ave	Houston	TX 77006
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/24/2020	2DAYPOSTCARDS.COM		
Amount (\$) 258.72	Payee address; 621 Richmond Ave	c _{ity;} Houston	State; Zip Code TX 77006
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/4/20	NBD GRAPHICS		
Amount (\$)	Payee address;	City;	State; Zip Code
	917 S. Mason Road	Katy T	X 77450
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Other (enter a category not listed above)

Date 2DAYPOSTCARDS.COM 2DAYPOSTCARDS.COM 3 Amount (\$) 5 Amount (\$) 621 Richmond Ave Houston TX 77006 8323.67 621 Richmond Ave Houston TX 77006 7	Credit Card Payment	The Instruction Guide explains how to	complete this form.		
2DÁYPOSTCARDS.COM 2DÁYPOSTCARDS.COM 3 Amount (\$) 3 Amount (\$) 7 Payee address; City; State; Zip Code 8323.67 621 Richmond Ave	1 Total pages Schedule F1: page 2 of 2				
Sa23.87 S21 Richmond Ave	4 Date 9/15/20	5 Payee name 2DAYPOSTCARDS.COM			
Secretary Sec Category Sec Categories Sized at the top of this schedule PRINTING EXPENSE Signs	6 Amount (\$) \$323.67	7 Payee address;	City;	State;	Zip Code
PURPOSE EXPENDITURE PRINTING EXPENSE SIGNS SIGNS SIGNS PRINTING EXPENSE SIGNS S		621 Richmond Ave	Houston	TX	77006
Office sought Office held	OF				
Date Payee address; City; State; Zip Code Houston TX 77006 PURPOSE OF EXPENDITURE Payee name Candidate / Officeholder name Date Payee address; City; State; Zip Code Houston TX 77006 Category (See Categories listed at the top of this schedule) PRINTING EXPENSE SIGNS Complete ONLY if direct expenditure to benefit C/OH Date Payee name NBD GRAPHICS Amount (\$) Payee address; City; State; Zip Code 190.52 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Office sought Office held Category (See Categories listed at the top of this schedule) Description SIGNS City; State; Zip Code 190.52 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description SIGNS Category (See Categories listed at the top of this schedule) Description SIGNS Category (See Categories listed at the top of this schedule) Description SIGNS Category (See Categories listed at the top of this schedule) Description SIGNS Category (See Categories listed at the top of this schedule) Office sought Office held Category (See Categories listed at the top of this schedule) Office sought Office held		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Amount (\$)	9 Complete ONLY if direct expenditure to benefit C/OI		Office sought		Office held
Amount (\$) Payee address; 621 Richmond Ave	Date	Payee name			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description SIGNS	9/24/2020	2DAYPOSTCARDS.COM			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Amount (\$) 258.72				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF				
Date Payee name 5/4/20 NBD GRAPHICS Amount (\$) Payee address; City; State; Zip Code 190.52 917 S. Mason Road Katy TX 77450 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense
NBD GRAPHICS Amount (\$) 190.52 Payee address; Payee address; City; State; Zip Code 917 S. Mason Road Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			Office sought		Office held
Amount (\$) 190.52 Payee address; City; State; Zip Code 917 S. Mason Road Katy TX 77450 Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held	Date	Payee name			
917 S. Mason Road PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	5/4/20	NBD GRAPHICS			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description SIGNS Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	Amount (\$) 190.52	Payee address;	City;	State;	Zip Code
PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held		917 S. Mason Road	Katy T	X 77450	
Complete ONLY if direct	OF		COURS OF TRANSPORT OF THE PARTY		
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought		Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		rinting Expense alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Carididate/Oniceriolder/Folitica	The Instruction Guide explains he		Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 Total pages schedule F4.	ANGIE HANAN		angiehanan@gmail.com
			angienanan@gmaii.com
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$3,277.81
5 Date	6 Payee name		
3/11/2020	NBD GRAPHICS		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$3,277.81	917 S. Mason Road	Katy	TX 77450
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE	PRINTING EXPENSE	SIGNS	
OF			
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Scher	dule T. Check if A	Austin, TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this scho	edule) Description	
PURPOSE			
OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Sche	check if a	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 T	THIS SCHEDULE AS N	EEDED

SCHEDULE G

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	(g-	,,,,
1 Total pages Schedule G:	2 FILER NAME ANGIE HANAN		3 Filer ID (Ethics	Commission Filers)
4 Date 4/3/2020	5 Payee name Southwest Chase VISA			
\$3,277.81 Reimbursement from political contributions intended	7 Payee address; P.O. Box 15298	city; Wilmi r	State; ngton DE	Zip Code 19850
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	(b) Description CREDIT CARD	PAYMENT	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
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
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/		Office sought		Office held
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mrs. Kristin	MI K	OFFICE USE ONLY
NAME	Mrs. Kristin		Date Received
	Tassin		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; 850 Saint Elmos Court Missou	CITY; STATE; ZIP CODE	OCT 02 REC'D
MAILING ADDRESS			Superintendent's Office
Change of Address			Danit CD
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (281) 630-2885	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE 6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Shannon	IV.I	Date Processed
TW/TWIL	NICKNAME LAST	SUFFIX	Date Imaged
	Tassin		5,330.02
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 850 Saint Elmos Court	UITE #, CITY; Missouri City	STATE; ZIP CODE TX 77459
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 685-2885	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 15 / 2020	THROUGH 10	Day Year 4 / 2020
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other	
	Month Day Year Primary 11 / 3 / 2020	Other Other Description	
12 OFFICE	OFFICE HELD (if any) Fort Bend ISD Trustee, Pos. 4	13 OFFICE SOUGHT (if known) Fort Bend ISD Trust	
	GO ТО	PAGE 2	

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
Krist	in K Tassin			
16 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		
Additional Pages				
/ Additional 1 ages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION	1. TOTAL	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDG	ES, LOANS, OR GUARANTEES OF LOANS, OR	\$ ₀	
		POLITICAL CONTRIBUTIONS		
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,200.00	
EXPENDITURE	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.		
TOTALS	G. 101/12	ONTENDED FORTIONE EXPENDITURE.	* ₀	
	4. TOTAL	POLITICAL EXPENDITURES	\$5,339.02	
CONTRIBUTION BALANCE	5-com (0, 7000 the 5000, 0)	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 1,282.53	
OUTSTANDING	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE		
LOAN TOTALS	LAST DA	AY OF THE REPORTING PERIOD	\$ O	
18 AFFIDAVIT	CARAGASA SA	Lawrence of officers and a second to the second	ny that the accommending and in	
GARR		O		
	Y PUBLIC, STATE OF TI COMMISSION EXPIRE	s S		
NOV	EMBER 25, 20	Kristin Tassin		
		Signature of Candida	te or Officeholder	
AFFIX NOTARY STAME	P/SEALABOVE			
Sworn to and subscr		by the said Kristin (assin	, this the	
day of <u>CC to be</u> , 20_20, to certify which, witness my hand and seal of office.				
Santt Duane Rosin Garrett Duane Rosier Executive Assistant to the BOT				
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

19	FILER NAME		20 Filer ID (Ethics Co	mmission Filers)
	Kristin K Tassin			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBU	JTIONS	-	\$ 1,200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLIT	ICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.	4. SCHEDULE E: LOANS			\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MAD	DE FROM POLITICAL CON	ITRIBUTIONS	\$
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$5,339.02
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MA	ADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REF	UNDS, AND CONTRIBUTI	ONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Kristin K Tas	sin			
4 Date 9/23/2020	5 Full name of contributor out-of-state PAG Michael & Lina Sabouni 6 Contributor address; City;	C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$500.00	
			,	
	6200 Savoy, Suite 100, Houston, TX	77036		
	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Architects		AUTOARCH		
Date 9/22/2020	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$100.00	
	Contributor address; City;	State; Zip Code		
	20507 rownstone Dr., Richmond, TX 77	106		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Teacher	,	Texas Children's Hospital		
Date 9/30/2020	Full name of contributor □ out-of-state PAC Kevin Matocha Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$) \$500.00	
	1600 Highway 6 South, Suite 243, Suga	r Land, TX 77478		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Investment M	lanager	Stonehenge Coma	pnies, LLC	
Date 10/1/2020	Full name of contributor	· (ID#:)	Amount of contribution (\$) \$100.00	
	Contributor address; City;	State; Zip Code		
Deimainal	3323 Winnsboro, Sugar Land, TX 77478			
Investment Ad	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
investment Ad	VISOI	Dearborn & Creggs		
	ATTACH ARRITIONAL CORIES OF THE COLUMN F ACADERS			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE G

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Kristin K Tassin		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u>-</u>	
9/24/2020	Eric Pohl Photography		
6 Amount (\$) \$1,525.00 Reimbursement from political contributions	7 Payee address; Kerrville, TX	City;	State; Zip Code
intended	(2) Colonia (2)	Taxs	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Web/Graphics	
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/19/2020	Constant Contact		
Amount (\$) \$21.00	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
8/25/2020	Harland Clarke Checks		
Amount (\$) \$36.65	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Accounting/Banking	Campaign check	S
	Check if travel outside of Texas. Complete Schedule T.	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 S	SCHEDULE AS NEEDE	ED

SCHEDULE G

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Kristin K Tassin		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
9/2/2020	Texas GOP Store			
\$795.64 Reimbursement from political contributions intended	7 Payee address; 404 IH 45 S, Huntsville, TX 77340	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign sign	s	
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/23/2020	Texas GOP Store			
Amount (\$) \$ 1,732.00 Reimbursement from political contributions intended	Payee address; 404 IH 45 S, Huntsville, TX 77340	City;	State; Zip Code	
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Campaign signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
9/23/2020	IW Print			
Amount (\$) \$1,153.18 Reimbursement from political contributions intended	Payee address; 20718 Ivory Creek, Katy, TX 77450	City;	State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Printing Expense	Push cards		
	Check if travel outside of Texas. Complete Schedule T.	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 S	CHEDULE AS NEEDE	ED .	

SCHEDULE G

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,
1 Total pages Schedule G:	2 FILER NAME Kristin K Tassin		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
9/30/2020	The Home Depot		
\$75.55 Reimbursement from political contributions intended	7 Payee address; 5900 Hwy 6 S, Missouri City, TX 77459	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	Campaign sign	S
	(c) Check if travel outside of Texas. Complete Schedule T.	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		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code
intended		4	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	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 S	CHEDULE AS NEED	ED

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed NICKNAME SUFFIX Date Imaged TREET ADDRESS 7 CAMPAIGN STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Month Runoff Other Day Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT 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 14 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

15 C/OH NAME				
Denett	a R. William	n3	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED P PLEDGES, LOANS, OF 	POLITICAL CONTRIBUTIONS (OTHER R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	THAN	\$ 0
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LO	DANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL E	XPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COM OF REPORTING PERIO	NTRIBUTIONS MAINTAINED AS OF THOOD	HE LAST DAY	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REI	OUNT OF ALL OUTSTANDING LOANS PORTING PERIOD	AS OF THE	\$
		perjury, that the accompanying report	is true and co	rrect and includes all information
rec	uired to be reported by me under Ti	Itle 15, Election Code	11	2//
		6 Osek	Tall	1 /1000m
		Signature	of Candidate	or Officeholder
	21			
	Please (<i>ANNONINGEREES</i>	complete either option b	elow:	
1	GARRETT DUANE ROSI	100 To		
	132267296 NOTARY PUBLIC, STATE OF TE MY COMMISSION EXPIRE	<u>;</u>		
(1) Affidavit				
(1) Allidavit	NOVEMBER 25,	Secretary Secret		
Les		ned .		
NOTARY STAMP/SEAL	NOVEMBER 25,) , , , , ,		
NOTARY STAMP/SEAL	NOVEMBER 25,) (.15.7)	s the <u>27</u>	day of Januay,
NOTARY STAMP/SEAL	november 25, :	. Williams this	<u> </u>	
NOTARY STAMP/SEAL	november 25, in the second of	office. Duane Rosier	s the 27 Execusion	y Assistant to the pot
NOTARY STAMP/SEAR Sworn to and subscribed 20 21 , to certify Manual Drains	november 25, in the second of	. Williams this	<u> </u>	
NOTARY STAMP/SEAR Sworn to and subscribed 20 21 , to certify Manual Drains	november 25, in the printed nar	office. Duand Rosier me of officer administering oath	<u> </u>	y Assistant to the pot
NOTARY STAMP/SEAL Sworn to and subscribed 20 21 , to certify Signature of officer administer	november 25, in the printed nar	office. Duand Rosier me of officer administering oath	Execusion	y Assistant to the pot
NOTARY STAMP/SEAL Sworn to and subscribed 20 21 , to certify Manual Durant Signature of officer administer (2) Unsworn Declaration	november 25, inches of the printed narrows in	office. Duand Rosier me of officer administering oath OR	Execusor of the sound of the so	Title of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20 21 , to certify Signature of officer administe (2) Unsworn Declaration My name is	november 25, in the printed nar	office. Duant Posier me of officer administering oath OR OR And my date of be Canyon Pearlene (silv) day of	Execusor of the sound of the so	Title of officer administering oath

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MD FIRST ASHUH .	M) SUFFIX	OFFICE USE ONLY Date Received The First Wards
4 CANDIDATE / OFFICEHOLDER	•	ITY; STATE; ZIP CODE	JAN 08 RECTO
MAILING ADDRESS Change of Address	6714 APSLOY CLEER D SUGAR LAND, TX		े व्यक्तिकार्यकार्यकार्यकः वि
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 786— 9138	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS (MB) FIRST MAN FICKO	MI	Receipt # Amount \$ Date Processed
	NICKNAME LAST BERGOR	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE AWD, TX: 77479
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (760) 807-45750	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	- 1 14500 Kali	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD GOVERED	Month Day Year 04 / 26 / 20 19	Month THROUGH	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary 05/04/2019 General	ELECTION TYPE Runoff Description Special	ool BOARD
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	PosiTion 3
	до то	PAGE 2	

14 C/OH NAME	ASHISH P	tGRAWAL 1	15 Filer ID (Ethics Commission Filers)		
16 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			
Additional Pages	disciplination of the state of				
	**************************************	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION			,		
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600/-		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$4,099.37				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
NOTARY:	TT DUANE ROSI 132267296 PUBLIC, STATE OF TE OMMISSION EXPIRES	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is ormation required to be reported by me		
Secretaria	EMBER 25, 202 ***********************************	Mehin Man	nul		
		Signature of Can	didate or Officeholder		
AFFIX NOTARY STAM		Λ ι ι Λ · ·	_		
Sworn to and subsc	ribed before me, l	by the said Ashish Agrawal	, this the 8		
day of January	, 20 <u>.20</u> ,	to certify which, witness my hand and seal of office.			
Sanet Duane Ro	ni	Garrett Duane Rosier	Executive Assistant to BOT		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
	ASHISH AGRAWAL	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600/
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 2,000/-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,000/
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) 7 Name of lender Date of loan out-of-state PAC (ID#:____ \$2,000/-ISHIGH AGRAWAL City; State; Zip Code Lender address; a financial Institution? SUGARUAND, TX 77479 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; Zip Code City; State: not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (iD#:____ Interest rate State; Zip Code City; is lender Lender address: a financial Institution? Maturity date Ν Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (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.

SCHEDULE AI

/C/OH: ASHEH HERPHUAL

Date		Contributor/Vendor	Address	Contribution (\$)
1/29/2019	4/29/2019 Contribution	Sukhdeep Kohli Sugar Lan, TX	Sugar Lan, TX	\$100,00
4/29/2019	4/29/2019 Contribution	4/29/2019 Contribution Preetesh Bansal Westford. MA \$500.00	Westford. MA	\$500.00

Hebris Agament

SCHEDULE FI

C/OH: ASHSH AGRAMMA

					-
Date	Expense Category	Contributor/Vendor	Address	Address	Expense (\$M)
4/26/2019	Advertising Expense	Masala Radio			\$500.00
4/26/2019	Event Expense	Convenience Store			\$24.00
4/26/2019	Event Expense	Rev Roger Moore			\$300.00
4/30/2019	1	Minuteman Press	1324 Pin Oak Rd., Katy TX 77494	Katy TX 77494,	\$667.37
4/30/2019	Event Expense	Jyrome Reed Slow Smoked Meats			\$500.00
4/30/2019	Advertising Expense	Rev Roger Moore			\$1,000.00
4/30/2019	100	Universal Signs & Banners	7825 Hwy 6S, Houston TX 77083	Houston TX 77083,	\$450.32
5/3/2019	Advertising Expense	Minuteman Press	1324 Pin Oak Rd., Katy TX 77494	Katy TX 77494.	\$222.10
5/3/2019	Advertising Expense	Universal Signs & Banners	7825 Hwy 6S, Houston TX 77083	Houston TX 77083,	\$205.68
5/3/2019	Event Expense	Rev Roger Moore			\$200.00
4/26-5/4	Banking/Credit Card Fees	Raise The Money	P.O. Box 26466, Little Rock, AR 72221	Little Rock, AR 72221	\$29.90

Makin Masin

The C/OH Instruction 6	Guide explains how to complete this form.	1 Filler ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE DSE ONLY
OFFICEHOLDER NAME	Mr. Jason	ω	OFFICE USE ONLY
IVAIVIL	NICKNAME LAST	SUFFIX	Date Received
	Burdine		JAN 21 REC'D
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CT. 17107 Simon Ct. 1		Superintendent's Office Ft. Rend 1 5 7
Change of Address		77407	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(713) 855-7175		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	MI	Receipt # Amount \$
TREASURER NAME	Mrs. Hodrea	SUFFIX	Date Processed
	Burdine		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / St		STATE; ZIP CODE
TREASURER ADDRESS	17107 Simon Ct. Richmond TX 77		
(Residence or Business)	Richmond TX 77	407	
,		,	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 8SS-7175	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment
	July 15 8th day before elec	ction Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
	and day before elect		Talas report visitorion 1779
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07/15/2019	THROUGH O\/	15/2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
011102	FRICA Trustee		
	LD 130 1, 3100		
	FBISD Trustee Position 1		
	GO ТО	PAGE 2	

14 C/OH NAME		15 File	r ID (Ethics Commission Filers)		
16 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	and the officer of		
Additional Pages					
Additional Pages	:	COMMITTEE CAMPAIGN TOFACHOED ADDRESS	· · · · · · · · · · · · · · · · · · ·		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0		
		POLITICAL CONTRIBUTIONS	A 6.		
	1	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
TOTALS					
	4. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 28,55		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
18 AFFIDAVIT					
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. NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023					
	wareneze	Signature of Candidate	or Officeholder		
ACEIVAIOTADV OTARA	DISEALAPOVE				
AFFIX NOTARY STAM	IL 1 SEVENDOAS	T 0 1.	∩1st		
Sworn to and subsc	ribed before me, l	by the said Jason Burdine	this the 21 st		
day of January	<u>, 2020</u> ,	to certify which, witness my hand and seal of office.			
South Duane	Posis	Garrett Dunne Kosier Execu	true Assistant to BOT		
Signature of officer a	administering oath		tle of officer administering oath		

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS MRS / HR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	AFSHI	;	
	NICKNAME LAST	SUFFIX	Date ROSCELVEL
	· CHARANI	A -	EED A A DECE
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	FEB 04 REC'D
MAILING ADDRESS	7343 CHATHAM G	IRTEN DR.	Superintendent's Office
Change of Address	SUGIAR LAND, TX	171479.	The Planet of Co.
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(832) U87- U097		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS (MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	SUMITA		Date Processed
	NICKNAME LAST G HOSH	SUFFIX	Date Imaged
			. ,,,
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		ZIP CODE
ADDRESS (Residence or Business)	4607 KENESHA		
(Tredition of Business)	SUGAR LANDITA	71416	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	V - 1 1/1/2 A - 1
TREASURER PHONE	1713) 471-662)	
		3	
A DEDOOT TYPE		1	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	. Month	Day Year
OOVERED	07/01/2019	THROUGH 12	31/2019.
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05/04/2019 Q General	Special ,	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known))
	5)(0)	MRICH	TRUSTEE
	NIU.		10N 3.
N/		10811	
	GO ТО	PAGE 2	

14 C/OH NAME APSHI	CHARF		5 Filer ID (Ethics Commission Filers)		
16 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 OF 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				
	SPECIFIC	COMMITTEE ADDRESS			
		1			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASUREF ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 1450.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1, 239. UI				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 25,000.00		
Notary Comm	HRA N. KAMDAR Public, State of Texa . Expires 06-04-202	true and correct and includes all info under title 15, Effection Code.	erjury, that the accompanying report is rmation required to be reported by me		
Nota Nota	ry ID 13204698-0	Signature of Cand	lidate or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE	·	2		
Sworn to and subsc	20		, this the 30		
day of	, 20 <u> </u>	to certify which, witness my hand and seal of office.			
	94//	ZAHRA KAMDOR	ACCT.		
Signature of officer	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
AFSHI LHARANIA	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1450.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	н \$.
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Y Gitt/Awards/Mei I Committee Legal Services	O Expense Propriets Expense Pr	office Overhead olling Expense rinting Expens alaries/Wages	e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	CHARPA	JIA		3 Filer ID (Ethics Commission Filers)	
4 Date 08 10 19	5 Payee name ARSATAN' LARHANI					
6 Amount (\$)	7 Payee address; 23914 SHAW FATY TX	City; State; Zip C) BERFY L 7740	ANE			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		dule) (ib	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officehold	der name		Office sought	Office held	
Date 8\15\19\.	Payee name RASHID	KHORHI	HZ .			
Amount (\$)	Payee address; 10622 SU SUGAR	City; State; Zip C GAR TRA LAND,	ACE 1	DP.	,	
PURPOSE OF EXPENDITURE	Category (See Calegories II PHNTNG		dule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	ler name	<u> </u>	Office sought	Office held	
Date	Payee name					
Amount (\$)	Payee address;	City; State; Zip C	Code			
PURPOSE OF EXPENDITURE	Category (See Categories li	sted at the top of this sched	iule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	der name	· · · · · · ·	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

The C/OH Instruction C	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 MES. ALUSON	Mi	OFFICE USE ONLY		
	NICKNAME LAST DEFN	SUFFIX	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; FT JUGAR CREEK SUITE 3F5 SUGAR LAND / TX	CITY; STATE; ZIP CODE BWD. FF4F0	JAN 15 REC'D Superintendent's Office Ft. Bend I.S.		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (892) 376. 7768	EXTENSION	Date Hand-delivered or Date Postmarked GDK 15 Jan 1000 4 39 m		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	GOOWIUE	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	PERRE		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 5330 GRIGGS R		F HOUSTON, TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 224.453	EXTENSION D			
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before el		Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 1 / 2019	THROUGH 12	/31 / 2019		
11 ELECTION	ELECTION DATE Month Day Year Primary	€LECTION TYPE			
	Month Day Year Drimary	Description			
12 OFFICE	OFFICE HELD (If any) FORT BEND ISD BOARD OF TRUSTEES POSITION 5	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2					

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Con		nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 26,00
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 100.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IONS RETURNED	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard 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 FILER NAME DREW, ALUSON	3 Filer ID (Ethics Commission Filers)	
4 Date 12. F. 2019	5 Payee name BANK		
6 Amount (\$) 26.00	2 FILER NAME DREW, ALU SON 5 Payee name CADENCE BANK 7 Payee address; 4647 SWETWATER BLVI. SUGAR LANP, TX 77	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Strvice CHARGE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Рауее пате		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, 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 S	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Gitt/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 G:	DREW, AUSON	3 F	Filer ID (Ethics Commission Filers)
4 Date 12 6.2019	ROGER G. MOORE 1	MINISTRIES	
6 Amount (\$) 100 . 00 Reimbursement from political contributions intended	DREW, AUSON 5 Payee name ROGER G. MOORE 7 Payee address; 2513 PRINCESS LINE MISSOURI CITY, TX	city; 77459	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ANAWIT CS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, o	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		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Calegories fisted at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX.	officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/G		Onice sought	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	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	

The C/OH Instruction G	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 GRAYLE	MI	OFFICE USE ONLY Date Received
	NICKNAME LAST JAMES	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1810 MAIDENHAIN	oity; state; zip code ひ, 7メ マフタフタ	JAN 13 REC'D Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 565-7191	EXTENSION	Date Hand-delivered or Date Postmarked CDR 1/13/3630 5:40pp
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST 5 HARON	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY;	STATE; ZIP CODE 7≻ 77406
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 443-3503	EXTENSION	
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH OI	Day Year 15 / 20
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any) FT BEND TSD TRUSTEE, PUSITION &	13 OFFICE SOUGHT (if known)	
	GO ТО	PAGE 2	

		the state of the s	
14 C/OH NAME	AYLE JA		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH. URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	IAN
TOTALS	PLEDGI	ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ • 07
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 150.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 1279. 26
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT	· · · · · ·		
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. NOVEMBER 25, 2023 Signature of Candidate of Viceholder			
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, l	by the said Grayle James	, this the <u>13</u>
day of Januay		to certify which, witness my hand and seal of office.	
Landt Dua	al pri	Garrett Duane Rosier	Executive Assistant to Boy
Signature of officer a	<i>1</i> /1 0	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Cor		nmission Filers)
	GRATLE JAMES		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$.
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 150,00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$.07
	WAR THE		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	GRAYLE JAMES	3 Filer ID (Ethics Commission Filers)
4 Date 12 12 19	FORTBEND FUPEPENDENT	
6 Amount (\$)	7 Payee address; POBOY 623 SUGARLAND, TY 7	City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADVERTISING	AD FOR LOCAL PAPER
	(c) Check if travel outside of Texas. Complete Schedule T.	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
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	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
	Check if travel outside of Texas. Complete Schedule T.	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	S SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Scheo	dule K:
2 FILER NAME	GRAYLE JAMES	3 Filer ID (Ethics	s Commission Filers)
4 Date 7/31/14 1/15/20	5 Name of person from whom amount is received WELLS FARGU BANK 6 Address of person from whom amount is received; City; State		8 Amount (\$)
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

Plofo

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. James 3 CANDIDATE / MS / MRS //MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date RIA LOCATION NICKNAME SUFFIX JAN 13 RECT ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; GADO CHOM TERRACE LANE 4 CANDIDATE/ OFFICEHOLDER MAILING Superintendent's Office **ADDRESS** gar Land, Tx. 77479 Ft. Bend I CE Change of Address 5 CANDIDATE/ **OFFICEHOLDER** (201) 980. 8071 Date Hand-delivered or Date Postmarked PHONE 1/13/2020 S:40pm 6 CAMPAIGN MS / MRS / MR TREASURER NAME Date Processed SUFFIX Date Imaged Suzanne STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE 3907 Senna Place **TREASURER ADDRESS** Sugar Land, Tx. 77479 (Residence or Business) 8 CAMPAIGN EXTENSION **TREASURER** (201) 980. 9051 PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded \$500 ilmit 8th day before election Final Report (Attach C/OH - FR) 10 PERIOD Month COVERED 12/31/2019 7/1/2019 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Description Month 5/4/19 Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE FBISD Trustee FBISD Trustee Position 3 Position 3 **GO TO PAGE 2**

14 C/OH NAME	im Rice	(James D. Rice) 15 FIL	er ID (Ethics Commission Filers)
16 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	
	SPECIFIC	COMMITTEE ADDRESS .	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0.00
	4. TOTALI	POLITICAL EXPENDITURES L'include Schedule G amount	\$ 512.00
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRITING PERIOD	\$ 222.76
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD SCHOOL AMOUNT	\$17,669.91
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. NOVEMBER 25, 2023			
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE			
$\nabla u = \int u du du$			
day of Danilla	2	certify which, witness my hand and seal of office.	, this the
Sant Duane Pois Garrett Duane Rosier Executive Assistant to Boy			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

p. 3 of 5.

SUBTOTALS - C/OH

19 FILERNAME 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 512.80
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel in District By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District			
1 Total pages Schedule G: p, lof 2 4 Date	2 FILER NAME Jim Rice. 3 Filer ID (Ethics Commission Filers)			
7/8/2019	Fort Bend Independent			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 623 Sugar Lund, Texas 77487			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AN EAR TO Check if travel outside of Texas, Complete Schedule T. (b) Description Wews paper Ad 9 Check if Austin, TX, officienoider living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held			
Date 10/25/2019	Pamela Printing			
Amount (\$) \$ 0.00.00 Reimbursement from political contributions intended	Pamela Printing Payee address; BEO Julie Rivers Dr. Suiters 10 State; Zip Code Sugar Land, Tx. 77479			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T. Check if toward outside of Toward Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held H			
Date 12/1/2019	Payee name Consulting, LLC Payee address; State: 7 Stat			
Amount (\$) P 5 6 00 Reimbursement from political contributions	Payee address; City; State; Zip Code No 19 Arrow Head Sugar Land, Tx. 17479			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Consulting Expense Campaign Consulting			
complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel ouisief of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P. 545.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

MADE FRO	OM PERSONAL FUNDS		SCHEDULE G
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overfread/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME , RICE		3 Filer ID (Ethics Commission Filers)
4 Date /1/2019	5 Payee name Fort Bend Indep	endent	
6 Amount (\$) 5 150,00 Reimbursement from political contributions intended	7 Payee address; P.D. Box 623 Sugar Land, Texa	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertiging Expens		paper Xds.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside-of-76xas. Complete Schedule T. Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held
Date .	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	,		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name	٠	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ED .

<u></u>		
The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE USE ONLY
NAME	Mr. David B	Date Received
	NÍCKNAME LAST SUFFIX	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	6910 Oak By Cr	
Change of Address	Massouri Colo, tx 77459	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(281) 685-1081	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	Date Processed
	Rosental	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	6910 Oak Bay Co	
(Residence or Business)	, , , , , , , , , , , , , , , , , , ,	£L.
	Massoni City, TX 7745	\$6000 A
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (781) 685 - 1081	
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 \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month	Day Year
	7/15/19 THROUGH //	15/200
11 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known	n)
	FBISD Post	
	GO TO PAGE 2	

FORM C/OH COVER SHEET PG 2

14 C/OH NAME)and	B. Rosenthal 15 File	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 2518.74
OUTSTANDING LOAN TOTALS	•• •• ••	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 💍
18 AFFIDAVIT			
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 NOVEMBER 25, 2023 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said <u>Daud B. Rosenthal</u> , this the <u>15</u>			
day of			
Landt Duan	e Rosii	Govrett Duane Rosier Execus	live Assistant to BOT
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

Forms provided by Texas Ethics Commission

		<u>and and an all and a state of the first of the state of </u>
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 MS Advola NICKNAME LAST SUFFIX Addu Heyriga	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4220 OUR FOREST TO MISSOUR; City, TO 72407	FEB 2 6 2021 BY: CAX 2:34
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (\$32) 244 - 5861	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MO MILLAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 4222 Oak Forest A missouri city, Ty 72459	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 7 1 2019 THROUGH 12	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
2 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Trustle Pos. 6	
	GO TO PAGE 2	

14 C/OH NAME	la Hey	lige	5 Filer ID (Ethics Commission Filers)
16 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		교환경도 하겠느라면 되었다.
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$.10
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.10
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, B ITEMIZED	\$ 97,20
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,497.20
CONTRIBUTION BALANCE	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$ 1,576.94
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* Ø
	ETT DUANE ROS	true and correct and includes all info	erjury, that the accompanying report is rmation required to be reported by me
TOTAL	132267296 PUBLIC, STATE OF TE COMMISSION EXPIRES EMBER 25, 20	23 Adrold. He	idate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE	Signature of Garia	or Oniceriolaer
		Arlendo Hentrage	26
Sworn to and subscr			, this the
day of Francisco	, 20 <u></u> 21, t	o certify which, witness my hand and seal of office.	
Mant Duare	Kosir		we Assistant to BOT
Signature of officer ac	aministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	19 FILER NAME Adrola Hey Cige	ommission Filers)	
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3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	IS	\$
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6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	4. SCHEDULE E: LOANS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 1400
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL I	FUNDS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 12.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ \$	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB RETURNED TO FILER	BUTIONS	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politic		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 FILER NAME Adeola Heylige		3 Filer ID (Ethics Commission Filers)
4 Date 8 6 2	MARS Scholar	iship Ad	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
300.00	MCBC DO MISSOUR	i city, TX	
8	(a) Category (See Categories listed at the top of this school		
PURPOSE OF	Ad for Scholarship		tside of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	70 80 300		
9 Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н ,	<u> </u>	
Date	Payee name	1	
9/03	FBCDP Fundra	ser	
Amount (\$)	Payee address; City; State; Zip	Code ,	
1000	Sugarland Tx		
	Category (See Categories listed at the top of this sche		
PURPOSE OF	Donation Political Lo	Check if travel outs	side of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
,	1	*	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/07	Lefitica Plummer	Canpaign	
Amount (\$)	Payee address; City; State; Zip 0	Code	
1 22 22	1		
100.00			
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE	Goldribution/ Donation Made by Candidale Officet	Check if travel outs	side of Texas. Complete Schedule T.
EXPENDITURE	made by candidate officet	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 NEE	DED

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Jason	₩ I	OFFICE USE ONLY
	NICKNAME LAST BURdin	SUFFIX	Received July 15, 2000
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	Richmond TX 77407	FBISD Superintendents CARico
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) SSS-7175	EXTENSION -	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Andrea	$\mathcal{D}_{_{MI}}$	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Processed Date Imaged
	Burdine		Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	Richmond TX	STATE; ZIP CODE 77407
(Residence of Business)			
8 CAMPAIGN TREASURER PHONE	RREA CODE PHONE NUMBER (713) 855-7175	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	0 1 / 16 / 2020	THROUGH	Pay Year Year / 2020
11 ELECTION	Month Day Year Primary 11 / 03 / 2020 General	Runoff Other Description Special	
12 OFFICE	Fort Bend ISD Board of Trustee #	13 OFFICE SOUGHT (if known)
GO TO PAGE 2			

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	,	
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
A delivered Barre			
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
1 *			
17 CONTRIBUTION	1. TOTAL	INITEMIZED DOLITICAL CONTRIBUTIONS (CTUES THAN	
TOTALS		UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR	\$
	CONTR	RIBUTIONS MADE ELECTRONICALLY)	
	1000000 1000000000000000000000000000000	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 528.55 \$ 20,000
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 20,000
18 AFFIDAVIT			
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. NOVEMBER 25, 2023			
Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
\rightarrow Ω Λ			
Sworn to and subscribed before me, by the said			
day of, 20, to certify which, witness my hand and seal of office.			
Sand Duane Rose Govrett Duane Rosner Executive Assistant to the BOT			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	L	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 20,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:	
2 FILER NAME	Jason Burdin	e	3 Filer ID (Ethics Commission Filers)	
4 Date 04/25/20	Balfour 6 Contributor address; City;	State; Zip Code Tx 77043	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	-	PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)	
ATTACH ADDITIONAL CORIES OF THIS SCHEDULE AS NEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS			SCHEDULE E		
The	1 Total pages Schedule E:				
2 FILER NAME Jason Burdine			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$ 20,000		
5 Date of loan 7-1-2020	7 Name of lender out-of-state F Jason Burdine		9 Loan Amount (\$) \$\frac{1}{2}\times_0000		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code Nich mond TX 77407	10 Interest rate - O - 11 Maturity date		
Y (N)	()		12-31-2020		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Colli	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fund	ds were deposited into political		
none		account (See Instructi	ons)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
not applicable	on (See Instructions)	Employer (See Instructions)			
Findipal Occupation	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.					

The C/OH Instruction G	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS MRS / MR FIRST MI AFS HI NICKNAME LAST SUFFIX CHARATVIA	Date Received Received July 17, 2020 FBISD Superntendents
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7343 CHATHAM GREEN DR. AREA CODE PHONE NUMBER EXTENSION (832) U81-U097	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI SUMUTA NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; FULLY STATE; SUGAR LANDIN 17479	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 471 - U 620	· ,
9 REPORT TYPE	July 15 Sth day before election Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month O 1 / O 1 / 2020 THROUGH OU/	Day Year 30 20 20 .
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Description General Special	
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 13 OFFICE SOUGHT (If known) 14 POSIT	USTEE ION 3.
To a constant to	GO TO PAGE 2	sie. Turbulum in I. Harri

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 2

14 C/OH NAME		45	File ID (Fabire Oranical File)
AFSHI CHARANIA. 15 Filer ID (Ethics Commission Filers)			
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	and the second s	
	SPECIFIC	COMMITTEE ADDRESS	
		1	
		1	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
			.
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 4,059.65
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* \$ 3,179.96.
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 25,000 D
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perju	ry, that the accompanying report is
WHO WE WANTED	ZAHRA N. KAMDA	true and correct and includes all information	
	ary Public, State of	Texas	
	mm. Expires 06-04-		Selecting (Angles on to)
Notary ID 13204698-0 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE			
Sworn to and subscribed before me, by the said AFSHI CHARANIA , this the 12TH			
day of JMLY, and to certify which, witness my hand and seal of office.			
- half to THHEA NAMDAR ACCT.			
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of officer administering oath
orms provided by Texas Eth	ion Commission	www.athics.etate.tv.ue	

SUBTOTALS - C/OH

19	FILER NAME 20. Filer 1D. (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.		\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4059.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	I THE SECOND SEC	
		8

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Printing Expense
Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee 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 AFSHI CHARANIA 5 Payee name 4 Date ALAN LAKHANI
City; State; Zip Code
SHAW BERRY LANE 02/06/20 7 Payee address; 2,809.45 KATY, TX 77493 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name RASHID KHOKAR 02/11/20 City; State; Zip Code Payee address; Amount (\$) 10622 SUGARTRACE DR. SUGAL LAND, TX 77498 1,250.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE PRINTING Check if Austin, TX, officeholder living expense OF EXPENDITURE PXPENSE. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit G/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 MS/MRS/MR **FIRST** MI CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Allison Received Jaly 15, 2020 NAME FBISD Superintentents SUFFIX NICKNAME LAST office Drew Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 1:00 PM 77 Sugar Creek Blvd. MAILING Amount Receipt # **ADDRESS** Suite 375 Change of Address Sugar Land, TX 77478 Date Processed Date Imaged **CAMPAIGN** MS/MRS/MR **FIRST** MI **TREASURER** NAME NICKNAME LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** REPORT **TYPE** 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) Final Report (Attach C/OH-FR) Х July 15 8th day before election Exceeded \$500 limit **PERIOD** Day Year Month Day Year COVERED 01/01/2020 **THROUGH** 06/30/2020 10 ELECTION **ELECTION TYPE ELECTION DATE** Month Day Year Primary Runoff Other General Special 11 OFFICE 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) Fort Bend ISD Board of Trustees: Position 5 Place Sugar Land District FBISD Fort Bend

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Drew, Allison		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	ROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or OLITICAL consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			wledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE ADDRESS			
	J SFECIFIC	-			
		COMMITTEE CAMPAIGN TREASURER NAM	E		
		COMMITTEE CAMPAIGN TREASURER ADD	RESS		
16 CONTRIBUTION	1. TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LESS (OTHE	ED THAN DI EDGES	т	
TOTALS		ARANTEES OF LOANS), UNLESS ITEMIZED	TIANT EEDOEG,	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	2,025.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLE	SS ITEMIZED	\$	83.00
-	4. TOTAL POLITIC	AL EXPENDITURES		\$	1,383.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH	E LAST DAY OF THE	\$	1,486.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$	0.00
17 AFFADAVIT					
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. 132267296 NOTARY PUBLIC, STATE OF TEXAS NOVEMBER 25, 2023 Signature of Candidate or Officeholder					
AFFIX NO	TARY STAMP / SEAL AB	OVE			1
Sworn to and subscribed before me, by the said Allson Drw , this the 15 day					_ day
of Taly , 20 20 , to certify which, witness my hand and seal of office.					
Shouth	Duame Rose	Gamett Nume Poxion	Francis Lund Assu	dant da	the 807
Signature of office	cer administering	Printed name of officer administering	Title of officer	administerir	ng oath

SUBTOTALS - C/OH

				COVERS	3 of 10
	LER NAN rew, Allis		19 Filer ID		
	AME OF	SUB	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,025.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	689.07
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	693.94
10). 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	ı. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	
-					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/10 2 FILER NAME 3 Filer ID Drew, Allison 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2020 Brink, Andrew and Catherine \$200.00 6 Contributor address; City; State; Zip Code Bittersweet Ct Richmond, TX 77406 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Lawyer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2020 Glover, Relena \$50.00 Contributor address; City; State; Zip Code Braes Bayous Dr. Houston, TX 77071 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2020 Jones, Orangegy \$25.00 Contributor address; City; State; Zip Code Lazy Spring Ct. Houston, TX 77489 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2020 Perdue, Brandon, Fielder, Collins and Mott, LLP \$500.00 Contributor address; City; State; Zip Code 1235 North Loop West Suite 600 Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2020 Pierre, J. Goodwille \$500.00 Contributor address; City; State; Zip Code 5330 Griggs Rd Suite F105 Houston, TX 77021 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Lawyer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/10 2 FILER NAME 3 Filer ID Drew, Allison Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 01/30/2020 Sabouni, Lina and Mourhaf \$500.00 6 Contributor address; City; State; Zip Code Palm Blvd. Missouri City, TX 77459 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Architect Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/31/2020 Stubenrouch, Timothy \$150.00 Contributor address; City; State; Zip Code 3210 Spring Trail Dr Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) VP Pioneer Bank Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2020 Yeung, Bridget \$100.00 Contributor address; City; State; Zip Code 538 Lombardy Drive Sugar Land, TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Retired Council Member** City of Sugar Land

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 1/2 Rpt: 6/10	Drew, Allison
4	Date	5 Payee name
	05/04/2020	Amazon
6	Amount (\$) \$85.44	7 Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Γ	Date	Payee name
	02/04/2020	Brandani's
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	3340 FM 1092 Rd Missouri City, TX 77459
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Analytics / Campaign Event Planning
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/13/2020	Payee name FORT BEND CHAMBER COMM
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 445 Commerce Green Blvd Sugar Land, TX 77478
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Reception
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

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 FILER NAME 3 Filer ID Sch: 2/2 Rpt: 7/10 Drew, Allison Date Payee name 03/09/2020 GoDaddy Amount (\$) Payee address; City; State; Zip Code \$79.99 14455 N. Hatden Scottsdale, AZ 85260 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. SSL Cert **EXPENDITURE** Check if Austin, TX, officeholder living expense Internet SSL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/04/2020 Kroger Amount (\$) Payee address; City; State; Zip Code \$50.64 18861 University Blvd. Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraiser Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Consulting Expense Polling Expense Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 1/3 Rpt: 8/10 Drew, Allison 4 Date Payee name 01/29/2020 Costco 6 Amount (\$) Payee address; City; State: Zip Code \$92.50 17520 Southwest Fwy Reimbursement from political contributions intended X Sugar Land, TX 77478 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Launch Event / Future Event Supplies Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/16/2020 GoDaddy Amount (\$) Payee address; City; State; Zip Code \$50.00 14455 N. Hatden Reimbursement from political contributions intended X Scottsdale, AZ 85260 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Website/Internet Expense **EXPENDITURE** Internet Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/29/2020 Kroger Amount (\$) Payee address; City; State; Zip Code \$103.62 18861 University Blvd. Reimbursement from political contributions intended X Sugar Land, TX 77479 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Launch Event / Event Supplies Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 2/3 Rpt: 9/10 Drew, Allison 4 Date Payee name 01/27/2020 Nesossi Photography Payee address; City: State: Zip Code 6 Amount (\$) 522 Brooks St \$77.94 Reimbursement from political contributions intended X Sugar Land, TX 77478 (b) Description Check if travel outside of Texas. Complete Schedule T. 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF **Photography Services EXPENDITURE** Photography Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/16/2020 Olive Garden State; Zip Code Amount (\$) Payee address; City; 5005 Sweetwater Blvd, \$284.07 Reimbursement from political contributions intended X Sugar Land, TX 77479 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Kickoff Event Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/27/2020 Party City Amount (\$) Payee address; City; State; Zip Code \$42.98 16734 Southwest Fwy Reimbursement from political contributions intended |X| Sugar Land, TX 77479 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE Event Supplies** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 3/3 Rpt: 10/10	2 FILER NAME Drew, Allison
4	Date 01/15/2020	5 Payee name eVoice
6	Amount (\$) \$42.83	7 Payee address; City; State; Zip Code 700 W 7th St
	Reimbursement from political contributions intended	Los Angeles, CA 90017
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone/Text Service
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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) MRS FIRST GRAYLE NICKNAME LAST JAMES	MI	OFFICE USE ONLY Date Received Tuly 13, 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: 1810 Maidenhair Sugar Land,	CITY: STATE: ZIP CODE 77479	FBISD Suprintendents
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (2 SI) 5 6 5 - 7191	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST SHARON NICKNAME LAST GREGOR	MI SUFFIX	Receipt # Amount S Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU 1803 ROCK FCN RICHMOND, TX	CC.	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (932) 443-3503	EXTENSION	
9 REPORT TYPE	July 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year (31 16 20	THROUGH 07	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary General	Runoff Other Description	
2 OFFICE	FT Bend ISD Trustee Position 2	13 OFFICE SOUGHT (if known)	
	GO TO P	AGE 2	

14 C/OH NAME GRA	ME JAH		15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		s . 06			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$			
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1279.32			
OUTSTANDING LOAN TOTALS	6. TOTAL P	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LY OF THE REPORTING PERIOD				
18 AFFIDAVIT						
S GAR	RETT DUANE R 132267296 RY PUBLIC, STATE O IT COMMISSION EXPI	Under Title 15-Exection Code	erjury, that the accompanying report is rmation required to be reported by me			
AFFIX NOTARY STAME			idete or Officeholder			
\	Sworn to and subscribed before me, by the said Grayle James this the					
day of July		certify which, witness my hand and seal of office.				
Signature of officer	Kosen		culture Assistant to BOT			
Signature of officer ad		Printed name of officer administering oath	Title of officer administering oath			
rms provided by Texas Eth	ics Commission	41.				

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s .06

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	The Instruction Guide explains how to complete this form.					
2 FILER NAME	s Commission Filers)					
I Hatal V I William						
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
Jan-	WELLS FAREO		. 06			
Jan 2020	6 Address of person from whom amount is received; City; Star	te; Zip Code	. 06			
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
	FNTEREST					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Stat	te; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if p	political contribution	returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

p. 1 of 4

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	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 James MI	OFFICE USE ONLY Date Received			
	rickname Last Suffix				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Sugar Land, 1x. 77479				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 980. 807/	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Dorothy MI	Receipt # Amount \$			
NAME	NICKNAME LAST SUFFIX	Date Processed			
	Suzanne Ramos	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 3907 Senna Place	ZIP CODE			
(Residence or Business)	Sugar Land, Tx 77479	·			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 980- 9051				
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month 1 / 1 / 2020 THROUGH	Day Year 30/2028			
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special				
12 OFFICE	OFFICE HELD (if any) FBISD Trustee FBISD Trustee Pogition 3. Pogition 3				
GO TO PAGE 2					

p. 2 of 4

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME Jim Rice (James D. Rice) 15 Filer ID (Ethics Commission Filers)					
16 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	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00			
4. TOTAL POLITICAL EXPENDITURES \$ 296.2					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 222.76				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD () \$17,966.14				
18 AFFIDAVIT					
(aug		I swear, or affirm, under penalty of perjury, true and correct and includes all information			
	HRISTEL A. CORRA	AL Under Title 15 Floation Code			
Con	nm. Expires 08-08-2	020			
Solution V	lotary ID 13076897		200		
Signature of Candidate or Officeholder					
AFFIX NOTARY STAME	P/SEALABOVE				
Sworn to and subscr	ibed before me, b	y the said James D. Pile	, this the		
day of JMly, 20, to certify which, witness my hand and seal of office.					
4	1 /	Christel A. Corral Administ	trative Assistant		
Signature of officer ac	dmir/stering oath	Printed name of officer administering oath Tit	le of officer administering oath		

p. 3 of 4

SUBTOTALS - C/OH

19 FILER NAME Tim Rice 20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$296.23
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Candidate/Officeholder/Political Committe
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The mediation calls explains non-				
1 Total pages Schedule G:	2 FILER NAME Tim Rice		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 2/5/2020	5 Payee name Icen hower Consulting	ng, the.	LL C.		
6 Amount (\$) 3,99 Reimbursement from political contributions intended	0000000	74.79	ě		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Consulting Expuse	Campaig	n Consuling TX, officeholder living expense		
Date	Payee name				
5/22/2020	Fort Denk Indepu	udent			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 623 Sugar Wund, Texas	17487	3 ¥		
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advarising Category (See categories listed at the top of this schedule) Westpare Check if Austin, TX, officeholder living expense			vel outside of Texas, complete Schedule T)		
Date 6 / 3 / 2020	lanhower Consulting	, 660			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3019 A rrow Nead Sugar Land, Tx.	17479			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Consulting Expunse	Campui Check if Austin,	TX, officeholder living expense		
Date 3 2020	Fort Bend Star	12			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 2369 Stafford, Tx. 77497				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)		
EXPENDITURE Adventising Mwspaper Check if Austin, TX, officeholder living expense			TX, officeholder living expense		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR PIRST	B	OFFICE USE ONLY
17/ 11/16	NICKNAME LAST ROSE-H	SUFFIX	Date Received July 14, 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	6910 Oak Bay (STATE; ZIP CODE	PBISD Superintendents
Change of Address	Missouri City	TX 77459	
5 CANDIDATE/ OFFICEHOLDER PHONE	(281) 685-108	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs Doan	<u> </u>	Date Processed
	ROSA Had	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE#; CITY;	STATE; ZIP CODE
(Residence or Business)	Mossons G	, h,TX 77	-459
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (28/) 685 -108/	EXTENSION	
9 REPORT TYPE	July 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year / 15 / 2020	THROUGH 7	Day Year / 15 / 2020
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any) FBISD POS 7	13 OFFICE SOUGHT (if known)	
	GO TO I	PAGE 2	

14 C/OH NAME)avid	B Roserthal 15 File	r ID (Ethics Commission Filers)	
16 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 OF 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 GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR HIBUTIONS MADE ELECTRONICALLY)	\$ O	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O	
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ O	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 2518-74	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0	
18 AFFIDAVIT				
GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 Signature of Candidate or Officeholder				
AFFIX NOTARY STAM		by the said Daud Rosenthal	, this the 14	
day of July	0.40	to certify which, witness my hand and seal of office.	_, unsure	
August August	2002		And I to the RATE	
Signature of officer a	dministering oath		tle of officer administering oath	

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
NAME	Mrs. Kristin	K	Date Received		
Andre Propagation	Tassin				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 850 St. Elmo's Court, Missouri	CITY; STATE; ZIP CODE City, TX 77459			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION			
OFFICEHOLDER PHONE	(281) 630-2885		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
NAME	Mr. Shannon	OUEGV	Date Processed		
	Tassin	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 850 Srt. Elmo's Court, Missouri		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 685-2885	EXTENSION			
9 REPORT TYPE	January 15 30th day before elections and state of the st		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01/15/2020	THROUGH 07/16/	Day Year		
11 ELECTION	Month Day Year Primary 11/03/2020 General	Runoff Other Description Special			
12 OFFICE	Fort Bend ISD Trustee, Position	13 OFFICE SOUGHT (if known) 14 Fort Bend ISD Trus	stee, Position 4		
	GO TO PAGE 2				

			The state of the s
14 C/OH NAME	Kristin K	Tassin	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	TICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ O
	4. TOTAL	POLITICAL EXPENDITURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
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. 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. 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.			
à.		Signature of Cano	didate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscri	^	y the said Kristin Tassin o certify which, witness my hand and seal of office.	, this the
Marrett Duane Rosin Garrett anone Rosing Executive Assistant-to the BOT			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			
The second secon			

SUBTOTALS - C/OH

19 FILER	mmission Filers)		
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI RETURNED TO FILER	ONS	\$

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••			
1	C/OH I	IAME 2 Filer ID (Ethics Commission Filers)		
3	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.			
		Signature of Candidate / Officeholder		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••		
	О.	CAMPAIGN FUNDS I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. ASSETS I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate		
5	·· Com	EHOLDER Dete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		
a		Signature of Officeholder		

The C/OH Instruction G	iuide 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 O	OFFICE USE ONLY	
	Addie Neyliger	ECEIVE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4222 Oak Forest Missouri City, Tx. 77459	FEB 2 6 2021 BY: GDK 2: 34pm	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 244-5861	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. Milton NICKNAME LAST HEVLIGER SUFFIX	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 4222 Oak Forest Missouri City, Tx 77439	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 922-5123	•	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month 1 15 20 THROUGH	Day Year / 20	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special		
12 OFFICE	Fort Bend ISD Position 6	1)	
GO TO PAGE 2			

14 C/OH NAME	deola	Heyliger 1	5 Filer ID (Ethics Commission Filers)
16 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	* 1
	GENERAL		
. *	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	, 1		
,	ı	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		112	' ''
•		<u> </u>	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS), LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
<i>'</i>		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.03
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 60.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 310.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 310.00 \$ 1,206.97
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	The second secon
18 AFFIDAVIT			
2	'n		erjury, that the accompanying report is rmation required to be reported by me
		Adu O. Hey ija	Hete or Officebolder
		Signature of Caro	date or Officeholder
AFFIX NOTARY STAMP/ SEALABOVE			
Sworn to and subscribed before me, by the said Aduda Hyliger, this the 26			
day of February, 20 21, to certify which, witness my hand and seal of office.			
Savett Duane Rosin Garrett Duane Rosier Executive Assistant to 807			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 250.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH