

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|---|--|---------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">2</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS <input checked="" type="radio"/> MR FIRST REGGIE MI NICKNAME LAST ABRAHAM SUFFIX | | OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em;">OCT 28 REC'D</div> <div style="font-weight: bold;">Superintendent's Office</div> <div style="font-weight: bold;">TX PUBLIC EDUC</div> Date Hand-delivered or Date Postmarked <div style="font-size: 1.2em;">8:35am GDR</div> Receipt # Amount \$ Date Processed Date Imaged |
| | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">5011 CHAPPEL HILL DR. MISSOURI CITY, TX 77459</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(713) 277-5679</div> | | | |
| 6 CAMPAIGN TREASURER NAME MS / MRS <input checked="" type="radio"/> MR FIRST REGGIE MI NICKNAME LAST ABRAHAM SUFFIX | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; text-align: center;">- SAME -</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">() - SAME -</div> | | |
| 9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | | |
| 10 PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div>Month Day Year <div style="font-size: 1.2em;">10 / 3 / 20</div></div> <div>THROUGH</div> <div>Month Day Year <div style="font-size: 1.2em;">10 / 26 / 20</div></div> </div> | | | |
| 11 ELECTION <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 3 / 20</div> </div> <div style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <div style="font-size: 1.2em; font-weight: bold;">SCHOOL BOARD</div> </div> </div> | | | |
| 12 OFFICE OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME REGGIE ABRAHAM 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

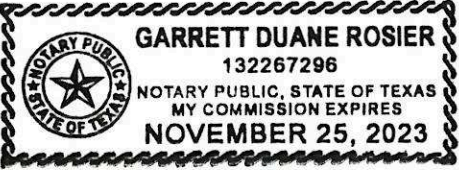
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

☐ Additional Pages

| | | |
|-------------------------|---|------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>Ø</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>Ø</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>Ø</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>Ø</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>414.82</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>Ø</u> |

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Reggie Abraham
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Reggie Abraham, this the 28 day of October, 2020, to certify which, witness my hand and seal of office.

Janett Duane Rosier
Signature of officer administering oath

Garrett Duane Rosier
Printed name of officer administering oath

Executive Assistant to BOT
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|----------------------|-------|-------------------------------------|---|---------------------------------|---|----------------------------------|---|--|--|--------|----|---------|---------|----|------|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td>Mr.</td> <td>Jason</td> <td>m</td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Burdine</td> <td></td> <td></td> </tr> </table> | | | MS / MRS / MR | FIRST | MI | | Mr. | Jason | m | | NICKNAME | LAST | SUFFIX | | | Burdine | | | OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Received RECEIVED OCT 26 REC'D Superintendent's Office 10/26/2020 </div> | |
| | MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | |
| Mr. | Jason | m | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| | Burdine | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 17107 Simon Ct. Richmond Texas 77407 | | | Date Hand-delivered or Date Postmarked | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 855-7175 | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td>Mrs.</td> <td>Andrea</td> <td>D</td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Burdine</td> <td></td> <td></td> </tr> </table> | | | MS / MRS / MR | FIRST | MI | | Mrs. | Andrea | D | | NICKNAME | LAST | SUFFIX | | | Burdine | | | Receipt # Amount \$ | |
| | MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | |
| | Mrs. | Andrea | D | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| | Burdine | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | | Date Processed | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 17107 Simon Ct. Richmond TX 77407 | | | Date Imaged | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 855-7175 | | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | | | | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td style="width:20%;">Month</td> <td style="width:20%;">Day</td> <td style="width:20%;">Year</td> <td style="width:20%;"></td> <td style="width:20%;">Month</td> <td style="width:20%;">Day</td> <td style="width:20%;">Year</td> </tr> <tr> <td>10</td> <td>02</td> <td>20</td> <td>THROUGH</td> <td>10</td> <td>26</td> <td>2020</td> </tr> </table> | | | | | | Month | Day | Year | | Month | Day | Year | 10 | 02 | 20 | THROUGH | 10 | 26 | 2020 | | |
| Month | Day | Year | | Month | Day | Year | | | | | | | | | | | | | | | |
| 10 | 02 | 20 | THROUGH | 10 | 26 | 2020 | | | | | | | | | | | | | | | |
| 11 ELECTION | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>11 / 03 / 20</td> <td></td> </tr> </table> | | | | | | ELECTION DATE | ELECTION TYPE | Month Day Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | 11 / 03 / 20 | | | | | | | | | | | |
| ELECTION DATE | ELECTION TYPE | | | | | | | | | | | | | | | | | | | | |
| Month Day Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | |
| 11 / 03 / 20 | | | | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | | | | | | | | | | | | | | | | | | | | | |
| OFFICE HELD (if any) | | | | | | | | | | | | | | | | | | | | | |
| FBISD Position #1 | | | | | | | | | | | | | | | | | | | | | |
| 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | | | | | | |
| FBISD Position 1 | | | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. 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)

\$ 600.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1000.00

CONTRIBUTION
BALANCE

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

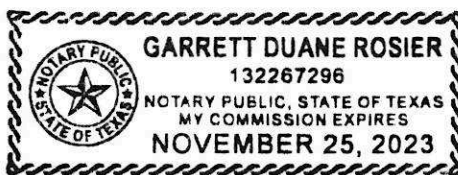
\$ 2,271.10

OUTSTANDING
LOAN TOTALS

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

\$ 20,000.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jason Burdine, this the 26 day of October, 2020, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the BOT

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 600 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 20,000 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,000.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete 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

7-1-20

7 Name of lender☐ out-of-state PAC (ID# _____)

Jason Burdine

9 Loan Amount (\$)

\$20,000

6 Is lender
a financial
Institution?Y ☒ N**8** Lender address;

City;

State;

Zip Code

17107 Simon Ct. Richmond Tx 77407

10 Interest rate

0%

11 Maturity date

12-31-20

12 Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15**☐ Check if personal funds were deposited into political
account (See Instructions)**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none☐Check if personal funds were deposited into political
account (See Instructions)GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

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.

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 10/4/20 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Rice 6 Contributor address; City; State; Zip Code 5402 OBan Terrace Ln Sugarland TX 77479 | 7 Amount of contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Construction Consulting | | 9 Employer (See Instructions) Rice & Gardner Consulting |
| Date 10/5/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Patterson Contributor address; City; State; Zip Code 314 S. Belknap Sugarland TX 77478 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/9/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael J Siwierka Contributor address; City; State; Zip Code 1368 Lake Point Pkwy Sugarland TX 77478 | Amount of contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Perdue, Brandon Fielder Collins & Mott LLP |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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
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 Jason Burdine | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10-13-20 | | 5 Payee name Fred Taylor | | | |
| 6 Amount (\$) 200.00 | | 7 Payee address; City; State; Zip Code Fred Taylor: 4326 Crystal Ridge St. Texas 77459 Missouri City | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling Expense | | (b) Description Poll workers | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 10-13-20 | | Candidate / Officeholder name Texas Campaigns | | | |
| Amount (\$) 400.00 | | Payee address; City; State; Zip Code 9600 Glenfield Court Houston Texas 77096 Suite 148 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description Sign Placement Poll workers | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 10-13-20 | | Candidate / Officeholder name IW Print | | | |
| Amount (\$) 400.00 | | Payee address; City; State; Zip Code 20718 Ivory Creek Katy Texas 77450 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description Pushcords | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name Office sought Office held | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|--|---|------------|---|--|--------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | | 2 Total pages filed: 9 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Allison | | OFFICE USE ONLY Date Received | | |
| | NICKNAME LAST SUFFIX Drew | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478 | | | Date Hand-delivered or Date Postmarked | |
| | | | | Receipt # | Amount |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI | | | | |
| | NICKNAME LAST SUFFIX | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 09/25/2020 10/24/2020 | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/03/2020 | | ELECTION TYPE | | |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) Fort Bend ISD Board of Trustees: Position 5 Place Fort Bend District FBISD Fort Bend | | 12 OFFICE SOUGHT (if known) Fort Bend ISD Board of Trustees: Position 5 Place 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 COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,700.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,127.07 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,552.40 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 9

| | | | |
|--|---|--------------------|----------|
| 18 FILER NAME Drew, Allison | | 19 Filer ID | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 3,700.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 2,701.07 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 426.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/9 |
| 2 FILER NAME Drew, Allison | | 3 Filer ID |
| 4 Date 10/21/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Employee Federation Local COPE 6198 <hr/> 6 Contributor address; City; State; Zip Code 12821 W. Airport Suite 400 Sugar Land, TX 77478 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/01/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Stewart <hr/> Contributor address; City; State; Zip Code 3323 Winnsboro CT Sugar Land, TX 77478 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Financial Advisor | | Employer (See Instructions) Dearborn & Creggs |
| Date 09/25/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matocha, Kevin <hr/> Contributor address; City; State; Zip Code 1600 Hwy. 6 Suite 245 Sugar Land, TX 77478 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Developer | | Employer (See Instructions) Stonehenge |
| Date 09/25/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, James <hr/> Contributor address; City; State; Zip Code 5402 Oban Terrace Lane Sugar Land, TX 77479 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Rice & Gardner Consultants |
| Date 10/06/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabouni, Lina and Mourhaf <hr/> Contributor address; City; State; Zip Code Palm Blvd. Missouri City, TX 77459 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Architect | | 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 Drew, Allison | | 3 Filer ID |
| 4 Date 10/21/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siwierka, Michael <hr/> 6 Contributor address; City; State; Zip Code 1368 Lake Pointe Pkwy Sugar Land, TX 77478 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Perdue, Brandon, Fielder, Collins & Mott |
| Date 09/25/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, Stubenrouch <hr/> Contributor address; City; State; Zip Code 3210 Spring Trail Dr. Sugar Land, TX 77479 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Commercial Market President | | Employer (See Instructions) Pioneer Bank |

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/9 | 2 FILER NAME Drew, Allison | 3 Filer ID |
| 4 Date 10/06/2020 | 5 Payee name Fort Bend Independent | |
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code P.O. Box 623 Sugar Land, TX 77478 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense e-Newspaper Ad |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/07/2020 | Payee name Forward Times | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code P.O. Box 8346 Houston, TX 77288 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense e-Voters Guide ad |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/20/2020 | Payee name Johnson, Andrea | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code TBD TBD, TX 00000 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/9 | 2 FILER NAME Drew, Allison | 3 Filer ID |
| 4 Date 10/10/2020 | 5 Payee name Texas Campaigns | |
| 6 Amount (\$) \$326.00 | 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) Sign Placement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/13/2020 | Payee name Vaskey Media | |
| Amount (\$) \$275.00 | Payee address; City; State; Zip Code 7322 Southwest Freeway Suite 800 Houston, TX 77074 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense e-Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/15/2020 | Payee name Zoom Co | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Virtual Conference Service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES 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
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 G: Sch: 1/1 Rpt: 9/9 | 2 FILER NAME Drew, Allison | 3 Filer ID |
| 4 Date 10/21/2020 | 5 Payee name Knox, Koretta | |
| 6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1911 Summer Place Dr Missouri City, TX 77489 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/10/2020 | Payee name Texas Campaigns | |
| Amount (\$) \$326.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 9600 Glenfield Court Suite 148 Houston, TX 77096 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Signs, Social Media | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, Social Media |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Shirley A NICKNAME</div> <div>FIRST A LAST Rose-Guillan SUFFIX</div> <div>MI</div> </div> | | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received OCT 26 REC'D</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Superintendent's Office</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked 2:30 pm GPK</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Receipt # Amount \$</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div> |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</div> </div> <div style="text-align: center;">3011 Bonney Parker Dr TMSA Missouri City TX</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE (281)</div> <div>PHONE NUMBER 799-8065</div> <div>EXTENSION</div> </div> | | |
| 6 CAMPAIGN TREASURER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Rossi Guillan NICKNAME</div> <div>FIRST Rossi LAST Guillan SUFFIX</div> <div>MI</div> </div> | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</div> </div> <div style="text-align: center;">16115 Beckridge Houston, TX 77053</div> | | |
| 8 CAMPAIGN TREASURER PHONE | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE (281)</div> <div>PHONE NUMBER 870-3023</div> <div>EXTENSION</div> </div> | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div>Month Day Year 10 / 06 / 2020</div> <div>THROUGH</div> <div>Month Day Year 10 / 25 / 2020</div> </div> | | |
| 11 ELECTION | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 10 / 03 / 2020 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) FRISD BOT Pos 4 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME SHIRLEY 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 377.00

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

\$ 727.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1005.00

CONTRIBUTION
BALANCE

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

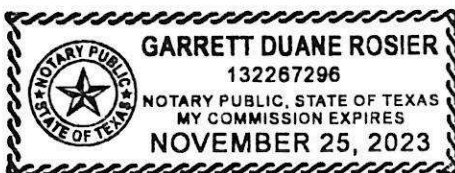
\$ 56.64

OUTSTANDING
LOAN TOTALS

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

\$ 0

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.

Shirley Rose-Gillian
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shirley Rose-Gillian this the 26 day of October, 20 20, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the BOT

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Shirley Rose-Gulliam***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | |
|-----|---|-----------------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>250⁰⁰</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>1005⁰⁰</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>144.90</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Shirley Rose-Guillam

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Grady Prestage

6 Contributor address;

City;

State;

Zip Code

303 Texas Pkwy #213 Nochi TX 77489

7 Amount of contribution (\$)

256.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/15/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sandra Scott Bonner

Contributor address;

City;

State;

Zip Code

9203 Clearwater Ranch Ln Richmond TX 77407

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Shirley Rose Giumm | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/16/2020 | 5 Payee name Burt Levine | |
| 6 Amount (\$) \$350.00 | 7 Payee address; 9600 Glenfield Court #148 Houston TX 77036 | City: State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Consulting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/16/2020 | Payee name Texas Victory Consulting | |
| Amount (\$) \$325.00 | Payee address; 1634 Saulnier Street Houston TX 77019 | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Consulting Fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/09/2020 | Payee name Pressed 4 Time Designs | |
| Amount (\$) 30.00 | Payee address; 2902 Bergen Bay Lane, Fresno TX 77545 | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Face Masks |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 <i>Shirley Rose-Gulliam</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/24/2020</i> <i>10/25/20</i> | 5 Payee name <i>Victoria McCray</i> | |
| 6 Amount (\$) <i>300.00</i> | 7 Payee address; City; State; Zip Code <i>3026 Lakefield Way Sugar Land TX 77479</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Polling Expense</i> | |
| | (b) Description <i>Push Cards Distribution</i> | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | |
| | Description | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <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 | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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
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 G: one | 2 FILER NAME SHIRLEY ROSE-GILLIAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/10/2020 | 5 Payee name Fuzzy's Tacos | |
| 6 Amount (\$) \$144.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 4875 Sile Missouri City TX 77459 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Fundraising - Food |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Shirley Rose-Gilliam Office sought FRISO BOT POS4 Office held | | |

| | | | |
|---|---|-------------|--|
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> 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 | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

| | | | |
|---|---|-------------|--|
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> 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 | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

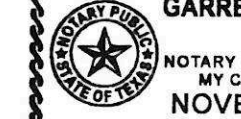


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|---|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) angiehanan@gmail.com | 2 Total pages filed 5 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MRS FIRST ANGIE MI NICKNAME LAST HANAN SUFFIX | | OFFICE USE ONLY RECEIVED OCT 26 REC'D Superintendent's Office <i>Blair J. Scott</i> Date Hand-delivered or Date Postmarked 11:26am 6DK Receipt # Amount \$ Date Processed Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 903 GOLDFINCH AVE Sugar Land TX 77478 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 460-0330 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MRS FIRST WENDY MI NICKNAME LAST RACHUK SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE 2203 Madewood Dr MISSOURI CITY TX 77459 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 419-1457 | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 09 / 24 / 2020 THROUGH 10 / 25 / 2020 | | |
| 11 ELECTION | <div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 11 / 03 / 2020 </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

| | | | |
|--|---|---|--|
| <p>18 AFFIDAVIT</p> | | <p>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.</p> | |
| <p></p> | | <p></p> | |
| <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> | | <p>Signature of Candidate or Officeholder</p> | |
| <p>Sworn to and subscribed before me, by the said <u>Angie Hanan</u>, this the <u>26</u> day of <u>October</u>, 20<u>20</u>, to certify which, witness my hand and seal of office.</p> | | | |
| <p></p> | <p><u>Garrett Duane Rosier</u></p> | <p><u>Executive Assistant to the BOT</u></p> | |
| <p>Signature of officer administering oath</p> | <p>Printed name of officer administering oath</p> | <p>Title of officer administering oath</p> | |

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$2,100.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 416.76 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 of 1 |
| 2 FILER NAME ANGIE HANAN | | 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com |
| 4 Date 10/8/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Employee Federation COPE Local 6198 6 Contributor address; City; State; Zip Code 12621 W. Airport Blvd #400 Sugar Land TX 77478 | 7 Amount of contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/9/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett Clayton Contributor address; City; State; Zip Code 106 Dogwood St., Sugar Land, TX 77478 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) \$ |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) \$ |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

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
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 1 of 1 | 2 FILER NAME ANGIE HANAN | 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com |
| 4 Date 10/06/2020 | 5 Payee name 2 Day Postcards | |
| 6 Amount (\$) \$416.76 | 7 Payee address; 621 Richmond Ave <div style="display: flex; justify-content: space-between; margin-top: 5px;"> City: Houston State: TX Zip Code: 77006 </div> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | (b) Description SIGNS |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div> | | |
| Date | Payee name | |
| Amount (\$) | Payee address; <div style="display: flex; justify-content: space-between; margin-top: 5px;"> City; State; Zip Code </div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div> | | |
| Date | Payee name | |
| Amount (\$) | Payee address; <div style="display: flex; justify-content: space-between; margin-top: 5px;"> City; State; Zip Code </div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div> | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
JAN 27 2021
BY: 8:50 am CDK

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

10 / 5 / 2020 THROUGH

10 / 25 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 /

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBI SD Trustee pos 5

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

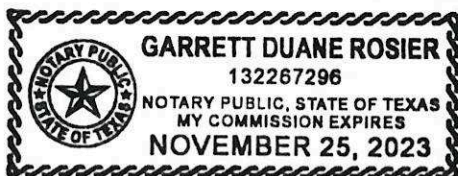
| | | |
|--|---|--|
| 15 C/OH NAME <u>Denetta R. Williams</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>165.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>587.21</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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

Denetta R. Williams
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Denetta R. Williams this the 21 day of January, 2021, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Garrett Duane Rosier

Executive Assistant to the BOT

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Denetta R. Williams, and my date of birth is 09.28.1966.

My address is 3309 Primrose Canyon Pearland, TX 77584.

Executed in Ht. Bend County, State of Texas, on the 21st day of January, 2021.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

| | | |
|-----|---|-----------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 165.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 162.16 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 433.93 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Denetta R. Williams</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10.16</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>April Spicer</i> | 7 Amount of contribution (\$) <i>15.00</i> |
| 6 Contributor address; City; State; Zip Code <i>Missouri City TX</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Hair Stylist</i> | | 9 Employer (See Instructions) |
| Date <i>10.18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rafel Coyle</i> | Amount of contribution (\$) <i>150.00</i> |
| Contributor address; City; State; Zip Code <i>Houston TX</i> | | |
| Principal occupation / Job title (See Instructions) <i>Small Business Owner</i> | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|---|---------------------------------------|---------------------|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>Denetta R. Williams</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>10.22.20</i> | | 5 Payee name <i>Allied Signs</i> | | | |
| 6 Amount (\$) <i>108.25</i> | | 7 Payee address; <i>6820 Harwin</i> | | City; <i>HOUSTON</i> | State; <i>TX</i> |
| | | | | Zip Code <i>77036</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | | (b) Description <i>Push Cards</i> | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date <i>10.22.20</i> | | Payee name <i>The Home Depot</i> | | | |
| Amount (\$) <i>53.91</i> | | Payee address; <i>6800 W Sam Houston Pkway</i> | | City; <i>HOUSTON, TX</i> | State; <i>TX</i> |
| | | | | Zip Code <i>77072</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Equipment</i> | | Description <i>6 ft U Posts</i> | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name | | | | | |
| Office sought | | Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME Denetta R. Williams | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10.14.20 | 5 Payee name Allied Signs | | |
| 6 Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 6820 Harwin Houston TX 77036 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | (b) Description 4x4 Signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |
| Date 10.22.20 | Payee name Aviva Wholesale | | |
| Amount (\$) 59.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7120 Harwin Dr. Houston TX 77036 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description Campaign Shirts |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |
| Date 10.22.20 | Payee name Aviva Wholesale | | |
| Amount (\$) 14.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7120 Harwin Dr. Hou TX 77036 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description Face MASKS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|--|---------------------------------------|
| 1 Total pages Schedule G: 2 | 2 FILER NAME Beneatha R. Williams | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10-24-20 | 5 Payee name Houston T. Shirt Printer | | |
| 6 Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 9777 Harwin #106 HOUSTON, TX 77036 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description T. Shirt 3 |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

| | | | |
|---|---|--|-------------|
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

| | | | |
|---|---|--|-------------|
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|---|--|---------------------------------------|--|----------------------|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;">REGGIE</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">ABRAHAM</div> | | | | <div style="text-align: center; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="text-align: center; font-weight: bold; font-size: 1.5em; margin-top: 10px;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin-top: 10px;">OCT 09 REC'D</div> <div style="text-align: center; font-weight: bold; font-size: 1.1em; margin-top: 10px;">Superintendent's Office Ft. Bend ISD.</div> |
| | Date Received | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">5011 CHAPPEL HILL DR.</div> <div style="text-align: center; font-size: 1.2em;">MISSOURI CITY, TX 77459</div> | | | | Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.2em;">3:50 pm GDR</div> |
| | AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(713) 277-5679</div> | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;">REGGIE</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">ABRAHAM</div> | | | | Receipt # Amount \$ |
| | Date Processed | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">5011 CHAPPEL HILL DR. MISSOURI CITY,</div> <div style="text-align: center; font-size: 1.2em;">TX 77459</div> | | | | Date Imaged |
| | AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(713) 277-5679</div> | | | | |
| 8 CAMPAIGN TREASURER PHONE | | | | | |
| 9 REPORT TYPE | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> <div> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div> | | | | | |
| 10 PERIOD COVERED | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.2em;">3 / 10 / 2020</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.2em;">10 / 3 / 2020</div> </div> </div> | | | | | |
| 11 ELECTION | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 3 / 2020</div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: center; font-size: 1.2em; font-weight: bold;">SCHOOL BOARD</div> </div> </div> | | | | | |
| 12 OFFICE | | | | | |
| OFFICE HELD (if any) | | | | | |
| 13 OFFICE SOUGHT (if known) | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **REGGIE ABRAHAM**

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. 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)

\$ 1765.55

EXPENDITURE
TOTALS

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

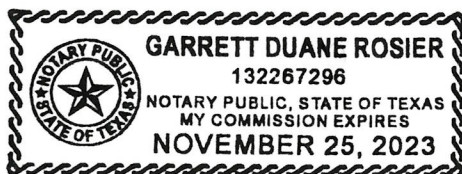
\$ 414.82

OUTSTANDING
LOAN TOTALS

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

\$ 0

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Reggie Abraham, this the 9 day of October, 2020, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the BOT

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME

REGGIE ABRAHAM

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

| | | |
|-----|---|------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1765.55 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1350.73 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

REGGIE ABRAHAM

3 Filer ID (Ethics Commission Filers)

4 Date

4-13-20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

SURYA RAGUTHU

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

1235 LAKE POINTE PKWY
#103 SUGARLAND, TX 77478

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-10-20

TO

10-3-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

NA

Amount of contribution (\$)

1465.55

Contributor address;

City;

State;

Zip Code

ONLINE CONTRIBUTIONS

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.

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
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 2 | | 2 FILER NAME REGGIE ABRAHAM | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3-28-20 | | 5 Payee name ALPHA GRAPHICS | | | |
| 6 Amount (\$) 109.42 | | 7 Payee address; City; State; Zip Code 7051 PORTWEST DR. SUITE 130 HOUSTON, TX 77024 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | (b) Description BUSINESS CARDS | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 3-23-20 | | Payee name THE UPS STORE | | | |
| Amount (\$) 1150.00 | | Payee address; City; State; Zip Code 5233 BELLAIRE BLVD. # 667 BELLAIRE, TX 77401 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description YARD SIGNS FLIERS | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 4-13-20 | | Payee name FACEBOOK AD | | | |
| Amount (\$) 8.01 | | Payee address; City; State; Zip Code ONLINE | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description ONLINE AD | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| <div style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</div> | | | | | |

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
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 | | 2 FILER NAME REGGIE ABRAHAM | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9-21-20 | | 5 Payee name AMAZON | | | |
| 6 Amount (\$) 43.30 | | 7 Payee address; City; State; Zip Code ONLINE ORDER | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | (b) Description STAKES FOR 4'x8' SIGNS. | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 6-1-2020 TO 9-1-2020 | | Payee name WELLFARGO BANK | | | |
| Amount (\$) 40.00 | | Payee address; City; State; Zip Code NA | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEEES | | Description BANK MONTHLY SERVICE FEE \$10.00/MTH | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

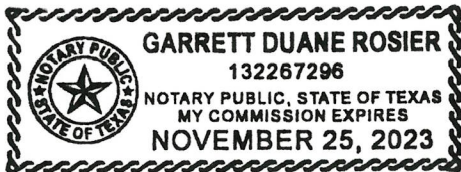
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <i>Mr.</i> <i>Jason</i> <i>M</i> <small>NICKNAME LAST SUFFIX</small> <i>Burdine</i> | | OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> RECEIVED OCT 02 REC'D Superintendent's Office <i>FBISD</i> </div> |
| | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>17107 Simon Ct.</i> <i>Richmond Tx 77407</i> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | AREA CODE PHONE NUMBER EXTENSION <i>(713) 855-7175</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | MS / MRS / MR FIRST MI <i>Mrs.</i> <i>Andrea</i> <i>D</i> <small>NICKNAME LAST SUFFIX</small> <i>Burdine</i> | | |
| 6 CAMPAIGN TREASURER NAME | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>17107 Simon Ct.</i> <i>Richmond Tx 77407</i> | | Date Registered Date Hand-delivered or Date Postmarked <i>2:28 pm / GDR</i> Receipt # Amount \$ Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | AREA CODE PHONE NUMBER EXTENSION <i>(713) 855-7175</i> | | |
| 8 CAMPAIGN TREASURER PHONE | 9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 9 REPORT TYPE | 10 PERIOD COVERED Month Day Year THROUGH Month Day Year <i>7 / 16 / 20</i> <i>10 / 02 / 20</i> | | |
| 10 PERIOD COVERED | 11 ELECTION <div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <i>11 / 3 / 20</i> </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | |
| 11 ELECTION | 12 OFFICE 13 OFFICE SOUGHT (if known) <i>Fort Bend ISD</i> <i>FBISD</i> <i>Position 1</i> <i>Position 1</i> | | |

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

| 18 AFFIDAVIT | | | |
|--|--|--|--|
| <div></div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> | | <p>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.</p> <p><u>Jason Burdine</u> Signature of Candidate or Officeholder</p> | |
| <p>Sworn to and subscribed before me, by the said <u>Jason Burdine</u>, this the <u>2</u> day of <u>October</u>, 20<u>20</u>, to certify which, witness my hand and seal of office.</p> <p><u>Garrett Duane Rosier</u> Signature of officer administering oath</p> | | <p><u>Garrett Duane Rosier</u> Printed name of officer administering oath</p> <p><u>Executive Assistant to BOT</u> Title of officer administering oath</p> | |

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Jason Burdine

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | | |
|-----|-------------------------------------|--|-------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4,400 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS | \$ 20,000 |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,728.90 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

9/15

5 Full name of contributor

Ellen Cody

☐ out-of-state PAC (ID#:

77494

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

27918 Warren Park Dr. Katy TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/16

Full name of contributor

Brandon Perdue Fielder Collins Mott

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

1235 N Loop W #600 Houston TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16

Full name of contributor

Yolanda Humphries

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

2803 Scottsdale Palms Dr. Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20

Full name of contributor

Herb & Margaret Epps

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$2,000

Contributor address;

City;

State;

Zip Code

5010 Crusade San Antonio TX 78218

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

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

10/1

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mourhaf or Lina Sabouni

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

23 Palm Blvd Missouri City Tx 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kevin Matocha

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

1600 Hwy. 6 South Ste 245 Sugarland TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stewart Jacobson

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

77 Sugar Creek Blvd Sugarland Tx 77478

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Jason Burdine | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/16 | | 5 Payee name GSP | | | |
| 6 Amount (\$) \$1,300.90 | | 7 Payee address; 804 Afton | | City; Houston | State; Tx Zip Code 77055 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description Road Signs | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 9/22 | | Payee name IW Print | | | |
| Amount (\$) \$228 | | Payee address; 20718 Ivory Creek | | City; Katy | State; TX Zip Code 77450 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing | | Description Push-Cards | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 9/29 | | Payee name Clements HS FFA | | | |
| Amount (\$) \$100 | | Payee address; 4200 Elkins Rd | | City; Sugarland | State; Tx Zip Code 77479 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | | Description Fundraising | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|--|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Jason Burdine | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/2 | | 5 Payee name Fort Bend Buyers Group | | | |
| 6 Amount (\$) \$ 100⁰⁰ \$ 100⁰⁰ | | 7 Payee address; City; State; Zip Code P.O. Box 19742 Sugarland Tx 77496 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions | | (b) Description Fundraising | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

LOANS**SCHEDULE E**

| | | | |
|--|--|--|---------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: | |
| 2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Jason Burdine</div> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ | |
| 5 Date of loan 7-1-2020 | 7 Name of lender Jason Burdine <small><input type="checkbox"/> out-of-state PAC (ID#: _____)</small> | 9 Loan Amount (\$) 20,000 | |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code 17107 Simon Ct. Richmond TX 77407 | 10 Interest rate -0-% | |
| | | 11 Maturity date 12-31-2020 | |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) | |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) | |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 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 <small><input type="checkbox"/> out-of-state PAC (ID#: _____)</small> | Loan Amount (\$) | |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate | |
| | | Maturity date | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|---|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | 2 Total pages filed: 6 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Allison | <div>RECEIVED</div> <div>OFFICE USE ONLY</div> <div>Date Received OCT 05 REC'D</div> <div>Superintendent's Office</div> | |
| | NICKNAME LAST SUFFIX Drew | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478 | | Date Hand-delivered or Date Postmarked 3:43pm 6DR |
| | | | Receipt # Amount |
| | | | Date Processed |
| | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI | | |
| | NICKNAME LAST SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 07/01/2020 THROUGH 09/24/2020 | | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/03/2020 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| | | | |
| 11 OFFICE | OFFICE HELD (if any) Fort Bend ISD Board of Trustees: Position 5 Place Fort Bend District FBISD Fort Bend | 12 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2


2 of 6

| | |
|---------------------------------|-------------|
| 13 C / OH NAME Drew, Allison | 14 Filer ID |
|---------------------------------|-------------|


| | | |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,496.36 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 96.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 884.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,552.40 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Allison Drew, this the 5 day of October, 20 20, to certify which, witness my hand and seal of office.


 Signature of officer administering

Garrett Duane Rosier
 Printed name of officer administering

Executive Assistant to the BOT
 Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 6

| | | | |
|--|---|--------------------|----------|
| 18 FILER NAME Drew, Allison | | 19 Filer ID | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 950.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 1,546.36 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 96.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 788.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6 |
| 2 FILER NAME Drew, Allison | | 3 Filer ID |
| 4 Date 09/10/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Roseman: Perdue, Brandon, Fielder, Collins and Mott <hr/> 6 Contributor address; City; State; Zip Code 1235 North Loop W Suite 600 Houston, TX 77008 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/10/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Yolanda <hr/> Contributor address; City; State; Zip Code 2803 Scottsdale Palms Dr Missouri City, TX 77459 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Lawyer Partner | | Employer (See Instructions) Perdue, Brandon, Fielder, Collins & Mott |
| Date 08/31/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Birdie <hr/> Contributor address; City; State; Zip Code 7631 S Glen Willow Lane Missouri City, TX 77489 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/10/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaya, Kiran <hr/> Contributor address; City; State; Zip Code 4507 Morning Cloud Lane Sugar Land, TX 77479 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) IT | | Employer (See Instructions) Baylor College of Medicine |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

Sch: 1/1 Rpt: 5/6

2 FILER NAME

Drew, Allison

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
08/10/2020

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Harris, Michael

7 Contributor address; City; State; Zip Code
1200 Smith Street
Suite 1550
Houston, TX 77002

8 Amount of contribution (\$)
\$1,546.36

9 In-kind contribution description
Signs

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Lawyer

11 Employer (FOR NON-JUDICIAL) (See instructions)

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 contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES 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
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 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, Social Media |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date 08/10/2020 | Payee name Texas Campaigns | |
| Amount (\$) \$326.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 9600 Glenfield Court Suite 148 Houston, TX 77096 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Signs | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Shirley A NICKNAME LAST SUFFIX ROSE-GILLIAM | | OFFICE USE ONLY Date Received  OCT 05 REC'D Superintendent's Office Ft. Bend ISD Date Hand-delivered or Date Postmarked 3:25 pm WPK Receipt # Amount \$ Date Processed Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3011 Bonney Briar Dr 77459 Missouri City TX | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 799-5065 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Rossi NICKNAME LAST SUFFIX GILLIAM | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 16115 Beckridge Houston TX 77053 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 870-3023 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 08 / 01 / 2020 THROUGH 10 / 05 / 2020 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 03 / 2020 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) FBISD BOT Pos. 4 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
SHIRLEY ROSE GILLIAM

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 1335.00

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

\$ 5435.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 6

4. TOTAL POLITICAL EXPENDITURES

\$ 5100.96

CONTRIBUTION
BALANCE

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

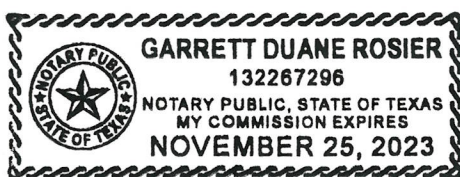
\$ 334.64

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 16, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **Shirley Rose Gilliam** this the **5** day of **October**, 20 **20**, to certify which, witness my hand and seal of office.

Garrett Duane Rosier
Signature of officer administering oath

Garrett Duane Rosier
Printed name of officer administering oath

Executive Assistant to HOBOT
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|------------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3300. ⁰⁰ |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 494. ⁶⁹ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5100. ³⁶ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 1115. ⁰⁰ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: ~~1~~ 4

2 FILER NAME

SHIRLEY ROSE GILIAM

3 Filer ID (Ethics Commission Filer)

4 Date

08/26/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Grady Prestage

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

303 Texas Pkwy # 213 No City TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/25/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Fort Bend Employee Federation

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

12621 W Airport Suite 400 SL TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-15-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Patricia Guilloey

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

10207 S RALLA Crosby TX 77532

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

9-16-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

~~Victoria~~ Victoria McCray

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

10425 Beamer Houston TX 77089

Principal occupation / Job title (See Instructions)

Teacher

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/4

2 FILER NAME

Shirley Rose GILMAN

3 Filer ID (Ethics Commission Filer)

4 Date

09/25/20

5 Full name of contributor

☐ out-of-state PAC (ID#)

CA ROLYN EVANS-Shabazz

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2345 Rosedale St. Houston, TX 77004

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/26/20

Full name of contributor

☐ out-of-state PAC (ID#)

Amber Robinett

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

14611 Chase Village Dr No City TX 77489

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/20

Full name of contributor

☐ out-of-state PAC (ID#)

MILBRY Smith

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2319 Brodgreen, Missouri City 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/20

Full name of contributor

☐ out-of-state PAC (ID#)

DR. Anthony FORD

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

615 E. Elm Street Wharton TX 77488

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 ~~2~~ 4

2 FILER NAME **SHARON ROSE GILLIAM**

3 Filer ID (Ethics Commission Filers)

4 Date

09/15/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Vanessa Bolton

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8711 Fitzgerald Way MoCity TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/04/20

Full name of contributor

☐ out-of-state PAC (ID#:

Keith Brooks

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

5918 Nine Mile Lane MoCity TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/20

Full name of contributor

☐ out-of-state PAC (ID#:

BILLIE GRAYS

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2902 Green Mountain Dr Pearland TX 77489

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/20

Full name of contributor

☐ out-of-state PAC (ID#:

Theresa Price

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2727 Skyview Crest Houston TX 77047

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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 |
| 2 FILER NAME SHIRLEY ROSE-GILLIAM | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/28/20 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelsea Rose | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 3011 Bonney Briar Dr Mckinney TX 77459 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME **SHIRLEY ROSE GILLIAM**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **4194.69**

5 Date **08/11/20**

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Michael Harris

8 Amount of Contribution \$ **4194.69**

9 In-kind contribution description
Advertising SIGNS & PUSH CARS

7 Contributor address; City; State; Zip Code
1700 Smith St Suite 1550 Houston 77002 TX

☐ 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)

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 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 ☐ out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (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)

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
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 3 | | 2 FILER NAME SHIRLEY ROSE-GILLIAM | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 8/13/2020 | | 5 Payee name BURT LEVINE | | | |
| 6 Amount (\$) 350⁰⁰ | | 7 Payee address; City; State; Zip Code 9600 Glenfield Court #48 Houston, TX 77036 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Consulting | | (b) Description Consulting | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 8/13/2020 | | Payee name BURT LEVINE | | | |
| Amount (\$) 350⁰⁰ | | Payee address; City; State; Zip Code 9600 Glenfield Court #148 Houston, TX 77036 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description Consulting | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 8/22/2020 | | Payee name Next Wave Strategies, LLC | | | |
| Amount (\$) \$750⁰⁰ | | Payee address; City; State; Zip Code 2368 A Rice Blvd #197 Houston, TX 77005 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description Campaign Consulting | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME SHIRLEY ROSE-GILLIAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/24/20 | 5 Payee name Pressed 4 Time Designs | |
| 6 Amount (\$) 228.00 | 7 Payee address; City; State; Zip Code 2902 Bergen Bay Lane, Fresno, TX 77545 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description T. Shirts / Masks |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 09/19/20 | Payee name Lowe's | |
| Amount (\$) 172.36 | Payee address; City; State; Zip Code 3807 FM 1092 Missouri City TX 77459 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Poles for SIGNS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 10/04/20 | Payee name Next Wave Strategies, LLC | |
| Amount (\$) 750.00 | Payee address; City; State; Zip Code 2368A Rice Blvd #197 Houston, TX 77005 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Campaign Consulting |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME SHIRLEY ROSE-GILLIAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/18/2020 | 5 Payee name Aubrey Taylor Communications | |
| 6 Amount (\$) \$2500.00 | 7 Payee address; City; State; Zip Code 957 Nasa Pkwy #251 Houston, TX 77058 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | |
| | (b) Description Newspaper Ad | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <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 | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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
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 G: one | 2 FILER NAME SHIRLEY ROSE-GILLIAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/30/2020 | 5 Payee name Community Impact Newspaper | |
| 6 Amount (\$) \$1,115.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3600 EPALM VALLEY Blvd Box 3 Round Rock, TX 78665 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Newspaper Ad |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Shirley Rose-Gilliam FBISDBUT POS 4 | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|--|
| <p>The C/OH Instruction Guide explains how to complete this form.</p> | | <p>1 Filer ID (Ethics Commission Filers) angiehanan@gmail.com</p> <p>2 Total pages filed: 17</p> | |
| <p>3 CANDIDATE / OFFICEHOLDER NAME</p> | <p>MS / MRS / MR MRS FIRST ANGIE MI</p> <p>NICKNAME LAST HANAN SUFFIX</p> | | <p>OFFICE USE ONLY</p> <p>Date Received</p> <p>RECEIVED</p> <p>OCT 05 REC'D</p> <p>Superintendent's Office Ft. Bend ISD</p> <p>Date Hand-delivered or Date Postmarked 12:36 pm GDR</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> |
| <p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> | <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>903 GOLDFINCH AVE MISSOURI CITY TX 77478</p> | | |
| <p>5 CANDIDATE / OFFICEHOLDER PHONE</p> | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(281) 460-0330</p> | | |
| <p>6 CAMPAIGN TREASURER NAME</p> | <p>MS / MRS / MR MRS FIRST WENDY MI E</p> <p>NICKNAME LAST RACHUK SUFFIX</p> | | |
| <p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p> | <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>2203 MADEWOOD DR MISSOURI CITY TX 77459</p> | | |
| <p>8 CAMPAIGN TREASURER PHONE</p> | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(832) 419-1457</p> | | |
| <p>9 REPORT TYPE</p> | <p> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p> | | |
| <p>10 PERIOD COVERED</p> | <p>Month Day Year Month Day Year</p> <p>02 / 01 / 2020 THROUGH 10 / 01 / 2020</p> | | |
| <p>11 ELECTION</p> | <p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p>11 / 03 / 2020 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p> | | |
| <p>12 OFFICE</p> | <p>OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) FBISD BOARD OF TRUSTEES POSITION 1</p> | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME ANGIE HANAN

15 Filer ID (Ethics Commission Filers)
angiehanan@gmail.com

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 2,206.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER 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

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

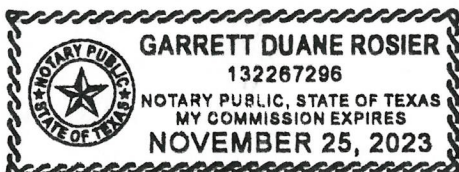
\$ 2,206.00

OUTSTANDING
LOAN TOTALS

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

\$ 7,777.81

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Angie Hanan

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Angie Hanan Hanan, this the 5 day of October, 20 20, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to EOT

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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.com4 Date
2/24/20205 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Arleigh Kalinowski7 Amount of contribution (\$)
\$400.006 Contributor address; City; State; Zip Code
11 Howell Lane Sugar Land TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/24/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Guarav Jhaveri & Jigisha DoshiAmount of contribution (\$)
\$101.00

Contributor address; City; State; Zip Code

7027 Argonne Trail Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/3/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wanda HananAmount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code

515 N. Adams Arnett OK 73832

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/3/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Chandra GorantlaAmount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

6706 Oakman LN 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**

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 (ID#: _____)
Charlie Litchfield**7** Amount of contribution (\$)
\$50.00**6** Contributor address; City; State; Zip Code

911 Goldfinch Ave Sugar Land TX 77478

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
3/6/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wanda HananAmount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code

515 N. Adams Arnett OK 73832

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Rachel KungAmount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code

3810 Broken Pine Ct Sugar Land TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Larry RomeroAmount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code

13427 Venice Villa Lane 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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 8****2** FILER NAME ANGIE HANAN**3** Filer ID (Ethics Commission Filers)
angiehanan@gmail.com**4** Date
3/6/2020**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Emily Villamar-Robbins**7** Amount of contribution (\$) **\$25.00****6** Contributor address; City; State; Zip Code
7614 Arborgate Drive Dallas TX 75231**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
3/20/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Orjanel LewisAmount of contribution (\$) **\$100.00**Contributor address; City; State; Zip Code
4111 N. Creekmont Dr Fresno TX 77545

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/20/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Paige Bonnivier-HasselAmount of contribution (\$) **\$100.00**Contributor address; City; State; Zip Code
4611 Bermuda Dr Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/22/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hazel DolarAmount of contribution (\$) **\$50.00**Contributor address; City; State; Zip Code
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 8

2 FILER NAME ANGIE HANAN

3 Filer ID (Ethics Commission Filers)
angiehanan@gmail.com

4 Date
7/30/2020

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Siyi Lai

7 Amount of contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

6715 Aegean Trail Sugar Land TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/30/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Shu Rau

Amount of contribution (\$) \$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)

Date
8/24/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Bao Hoang

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code

2807 Fairway Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/24/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)

MJ Hewitt

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code

1023 Goldfinch Sugar Land TX 77478

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

| | | |
|--|---|---|
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Hunter | 7 Amount of contribution (\$) \$50.00 |
| 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) |
| Date 8/26/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wanda Hanan | Amount of contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code 515 N. Adams Arnett OK 73832 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/26/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Bray | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 10607 Saratoga Square Missouri City TX 77459 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/27/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H.P & T. R. Hauber | Amount of contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code 3147 Robinson Road Missouri City TX 77459 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 6 of 8 |
| 2 FILER NAME ANGIE HANAN | | 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com |
| 4 Date 8/31/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ranga and Srin Vassan 6 Contributor address; City; State; Zip Code 914 Mockingbird Way Sugar Land TX 77478 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 8/31/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirella Garcia Contributor address; City; State; Zip Code 13906 Panhandle Dr Sugar Land TX 77478 | Amount of contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 9/1/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abha Misra Contributor address; City; State; Zip Code 4115 Turtle Trails Ln Sugar Land TX 77479 | Amount of contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 9/1/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrel Bonner Contributor address; City; State; Zip Code PO Box 1063 Fresno TX 77545 | Amount of contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7 of 8****2** FILER NAME ANGIE HANAN**3** Filer ID (Ethics Commission Filers)
angiehanan@gmail.com**4** Date
9/14/2020**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Deb Ellefson**7** Amount of contribution (\$) **\$50.00****6** Contributor address; City; State; Zip Code

11702 Casadores Drive Needville TX 77461

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/18/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Daniel HauschelAmount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code

3802 Rita Elliot Court Missouri City TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/24/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Clayton PopeAmount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code

15512 N 2740 Rd Loyal OK 73756

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/1/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Stephanie PennellAmount of contribution (\$) **\$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

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 of 8 |
| 2 FILER NAME ANGIE HANAN | | 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com |
| 4 Date 10/1/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Hunter | 7 Amount of contribution (\$) \$50.00 |
| 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) |
| Date 6/29/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nehal Dave | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 3827 Bending Key Ct Sugar Land TX 77479 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$ |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$ |
| Contributor address; City; State; Zip Code 2 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

PLEDGED CONTRIBUTIONS**SCHEDULE B**

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

LOANS**SCHEDULE E**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 1 |
| 2 FILER NAME ANGIE HANAN | | 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 4,000.00 |
| 5 Date of loan 2/18/2020 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGIE HANAN | 9 Loan Amount (\$) \$500.00 |
| 6 Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | 8 Lender address; City; State; Zip Code 903 GOLDFINCH AVE Sugar Land TX 77478 | 10 Interest rate 0% |
| | | 11 Maturity date 12/31/2020 |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) N/A |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 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 3/6/2020 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGIE HANAN | Loan Amount (\$) \$3,500.00 |
| Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Lender address; City; State; Zip Code 903 GOLDFINCH AVE Sugar Land TX 77478 | Interest rate 0% |
| | | Maturity date 12/31/2020 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) N/A |
| Description of Collateral <input checked="" type="checkbox"/> none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | |
| | Guarantor address; City; State; Zip Code | |
| Amount Guaranteed (\$) | | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|--|---------------------------------|--|--|
| 1 Total pages Schedule F1: 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 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | | (b) Description SIGNS | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 9/24/2020 | | Payee name 2DAYPOSTCARDS.COM | | | |
| Amount (\$) 258.72 | | Payee address; City; State; Zip Code 621 Richmond Ave Houston TX 77006 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | | Description SIGNS | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 5/4/20 | | Payee name NBD GRAPHICS | | | |
| Amount (\$) | | Payee address; City; State; Zip Code 917 S. Mason Road Katy TX 77450 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | | Description SIGNS | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| 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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1: 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| 9/24/2020 | | 2DAYPOSTCARDS.COM | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| 258.72 | | 621 Richmond Ave Houston TX 77006 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | PRINTING EXPENSE | | SIGNS | | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| 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 | Category (See Categories listed at the top of this schedule) | | Description | | |
| | PRINTING EXPENSE | | SIGNS | | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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 F4: 1 | | 2 FILER NAME ANGIE HANAN | | 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com | | | | | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | | \$ 3,277.81 | | | | | |
| 5 Date 3/11/2020 | | 6 Payee name NBD GRAPHICS | | | | | | | |
| 7 Amount (\$) \$3,277.81 | | 8 Payee address; 917 S. Mason Road | | City; Katy | State; TX | Zip Code 77450 | | | |
| 9 TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | | | | | |
| 10 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | | (b) Description SIGNS | | | | | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | | | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"><tr><td style="width:33%;">Candidate / Officeholder name</td><td style="width:33%;">Office sought</td><td style="width:33%;">Office held</td></tr></table> | | | | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | | | | |
| Date | | Payee name | | | | | | | |
| Amount (\$) | | Payee address; | | City; | State; | Zip Code | | | |
| TYPE OF EXPENDITURE | | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | | | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description | | | | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"><tr><td style="width:33%;">Candidate / Officeholder name</td><td style="width:33%;">Office sought</td><td style="width:33%;">Office held</td></tr></table> | | | | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | | | | |
| | | | | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)


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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule G: 1 | 2 FILER NAME ANGIE HANAN | 3 Filer ID (Ethics Commission Filers) angiehanan@gmail.com |
| 4 Date 4/3/2020 | 5 Payee name Southwest Chase VISA | |
| 6 Amount (\$) \$3,277.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; P.O. Box 15298 <div style="display: flex; justify-content: space-between;"> City; Wilmington State; DE Zip Code 19850 </div> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT | |
| | (b) Description CREDIT CARD PAYMENT | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; <div style="display: flex; justify-content: space-between;"> City; State; Zip Code </div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | |
| | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; <div style="display: flex; justify-content: space-between;"> City; State; Zip Code </div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | |
| | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; <div style="display: flex; justify-content: space-between;"> City; State; Zip Code </div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | |
| | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Kristin K Tassin

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

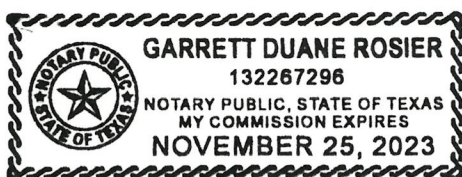
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

☐ Additional Pages

| | | |
|--------------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,200.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,339.02 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,282.53 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Kristin Tassin

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kristin Tassin, this the 2 day of October, 20 20, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the BOT

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | | |
|--|---|---|
| 19 FILER NAME Kristin K Tassin | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,200.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$5,339.02 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME Kristin K Tassin | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/23/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael & Lina Sabouni 6 Contributor address; City; State; Zip Code 6200 Savoy, Suite 100, Houston, TX 77036 | 7 Amount of contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Architects | | 9 Employer (See Instructions) AUTOARCH |
| Date 9/22/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matt and Allyson Jackson Contributor address; City; State; Zip Code 20507 rownstone Dr., Richmond, TX 77406 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Texas Children's Hospital |
| Date 9/30/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kevin Matocha Contributor address; City; State; Zip Code 1600 Highway 6 South, Suite 243, Sugar Land, TX 77478 | Amount of contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Investment Manager | | Employer (See Instructions) Stonehenge Comapnies, LLC |
| Date 10/1/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stewart Jacobson Contributor address; City; State; Zip Code 3323 Winnsboro, Sugar Land, TX 77478 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Investment Advisor | | Employer (See Instructions) Dearborn & Creggs |
| | | |
| 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 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
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 G: 3 | 2 FILER NAME Kristin K Tassin | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/24/2020 | 5 Payee name Eric Pohl Photography | |
| 6 Amount (\$) \$1,525.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code Kerrville, TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Web/Graphics |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 9/19/2020 | Payee name Constant Contact | |
| Amount (\$) \$21.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 8/25/2020 | Payee name Harland Clarke Checks | |
| Amount (\$) \$36.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Campaign checks |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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
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 G: 3 | | 2 FILER NAME Kristin K Tassin | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/2/2020 | | 5 Payee name Texas GOP Store | | | |
| 6 Amount (\$) \$795.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code 404 IH 45 S, Huntsville, TX 77340 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description Campaign signs | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date 9/23/2020 | | Payee name Texas GOP Store | | | |
| Amount (\$) \$ 1,732.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 404 IH 45 S, Huntsville, TX 77340 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description Campaign signs | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date 9/23/2020 | | Payee name IW Print | | | |
| Amount (\$) \$1,153.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 20718 Ivory Creek, Katy, TX 77450 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description Push cards | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G: | 2 FILER NAME Kristin K Tassin | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/30/2020 | 5 Payee name The Home Depot | |
| 6 Amount (\$) \$75.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 5900 Hwy 6 S, Missouri City, TX 77459 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Campaign signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) \$ <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Denetta R
Williams

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3309 Primrose Canyon Ln.
Pearland, TX 77584

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

657-9371

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Denetta R
Williams

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3309 Primrose Canyon Ln.
Pearland, TX 77584

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

657-9371

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

7 / 15 / 2020

THROUGH

10 / 04 / 20

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 3 / 20

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBIIS Trustee Pos 5

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

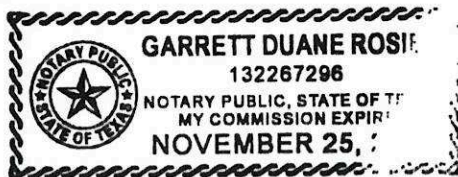
| | | |
|--|---|--|
| 15 C/OH NAME <u>Denetta R. Williams</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u> |
| | 2. TOTAL POLITICAL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

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

Denetta R. Williams
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Denetta R. Williams this the 27 day of January, 2021, to certify which, witness my hand and seal of office.

Garrett Duane Rosier Garrett Duane Rosier Executive Assistant to the Port
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Denetta R. Williams, and my date of birth is 9.28.1966.
My address is 3309 Primrose Canyon Pearland TX 77584.
(street) (city) (state) (zip code) (country)
Executed in Ft. Bend County, State of Texas, on the 12th day of December, 2020.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|---------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 6 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS <input checked="" type="checkbox"/> MF FIRST MI <div style="text-align: center; font-size: 1.2em;">ASHOKH .</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">AGRAWAL</div> | | OFFICE USE ONLY Date Received JAN 08 REC'D Date Hand-delivered or Date Postmarked CDK January 8, 2008 12:47pm |
| | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6714 APSLEY CREEK LN SUGAR LAND, TX 77479</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(832) 786-9138</div> | | Receipt # Amount \$ Date Processed Date Imaged |
| 6 CAMPAIGN TREASURER NAME | MS / MRS <input checked="" type="checkbox"/> MF FIRST MI <div style="text-align: center; font-size: 1.2em;">MARIANO</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BERBER</div> | | Date Hand-delivered or Date Postmarked CDK January 8, 2008 12:47pm |
| | 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6402 CHESTER FALLS LN, SUGARLAND, TX 77479</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(760) 807-4950</div> | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <div style="font-size: 1.2em;">04 / 26 / 2019 THROUGH / /</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 04 / 2019</div> | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special SCHOOL BOARD |
| | 12 OFFICE OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">FBSD BOT POSITION 3</div> |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

ASHISH AGRAWAL

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 600/-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$4,099.37

CONTRIBUTION
BALANCE

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

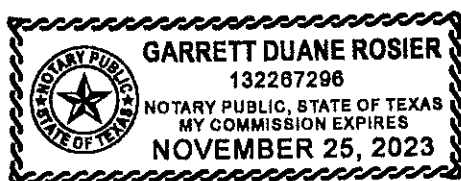
\$

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.

Ashish Agrawal

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ashish Agrawal, this the 8 day of January, 2020, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to BOT

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

ASHISH AGRAWAL

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 600/- |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 2,000/- |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 4,099.37 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

LOANS**SCHEDULE E**

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: ① |
| 2 FILER NAME ASHISH AGRAWAL | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 4/30/19 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) ASHISH AGRAWAL | 9 Loan Amount (\$) \$2,000/- |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code SUGARLAND, TX 77479 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 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 <input type="checkbox"/> out-of-state PAC (ID#:) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

SCHEDULE A1

C/OH: ASHISH AGRAWAL

| Ashish Agrawal Campaign | | | |
|-------------------------|------------------|--------------------|-------------------|
| Date | Expense Category | Contributor/Vendor | Address |
| 4/29/2019 | Contribution | Sukhdeep Kohli | Sugar Lan, TX |
| 4/29/2019 | Contribution | Preetesh Bansal | Westford, MA |
| | | | Contribution (\$) |
| | | | \$100.00 |
| | | | \$500.00 |
| | | | \$600/- |

Ashish Agrawal

SCHEDULE F1

C/OH: ASHISH AGRAWAL

| Ashish Agrawal Campaign | | | | | |
|-------------------------|--------------------------|-------------------------------|---------------------------------------|-----------------------|---------------|
| 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 | Advertising Expense | 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 | Advertising Expense | 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 |

\$4,099.37

Ashish Agrawal

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Jason</div> <div>MI M</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NICKNAME Burdine</div> <div>LAST</div> <div>SUFFIX</div> </div> | <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">OFFICE USE ONLY RECEIVED</div> <div style="text-align: center; margin-bottom: 10px;">Date Received JAN 21 REC'D</div> <div style="text-align: center; margin-bottom: 10px;">Superintendent's Office Ht. Bend 1 St</div> <div style="text-align: center; margin-bottom: 10px;">Date Hand-delivered or Date Postmarked 6DR 9:44 am</div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="text-align: center; margin-bottom: 10px;">Date Processed</div> <div style="text-align: center;">Date Imaged</div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 17107 Simon Ct.</div> <div>APT / SUITE #; Richmond Tx</div> <div>CITY; 77407</div> <div>STATE; TX</div> <div>ZIP CODE</div> </div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE (713)</div> <div>PHONE NUMBER 855-7175</div> <div>EXTENSION</div> </div> | | |
| 6 CAMPAIGN TREASURER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs.</div> <div>FIRST Andrea</div> <div>MI D</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NICKNAME Burdine</div> <div>LAST</div> <div>SUFFIX</div> </div> | <div style="text-align: center; margin-bottom: 10px;">Date Hand-delivered or Date Postmarked 6DR 9:44 am</div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="text-align: center; margin-bottom: 10px;">Date Processed</div> <div style="text-align: center;">Date Imaged</div> | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 17107 Simon Ct.</div> <div>APT / SUITE #; Richmond TX</div> <div>CITY; 77407</div> <div>STATE; TX</div> <div>ZIP CODE</div> </div> | | |
| 8 CAMPAIGN TREASURER PHONE | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE (713)</div> <div>PHONE NUMBER 855-7175</div> <div>EXTENSION</div> </div> | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 15 / 2019 </div> <div>THROUGH</div> <div> Month Day Year 01 / 15 / 2020 </div> </div> | | |
| 11 ELECTION | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year / / </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | |
| 12 OFFICE | OFFICE HELD (if any) FBISD Trustee Position 1 | 13 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

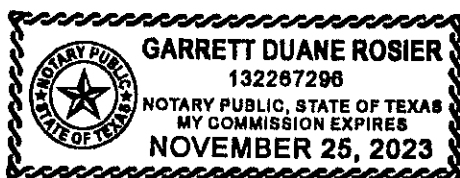
\$ 28.55

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.

Jason Bundine

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jason Bundine this the 21st
day of January, 2020, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to BOE

Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|---|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MRS FIRST AFSHI MI | | OFFICE USE ONLY Date Received RECEIVED FEB 04 REC'D Superintendent's Office 1111 Bond St. |
| | NICKNAME LAST SUFFIX CHARANIA | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7343 CHATHAM GREEN DR. SUGAR LAND, TX 77479 | | |
| | AREA CODE PHONE NUMBER EXTENSION (832) 687-6097 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | MS / MRS / MR MRS FIRST SUMITA MI | | Date Hand-delivered or Date Postmarked COR 2:28 PM |
| | NICKNAME LAST SUFFIX GHOSH | | Receipt # Amount \$ Date Processed Date Imaged |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MRS FIRST SUMITA MI | | |
| | NICKNAME LAST SUFFIX GHOSH | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4607 KENESHAW CT. SUGAR LAND, TX 77479 | | |
| | AREA CODE PHONE NUMBER EXTENSION (713) 471-6620 | | |
| 8 CAMPAIGN TREASURER PHONE | | | |
| | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 07 / 01 / 2019 THROUGH 12 / 31 / 2019 | | |
| | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 05 / 04 / 2019 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| | | | |
| 12 OFFICE | OFFICE HELD (if any) N/A | | 13 OFFICE SOUGHT (if known) FBISD TRUSTEE POSITION 3 |
| | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

ARSHI CHARANIA

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

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

\$

0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

1450.00

CONTRIBUTION
BALANCE

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

\$

7,239.61

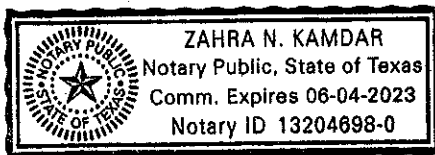
OUTSTANDING
LOAN TOTALS

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

\$

25,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said ARSHI CHARANIA, this the 3RD day of FEB, 20 20, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

AESH L HARANIA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1450.00 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME AFSHI CHARANIA | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/10/19 | 5 Payee name ARSAHAN LAKHANI | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 23914 SHAW BERRY LANE KATY, TX 77493 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date 8/15/19 | Payee name RASHID KHOPHAR | |
| Amount (\$) 1,250.00 | Payee address; City; State; Zip Code 10622 SUGAR TRACE DR. SUGAR LAND, TX 77498 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI MRS. ALLISON NICKNAME LAST SUFFIX DREN | | OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="margin: 10px 0;">JAN 15 REC'D</div> <div style="margin: 10px 0;">Superintendent's Office</div> <div style="margin: 10px 0;">Ft. Bend ISD</div> Date Hand-delivered or Date Postmarked GDX 15 Jan 2020 4:30pm Receipt # Amount \$ Date Processed Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 77 SUGAR CREEK BLD. SUITE 375 SUGAR LAND, TX 77478 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 376.7768 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MR. J GOODWILL NICKNAME LAST SUFFIX PIERRE | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5330 GRIGGS RD. SUITE F105 HOUSTON, TX 77021 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 224.6539 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 7 / 1 / 2019 12 / 31 / 2019 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) FORT BEND ISD BOARD OF TRUSTEES POSITION 5 | | |
| GO TO PAGE 2 | | | |

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | | |
|-----|-------------------------------------|--|-----------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 26.00 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 100.00 |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME DREW, ALUSON | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12.7.2019 | 5 Payee name CADENCE BANK | |
| 6 Amount (\$) 26.00 | 7 Payee address; City; State; Zip Code 4647 SWEETWATER BLVD. SUGAR LAND, TX 77479 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FEES | |
| | (b) Description SERVICE CHARGE | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <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 | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule G: 1 | 2 FILER NAME DREW, ALLISON | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12.6.2019 | 5 Payee name ROGER G. MOORE MINISTRIES | |
| 6 Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 2513 PRINCESS LANE MISSOURI CITY, TX 77459 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONSULTATION | (b) Description ANALYTICS |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|---------------------------------------|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS <input checked="" type="radio"/> MRS <input type="radio"/> MR FIRST LAST MI SUFFIX GRAYLE NICKNAME LAST SUFFIX JAMES | | OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.2em; margin: 10px 0;">JAN 13 REC'D</div> <div style="font-weight: bold; margin: 10px 0;">Superintendent's Office Ft. Bend ISD</div> Date Hand-delivered or Date Postmarked CDR 1/13/2020 5:40pm Receipt # Amount \$ Date Processed Date Imaged |
| | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1810 MAIDENHAIN SUGARLAND, TX 77479 <input type="checkbox"/> Change of Address | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (281) 565-7191 | | | |
| 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST LAST MI SUFFIX SHARON NICKNAME LAST SUFFIX GREGORY | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1803 ROCKFENCE RICHMOND TX 77406 | | | |
| 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (832) 443-3503 | | | |
| 9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED Month Day Year Month Day Year 07 / 16 / 19 THROUGH 01 / 15 / 20 | | | |
| 11 ELECTION ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 12 OFFICE OFFICE HELD (if any) FT BEND ISD TRUSTEE, POSITION 2 | | 13 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

GRAYLE JAMES

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 07

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

\$ —

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 150.00

CONTRIBUTION
BALANCE

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

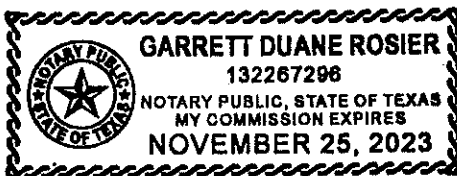
\$ 1279.26

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Grayle James, this the 13
day of January, 20 20, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Garrett Duane Rosier
Printed name of officer administering oath

Executive Assistant to BOB
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

GRAYLE JAMES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-----------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 150.00 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$.07 |

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
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: 1 | 2 FILER NAME GRAYLE JAMES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/12/19 | 5 Payee name FORTBEND INDEPENDENT | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code PO BOX 623 SUGARLAND, TX 77487 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | (b) Description AD FOR LOCAL PAPER |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

| | | | |
|---|--|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: | |
| 2 FILER NAME <div style="font-family: cursive; font-size: 1.2em;">GRAYLE JAMES</div> | | 3 Filer ID (Ethics Commission Filers) | |

| | |
|---|--|
| 4 Date <div style="font-family: cursive; font-size: 1.2em;">7/31/14 - 1/15/20</div> | <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> 5 Name of person from whom amount is received <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">WELLS FARGO BANK</div> </div> <div style="width: 15%;"> 8 Amount (\$) <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">207</div> </div> </div> <div style="margin-top: 10px;"> 6 Address of person from whom amount is received; City; State; Zip Code </div> |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |

| | | |
|---|---|-------------|
| Date | Name of person from whom amount is received <hr style="border-top: 1px dotted black;"/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|---|-------------|
| Date | Name of person from whom amount is received <hr style="border-top: 1px dotted black;"/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|---|-------------|
| Date | Name of person from whom amount is received <hr style="border-top: 1px dotted black;"/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

| | | | |
|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 5 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>MR</u> FIRST <u>James</u> MI <u>D.</u> NICKNAME <u>Jim</u> LAST <u>Rice</u> SUFFIX | OFFICE USE ONLY RECEIVED JAN 13 REC'D Superintendent's Office Ft. Bend ISD Date Hand-delivered or Date Postmarked <u>GDR 1/13/2020 5:40pm</u> Receipt # Amount \$ Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>5402 Oban Terrace Lane</u> <u>Sugar Land, Tx. 77479</u> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(281) 980.8071</u> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST <u>Dorothy</u> MI NICKNAME <u>Suzanne</u> LAST <u>Ramos</u> SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3907 Senna Place</u> <u>Sugar Land, Tx. 77479</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(281) 980.9051</u> | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year <u>7/1/2019</u> THROUGH Month Day Year <u>12/31/2019</u> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <u>5/4/19</u> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) <u>FBISD Trustee</u> <u>Position 3</u> | | 13 OFFICE SOUGHT (if known) <u>FBISD Trustee</u> <u>Position 3</u> |
| GO TO PAGE 2 | | | |

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

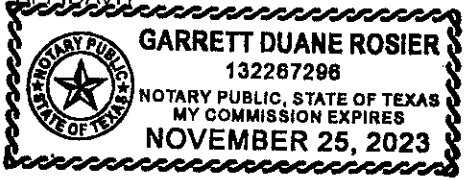
**FORM C/OH
COVER SHEET PG 2**

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 |
| | <input type="checkbox"/> GENERAL | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| <input type="checkbox"/> Additional Pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER 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 <i>Does NOT include Schedule G amount</i> | \$ 512.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 222.76 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <i>Includes Schedule G amount</i> | \$ 17,669.91 |

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.

James D. Rice
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James D. Rice, this the 13 day of January, 2020, to certify which, witness my hand and seal of office.

Garrett Duane Rosier Garrett Duane Rosier Executive Assistant to BOB
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jim Rice

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-----------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 512.00 |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|-------|---|
| 1 Total pages Schedule G: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| p. 1 of 2 | Jim Rice | | |
| 4 Date | 5 Payee name | | |
| 7/8/2019 | Fort Bend Independent | | |
| 6 Amount (\$) | 7 Payee address: | City; | State; Zip Code |
| 50.00 | P.O. Box 623 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Sugar Land, Texas | 77487 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | Advertising | | Newspaper Ads |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| | | | |
| Date | Payee name | | |
| 10/25/2019 | Pamela Printing | | |
| Amount (\$) | Payee address: | City; | State; Zip Code |
| \$236.00 | 550 Julie Rivers Dr. Suite 310 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Sugar Land, Tx. | 77479 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | Advertising | | Printed Materials |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| | | | |
| Date | Payee name | | |
| 12/1/2019 | Icenhaver Consulting, LLC | | |
| Amount (\$) | Payee address: | City; | State; Zip Code |
| \$56.00 | 3019 Arrowhead | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Sugar Land, Tx. | 77479 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | Consulting Expense | | Campaign Consulting |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

P. 13 of 15.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule G: p. 2 of 2 | 2 FILER NAME Jim Rice | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/1/2019 | 5 Payee name Fort Bend Independent | |
| 6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O. Box 623 Sugar Land, Texas 77487 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Newspaper Ads. |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | | |
|---|---|---------------|-------------|
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> 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 | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

| | | | |
|---|---|---------------|-------------|
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> 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 | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

\$150.00

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <div style="font-size: 2em; text-align: center;">2</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> Mr. David B </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Rosenthal</div> | | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Receipt # Amount \$ </div> Date Processed Date Imaged |
| | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">6910 Oak Bay Cir</div> <div style="font-size: 1.2em; margin-top: 5px;">Missouri City, TX 77459</div> <div style="margin-top: 10px;"> <input type="checkbox"/> Change of Address </div> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;">(281) 685-1081</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> Ms. Joan B </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Rosenthal</div> | | |
| 6 CAMPAIGN TREASURER NAME | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">6910 Oak Bay Cir</div> <div style="font-size: 1.2em; margin-top: 5px;">Missouri City, TX 77459</div> | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;">(281) 685-1081</div> | | |
| 8 CAMPAIGN TREASURER PHONE | 9 REPORT TYPE <div style="display: flex; flex-wrap: wrap; font-size: 0.9em;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 9 REPORT TYPE | 10 PERIOD COVERED <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month Day Year</div> <div>Month Day Year</div> </div> <div style="font-size: 1.5em; margin-top: 10px; text-align: center;">7 / 15 / 19 THROUGH 1 / 15 / 2020</div> | | |
| 10 PERIOD COVERED | 11 ELECTION <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month Day Year</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> <div style="font-size: 1.5em; margin-top: 10px; text-align: center;">5 / 4 / 19</div> | | |
| 11 ELECTION | 12 OFFICE OFFICE HELD (if any) <div style="font-size: 1.5em; margin-top: 10px; text-align: center;">FBISD Pos 7</div> | | |
| 12 OFFICE | 13 OFFICE SOUGHT (if known) | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

David B. Rosenthal

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

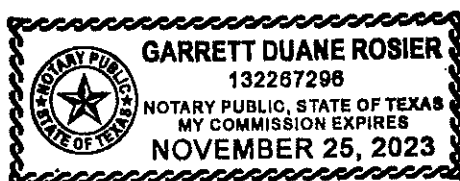
\$ 2518.74

OUTSTANDING
LOAN TOTALS

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

\$ 0

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David B. Rosenthal, this the 15
day of January, 20 20, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Garrett Duane Rosier
Printed name of officer administering oath

Executive Assistant to BOT
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MS Adcock

Addie Heyliger

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4222 Oak Forest Dr

Missouri city, TX 77459

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 244-5861

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Milton

Heyliger

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4222 Oak Forest Dr

Missouri city, TX 77459

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

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 / 1 / 2019

THROUGH

12 / 31 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Fort Bend ISD
Trustee Pos. 6

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Adeola Heyliger

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *.10*

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

\$ *.10*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ *97.20*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,497.20*

CONTRIBUTION
BALANCE

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

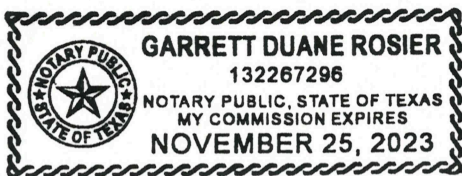
\$ *1,516.94*

OUTSTANDING
LOAN TOTALS

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

\$ *0*

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Adeola Heyliger
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Adeola Heyliger*, this the *26* day of *February*, 20 *21*, to certify which, witness my hand and seal of office.

Garrett Duane Rosier
Signature of officer administering oath

Garrett Duane Rosier
Printed name of officer administering oath

Executive Assistant to BOT
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Adriola Heyiger***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | | |
|-----|-------------------------------------|--|----------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>1400</i> |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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
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: 1 | 2 FILER NAME Adeola Heyliger | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/02 | 5 Payee name MARS Scholarship Ad | |
| 6 Amount (\$) 300.00 | 7 Payee address; City; State; Zip Code MCBC @ Missouri city, TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Ad for scholarship | (b) Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|-------------------------------|--|---|--|
| Date 9/03 | Payee name FBCDP Fundraiser | | |
| Amount (\$) 1000 | Payee address; City; State; Zip Code Sugarland TX | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation Political Comm | Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|-------------------------------|---|---|--|
| Date 12/07 | Payee name Letitia Plummer Campaign | | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution/Donation made by candidate officeholder | Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

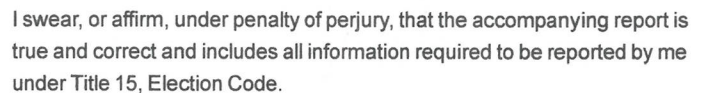
FORM C/OH
COVER SHEET PG 1

| | | | | | |
|--|---|---|--|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Jason M NICKNAME LAST SUFFIX Burdine | | | OFFICE USE ONLY Date Received Received July 15, 2020 FBISD Superintendent's Office | |
| | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | | | |
| ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 17107 Simon Ct. Richmond Tx 77407 | | | Date Hand-delivered or Date Postmarked 4:00pm | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 855-7175 | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs Andrea D NICKNAME LAST SUFFIX Burdine | | | Receipt # Amount \$ | |
| | Date Processed | | | Date Imaged | |
| | Date Imaged | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 17107 Simon Ct. Richmond TX 77407 | | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (713) 855-7175 | | | |
| 9 REPORT TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div> | | | | | |
| 10 PERIOD COVERED | | Month Day Year Month Day Year 01 / 16 / 2020 THROUGH 07 / 15 / 2020 | | | |
| 11 ELECTION | | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 03 / 2020 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 12 OFFICE | | OFFICE HELD (if any) OFFICE SOUGHT (if known) Fort Bend ISD Board of Trustee #1 Same | | | |

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of officer administering oath: Janet Duane Roser Printed name of officer administering oath: Garrett Duane Roser Title of officer administering oath: Executive Assistant to the BOT

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

04/25/20

5 Full name of contributor

Balfour

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

1221 Lumpkin Rd,

City;

Houston

State;

TX

Zip Code

77043

8 Principal occupation / Job title (See Instructions)

9 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)

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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

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

Jason Burdine

☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

\$ 20,000

6 Is lender
a financial
Institution?Y ☒ N**8** Lender address;

City;

State;

Zip Code

17107 Simon Ct Richmond Tx 77407

10 Interest rate

-0-

11 Maturity date

12-31-2020

12 Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15**☐ Check if personal funds were deposited into political
account (See Instructions)**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none☐Check if personal funds were deposited into political
account (See Instructions)GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

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.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---------------------------------------|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR AFSHI FIRST MI NICKNAME LAST SUFFIX CHARANIA | | OFFICE USE ONLY Date Received Received July 17, 2020 FBISD Superintendent's Office Date Hand-delivered or Date Postmarked 3:00pm Receipt # Amount \$ Date Processed Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7343 CHATHAM GREEN DR. | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 687-6097 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR SUMITA FIRST MI NICKNAME LAST SUFFIX GHOSH | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4607 KENESHAW CT. SUGAR LAND, TX 77479 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 471-6620 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01 / 01 / 2020 THROUGH 06 / 30 / 2020 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 04 / 2019 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) OFFICE SOUGHT (if known) N/A FBISD TRUSTEE POSITION 3 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

AFSHI CHARANIA

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,059.65

CONTRIBUTION
BALANCE

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

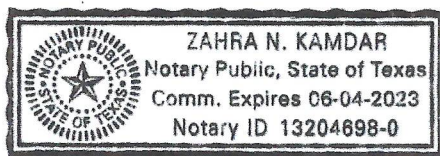
\$ 3,179.96

OUTSTANDING
LOAN TOTALS

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

\$ 25,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said AFSHI CHARANIA, this the 12TH day of JULY, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 4059.65 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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
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: 1 | 2 FILER NAME AFSHI CHARANIA | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/06/20 | 5 Payee name ARSLAN LAKHANI | |
| 6 Amount (\$) 2,809.65 | 7 Payee address; City; State; Zip Code 23914 SHAW BERRY LANE KATY, TX 77493 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/11/20 | Payee name RASHID KHOKAR | |
| Amount (\$) 1,250.00 | Payee address; City; State; Zip Code 10622 SUGAR TRACE DR. SUGAR LAND, TX 77498 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|---|---|---|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | 2 Total pages filed: 10 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Allison | OFFICE USE ONLY Date Received Received July 15, 2020 FBISD Superintendents office | |
| | NICKNAME LAST SUFFIX Drew | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478 | Date Hand-delivered or Date Postmarked 7:00 pm | |
| | | Receipt # Amount | |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI | | |
| | NICKNAME LAST SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01/01/2020 06/30/2020 | | |
| 10 ELECTION | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Fort Bend ISD Board of Trustees: Position 5 Place Sugar Land District FBISD Fort Bend | | 12 OFFICE SOUGHT (if known) |

GO TO PAGE 2

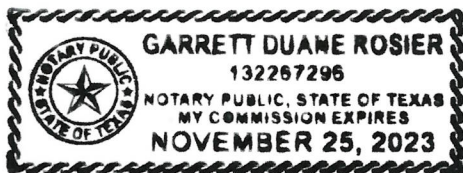
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 16 CONTRIBUTION TOTALS | 1. | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,025.00 |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 83.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ 1,383.01 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,486.40 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 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.

Allison Drew

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Allison Drew, this the 15 day of July, 20 20, to certify which, witness my hand and seal of office.

Garrett Duane Rosier
Signature of officer administering

Garrett Duane Rosier
Printed name of officer administering

Executive Assistant to the BOT
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 10

| | | | |
|--|---|--------------------|----------|
| 18 FILER NAME Drew, Allison | | 19 Filer ID | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 2,025.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 689.07 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 693.94 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/10 |
| 2 FILER NAME Drew, Allison | | 3 Filer ID |
| 4 Date 01/30/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brink, Andrew and Catherine <hr/> 6 Contributor address; City; State; Zip Code Bittersweet Ct Richmond, TX 77406 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Lawyer | | 9 Employer (See Instructions) |
| Date 01/30/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Relena <hr/> Contributor address; City; State; Zip Code Braes Bayous Dr. Houston, TX 77071 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/30/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Orangegey <hr/> Contributor address; City; State; Zip Code Lazy Spring Ct. Houston, TX 77489 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/30/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins and Mott, LLP <hr/> Contributor address; City; State; Zip Code 1235 North Loop West Suite 600 Houston, TX 77008 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/30/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre, J. Goodwille <hr/> Contributor address; City; State; Zip Code 5330 Griggs Rd Suite F105 Houston, TX 77021 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10 |
| 2 FILER NAME Drew, Allison | | 3 Filer ID |
| 4 Date 01/30/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabouni, Lina and Mourhaf <hr/> 6 Contributor address; City; State; Zip Code Palm Blvd. Missouri City, TX 77459 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Architect | | 9 Employer (See Instructions) |
| Date 01/31/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubenrouch, Timothy <hr/> Contributor address; City; State; Zip Code 3210 Spring Trail Dr Sugar Land, TX 77479 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) VP | | Employer (See Instructions) Pioneer Bank |
| Date 01/30/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeung, Bridget <hr/> Contributor address; City; State; Zip Code 538 Lombardy Drive Sugar Land, TX 77478 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired Council Member | | Employer (See Instructions) City of Sugar Land |

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 6/10 | 2 FILER NAME Drew, Allison | 3 Filer ID |
| 4 Date 05/04/2020 | 5 Payee name Amazon | |
| 6 Amount (\$) \$85.44 | 7 Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/04/2020 | Payee name Brandani's | |
| Amount (\$) \$40.00 | Payee address; City; State; Zip Code 3340 FM 1092 Rd Missouri City, TX 77459 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Analytics / Campaign Event Planning |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Reception |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/10 | 2 FILER NAME Drew, Allison | 3 Filer ID |
| 4 Date 03/09/2020 | 5 Payee name GoDaddy | |
| 6 Amount (\$) \$79.99 | 7 Payee address; City; State; Zip Code 14455 N. Hatden Scottsdale, AZ 85260 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) SSL Cert | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet SSL |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/04/2020 | Candidate/Officeholder name Payee name Kroger | Office sought Office held |
| Amount (\$) \$50.64 | Payee address; City; State; Zip Code 18861 University Blvd. Sugar Land, TX 77479 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate/Officeholder name Office sought Office held | | |

POLITICAL EXPENDITURES 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
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 G: Sch: 1/3 Rpt: 8/10 | | 2 FILER NAME Drew, Allison | | 3 Filer ID | |
| 4 Date 01/29/2020 | | 5 Payee name Costco | | | |
| 6 Amount (\$) \$92.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code 17520 Southwest Fwy Sugar Land, TX 77478 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Launch Event / Future Event Supplies | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 01/16/2020 | | Payee name GoDaddy | | | |
| Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 14455 N. Hatden Scottsdale, AZ 85260 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Website/Internet Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 01/29/2020 | | Payee name Kroger | | | |
| Amount (\$) \$103.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 18861 University Blvd. Sugar Land, TX 77479 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Launch Event / Event Supplies | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES 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
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 G: Sch: 2/3 Rpt: 9/10 | 2 FILER NAME Drew, Allison | 3 Filer ID |
| 4 Date 01/27/2020 | 5 Payee name Nesossi Photography | |
| 6 Amount (\$) \$77.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 522 Brooks St Sugar Land, TX 77478 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Photography Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/16/2020 | Payee name Olive Garden | |
| Amount (\$) \$284.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 5005 Sweetwater Blvd, Sugar Land, TX 77479 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kickoff Event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2020 | Payee name Party City | |
| Amount (\$) \$42.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 16734 Southwest Fwy Sugar Land, TX 77479 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES 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
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 G: Sch: 3/3 Rpt: 10/10 | 2 FILER NAME Drew, Allison | 3 Filer ID |
| 4 Date 01/15/2020 | 5 Payee name eVoice | |
| 6 Amount (\$) \$42.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 700 W 7th St 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone/Text Service |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

4

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

GRAYLE

NICKNAME

LAST

SUFFIX

JAMES

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1810 Maidenhair

Sugar Land, TX

77479

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

565-7191

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

SHARON

NICKNAME

LAST

SUFFIX

GREGORY

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1803 Rock Fence

Richmond, TX

77406

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(932)

443-3503

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01

16

20

THROUGH

07

15

20

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☐ General

☐ Special

Description

12 OFFICE

OFFICE HELD (if any)

FT Bend ISD
Trustee Position 2

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

GRAYLE JAMES

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$.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 POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

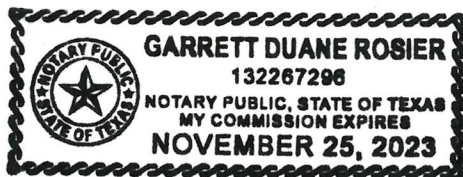
\$ 1279.32

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Grayle James, this the 13 day of July, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Garrett Duane Rosier
Printed name of officer administering oath

Executive Assistant to BOT
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

- | | | | |
|-----|-------------------------------------|--|--------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$.06 |

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME

GRAYLE JAMES

3 Filer ID (Ethics Commission Filers)

4 Date

**Jan-
June
2020**

5 Name of person from whom amount is received

WELLS FARGO

8 Amount (\$)

.06

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

INTEREST

☐ 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; State; 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; State; 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; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|----------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS MR FIRST James MI D | OFFICE USE ONLY | |
| | NICKNAME Jim LAST Rice SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5402 Oban Terrace Lane Sugar Land, Tx. 77479 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 980.8071 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST Dorothy MI | Receipt # Amount \$ | |
| | NICKNAME Suzanne LAST Ramos SUFFIX | Date Processed | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3907 Senna Place Sugar Land, Tx 77479 | | |
| | AREA CODE PHONE NUMBER EXTENSION (281) 980.9051 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year 1 / 1 / 2020 THROUGH 6 / 30 / 2020 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 4 / 19 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) FBISD Trustee Position 3. | 13 OFFICE SOUGHT (if known) FBISD Trustee Position 3 | |
| GO TO PAGE 2 | | | |

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER 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

From Schedule G

\$

296.23

CONTRIBUTION
BALANCE

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

\$

222.76

OUTSTANDING
LOAN TOTALS

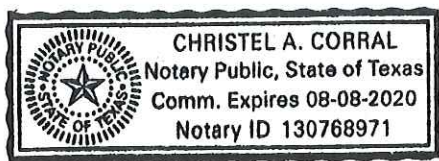
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

Includes Schedule G amount

17,966.14

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.

James D. Rice

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James D. Rice, this the 14
day of JULY, 20 20, to certify which, witness my hand and seal of office.

Christel A. Corral

Signature of officer administering oath

Christel A. Corral

Printed name of officer administering oath

Administrative Assistant

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------|--------------------------|--|
| 1 Total pages Schedule G: 1 | 2 FILER NAME Jim Rice | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------|--------------------------|--|

| | |
|--------------------|---|
| 4 Date 2/5/2020 | 5 Payee name Icenhower Consulting, Inc. LLC |
|--------------------|---|

| | |
|---|--|
| 6 Amount (\$) \$73.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3019 Arrowhead Sugar Land, Tx 77479 |
|---|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) Campaign Consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|--|---|

| | |
|-------------------|-------------------------------------|
| Date 5/22/2020 | Payee name Fort Bend Independent |
|-------------------|-------------------------------------|

| | |
|--|---|
| Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 623 Sugar Land, Texas 77487 |
|--|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising | Description (If travel outside of Texas, complete Schedule T) Newspaper <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

| | |
|------------------|---|
| Date 6/3/2020 | Payee name Icenhower Consulting, LLC |
|------------------|---|

| | |
|---|---|
| Amount (\$) \$15.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3019 Arrowhead Sugar Land, Tx. 77479 |
|---|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) Campaign Consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | |
|------------------|------------------------------|
| Date 6/3/2020 | Payee name Fort Bend Star |
|------------------|------------------------------|

| | |
|--|--|
| Amount (\$) \$106.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 2369 Stafford, Tx. 77497 |
|--|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising | Description (If travel outside of Texas, complete Schedule T) Newspaper <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED


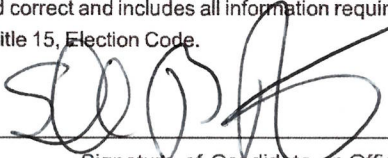
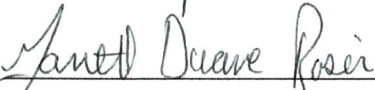
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. David B | OFFICE USE ONLY Date Received July 14, 2020 FBISD Superintendent's Office | |
| | NICKNAME LAST SUFFIX Dave Rosenthal | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6910 Oak Bay Cir. Missouri City, TX 77459 | | Date Hand-delivered or Date Postmarked 2:40 pm |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 685-1081 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Joan B | Receipt # Amount \$ | |
| | NICKNAME LAST SUFFIX Rosenthal | Date Processed | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6910 Oak Bay Cir. Missouri City, TX 77459 | | |
| | AREA CODE PHONE NUMBER EXTENSION (281) 685-1081 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 1 / 15 / 2020 THROUGH 7 / 15 / 2020 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 4 / 19 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) FBISD Pos 7 | 13 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

| | | |
|--|---|--|
| 18 AFFIDAVIT | | |
| <div></div> | | <p>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.</p> <div> _____ Signature of Candidate or Officeholder</div> |
| AFFIX NOTARY STAMP / SEAL ABOVE | | |
| Sworn to and subscribed before me, by the said <u>David Rosenthal</u> , this the <u>14</u> day of <u>July</u> , 20 <u>20</u> , to certify which, witness my hand and seal of office. | | |
| <div> _____ Signature of officer administering oath</div> | <div><u>Garrett Duane Rosier</u> _____ Printed name of officer administering oath</div> | <div><u>Executive Assistant to the BO7</u> _____ Title of officer administering oath</div> |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

| | | | | | |
|---|--|--|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">5</div> | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mrs. Kristin K </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px;">Tassin</div> | | | <div style="text-align: center; border-bottom: 1px solid black; font-weight: bold; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; height: 100px;"> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Received</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Processed</div> <div style="font-size: 0.8em;">Date Imaged</div> </div> | |
| | <div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;">850 St. Elmo's Court, Missouri City, TX 77459</div> <div style="margin-top: 10px;"> <input type="checkbox"/> Change of Address </div> | | | | |
| | <div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;">(281) 630-2885</div> | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. Shannon </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px;">Tassin</div> | | | <div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;">850 Srt. Elmo's Court, Missouri City, TX 77459</div> | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | <div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;">(281) 685-2885</div> | | | <div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;">850 Srt. Elmo's Court, Missouri City, TX 77459</div> | |
| 6 CAMPAIGN TREASURER NAME | <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. Shannon </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px;">Tassin</div> | | | <div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;">850 Srt. Elmo's Court, Missouri City, TX 77459</div> | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | <div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;">(281) 685-2885</div> | | | <div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;">850 Srt. Elmo's Court, Missouri City, TX 77459</div> | |
| 8 CAMPAIGN TREASURER PHONE | <div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;">(281) 685-2885</div> | | | <div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;">850 Srt. Elmo's Court, Missouri City, TX 77459</div> | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="radio"/> January 15 </div> <div style="width: 50%;"> <input type="radio"/> 30th day before election </div> <div style="width: 50%;"> <input type="radio"/> Runoff </div> <div style="width: 50%;"> <input type="radio"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> <div style="width: 50%;"> <input checked="" type="radio"/> July 15 </div> <div style="width: 50%;"> <input type="radio"/> 8th day before election </div> <div style="width: 50%;"> <input type="radio"/> Exceeded \$500 limit </div> <div style="width: 50%;"> <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div> | | | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="text-align: center;">01/15/2020</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="text-align: center;">07/16/2020</div> </div> </div> | | | | |
| 11 ELECTION | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <div style="text-align: center;">11/03/2020</div> </div> <div> ELECTION TYPE <div style="display: flex; justify-content: space-around;"> <input type="radio"/> Primary <input type="radio"/> Runoff <input type="radio"/> Other Description </div> <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> General <input type="radio"/> Special </div> </div> </div> | | | | |
| 12 OFFICE | OFFICE HELD (if any) <div style="margin-top: 10px;">Fort Bend ISD Trustee, Position 4</div> | | 13 OFFICE SOUGHT (if known) <div style="margin-top: 10px;">Fort Bend ISD Trustee, Position 4</div> | | |

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Kristin K Tassin

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

\$ 0


\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

 **GARRETT DUANE ROSIER**
132267296
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
NOVEMBER 25, 2023

Kristin Tassin

AFFIX NOTARY STAMP / SEAL ABOVE

Janet Deane Rosin
Signature of officer administering

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the BOT

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Kristin K Tassin****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

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

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 NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

☐

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.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do 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 OFFICEHOLDER

.. Complete 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.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|---------------------------------|--|---|--|---|--|------|--------|--|---|----------------|----|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:10%; text-align: center;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Adeola</td> <td style="text-align: center;">O</td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Addie Heyliger</td> <td></td> <td></td> </tr> </table> | | MS / MRS / MR | FIRST | MI | | | Adeola | O | | NICKNAME | LAST | SUFFIX | | | Addie Heyliger | | | OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">FEB 26 2021</div> BY: GDN 2:34pm |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | |
| | Adeola | O | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | |
| | Addie Heyliger | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4222 Oak Forest Missouri City, TX 77459 | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 244-5861 | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:10%; text-align: center;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Milton</td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Heyliger</td> <td></td> <td></td> </tr> </table> | | MS / MRS / MR | FIRST | MI | | | Mr. Milton | | | NICKNAME | LAST | SUFFIX | | | Heyliger | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | |
| | Mr. Milton | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | |
| | Heyliger | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4222 Oak Forest Missouri City, TX 77459 | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 922-5123 | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">Month</td> <td style="width:15%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:15%; text-align: center;">Month</td> <td style="width:15%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">15</td> <td style="text-align: center;">20</td> <td></td> <td style="text-align: center;">6</td> <td style="text-align: center;">30</td> <td style="text-align: center;">20</td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | 1 | 15 | 20 | | 6 | 30 | 20 | | |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | | | |
| 1 | 15 | 20 | | 6 | 30 | 20 | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; vertical-align: top;"> ELECTION DATE Month Day Year / / </td> <td style="width:65%; vertical-align: top;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | |
| ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> OFFICE HELD (if any) Fort Bend ISD Position 6 </td> <td style="width:50%; vertical-align: top;"> 13 OFFICE SOUGHT (if known) </td> </tr> </table> | | | OFFICE HELD (if any) Fort Bend ISD Position 6 | 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | |
| OFFICE HELD (if any) Fort Bend ISD Position 6 | 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Adeola Heyliger 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 |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| | |

☐ Additional Pages

| | | |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$.03 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$.03 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 60.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 310.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,206.97 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Adeola Heyliger

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adeola Heyliger, this the 26 day of February, 20 21, to certify which, witness my hand and seal of office.

Janett Duane Rosier

Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to BOT

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-----------------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 250. ⁰⁰ |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Adeola Heyliger | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/20/2020 | 5 Payee name Oscar Telfair | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code Missouri City, TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | |
| | (b) Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | |
| | Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
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| Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED