

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: **(21)**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **(C)**

FIRST

MI

ASHWA

NICKNAME

LAST

SUFFIX

AULAWAL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6714 ARSLBY CREEK LN

SUGAR LAND, TX 77479

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 786-9138

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **(C)**

FIRST

MI

ALMA

NICKNAME

LAST

SUFFIX

MERLE

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

DEW BRIDGE LT SUGARLAND TX 77479

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 224-4549

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

03 / 24 / 2021

THROUGH

Month Day Year

04 / 22 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

05 / 01 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other

Description

☐ General

☐ Special

SCHOOL BOARD

12 OFFICE

OFFICE HELD (if any)

—

13 OFFICE SOUGHT (if known)

FBI SD BOY POSITION #2

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

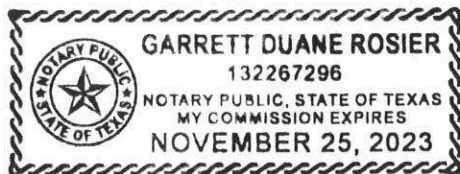
15 C/OH NAME Ashish Agrawal		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,719
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,639.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 751.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,582.50

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



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ashish Agrawal this the 23 day of April

20 21, to certify which, witness my hand and seal of office.

Garrett Duane Rosier

Garrett Duane Rosier

Executive Assistant to the BOE

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 11,719/-

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☒ SCHEDULE E: LOANS

\$ 4,000/-

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 14,639.23

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: (10)
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) P PARMABESWARAN 6 Contributor address; City; State; Zip Code SUGARLAND TX 77479	7 Amount of contribution (\$) \$50/-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONU AND GURDIP SALLUA Contributor address; City; State; Zip Code SUGARLAND TX 77479	Amount of contribution (\$) \$300/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRAN RASATA Contributor address; City; State; Zip Code SUGARLAND TX 77479	Amount of contribution (\$) \$100/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMESH SHAH Contributor address; City; State; Zip Code HOUSTON TX 77083	Amount of contribution (\$) \$500/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAPIL MITTAL	7 Amount of contribution (\$) \$100/-
6 Contributor address; City; State; Zip Code RICHMOND TX 77407		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAURAV JHAVERI	Amount of contribution (\$) \$101/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARSH KANGAL	Amount of contribution (\$) \$25/-
Contributor address; City; State; Zip Code RICHMOND TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARIF MAKNOUSIA	Amount of contribution (\$) \$1,500/-
Contributor address; City; State; Zip Code 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

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: 10
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT BOND UNITED	7 Amount of contribution (\$) \$1,000/-
6 Contributor address; City; State; Zip Code P.O. Box 420811 Houston TX 77242		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADMA SRINIVASAN	Amount of contribution (\$) \$50/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AREITA ALI	Amount of contribution (\$) \$500/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK ALAN HARRISON CAMPAIGN	Amount of contribution (\$) \$250/-
Contributor address; City; State; Zip Code HOUSTON TX 77074		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date
4/4/21

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

OSCAR M TELFAIR

7 Amount of contribution (\$)

\$100/-

6 Contributor address; City; State; Zip Code

MISSOURI CITY TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/4/21

PANKAJ MAMTORA

\$250/-

Contributor address; City; State; Zip Code

41861 DEQUINDB, TROY MI 48085

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/4/21

SOURABH SANDUJA

\$250/-

Contributor address; City; State; Zip Code

SUGAR LAND TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/4/21

FRIENDS OF JOHN HERMANN

\$200/-

Contributor address; City; State; Zip Code

SUGARLAND TX 77498

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRIT SHAH 6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479	7 Amount of contribution (\$) \$150/-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMMY PHILIPS Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$500/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SURAJ SINGH Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$500/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMAKRISHNA SARABU Contributor address; City; State; Zip Code LINCOLNSHIRE, IL	Amount of contribution (\$) \$10/-
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURALI MARATHI	7 Amount of contribution (\$) \$10/-
6 Contributor address; City; State; Zip Code PLANO TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAHEKISHAN KORUKONDA	Amount of contribution (\$) \$10/-
Contributor address; City; State; Zip Code SANTA CLARA, CA		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAVEEN SASTA	Amount of contribution (\$) \$100/-
Contributor address; City; State; Zip Code SUGAR LAND, TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERREL BONNER	Amount of contribution (\$) \$26/-
Contributor address; City; State; Zip Code 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

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: 10
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PANITEE CHARDENPATTANARUK 6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479	7 Amount of contribution (\$) \$10/-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOGESH THAKKAR Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$100/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAGAT KAMDAR Contributor address; City; State; Zip Code HOUSTON TX	Amount of contribution (\$) \$250/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FB AMERICA FEDERATION OF TEXAS Contributor address; City; State; Zip Code 12621 W AIRPORT SUGAR LAND, TX 77478	Amount of contribution (\$) \$3,000/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>10</u>
2 FILER NAME <u>ASHISH AGRAWAL</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/11/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>FERREL BONNOR</u> 6 Contributor address; City; State; Zip Code <u>MUSKOGEE CITY TX 77459</u>	7 Amount of contribution (\$) <u>\$25/-</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PRADIP AGRAWAL</u> Contributor address; City; State; Zip Code <u>CYPRESS TX 77429</u>	Amount of contribution (\$) <u>\$250/-</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/13/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ASWIN MENTA</u> Contributor address; City; State; Zip Code <u>SUGAR LAND TX 77479</u>	Amount of contribution (\$) <u>\$50/-</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/13/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NEEL PATIL</u> Contributor address; City; State; Zip Code <u>PEARLAND TX 77584</u>	Amount of contribution (\$) <u>\$250/-</u>
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

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: 10
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMBRISH KAMDAR	7 Amount of contribution (\$) \$500/-
6 Contributor address; City; State; Zip Code SUGAR LAND, TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEERA SANB	Amount of contribution (\$) \$100/-
Contributor address; City; State; Zip Code MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARTHA CHATTERJEE	Amount of contribution (\$) \$101/-
Contributor address; City; State; Zip Code HOUSTON, TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABHINAV BANERJEE	Amount of contribution (\$) \$301/-
Contributor address; City; State; Zip Code 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

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: 10
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DOMON	7 Amount of contribution (\$) \$200/-
6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
8 Principal occupation / Job title (See Instructions)		9 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)
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.

LOANS**SCHEDULE E**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 E: ①	
2 FILER NAME ASHISH AGRAWAL				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan 4/4/21		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL		9 Loan Amount (\$) \$4,000/-	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N		8 Lender address; City; State; Zip Code SUGAR LAND TX 77479		10 Interest rate _____	
				11 Maturity date _____	
12 Principal occupation / Job title (See Instructions) _____			13 Employer (See Instructions) _____		
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		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)	
Is lender a financial Institution? Y N		Lender address; City; State; Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none			<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor _____ 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

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: ⑦		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/24/21		5 Payee name MR. JI CONNECTIONS			
6 Amount (\$) \$48/-		7 Payee address; City; State; Zip Code P.O. Box 2082 Missouri City TX 77459			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP		(b) Description CAMPAIGN ADVISOR		
	(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 3/29/21		Payee name MR. JI CONNECTIONS			
Amount (\$) \$120.72		Payee address; City; State; Zip Code P.O. Box 2082 Missouri City TX 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXP		Description MEDIA		
	<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 3/30/21		Payee name MR. JI CONNECTIONS			
Amount (\$) \$33.27		Payee address; City; State; Zip Code P.O. Box 2082 Missouri City TX 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXP		Description MEDIA		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ⑦		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/21		5 Payee name JAMES THOMAS			
6 Amount (\$) \$25/-		7 Payee address; City; State; Zip Code MISSOURI CITY TX 77459			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description NOTARY		
	(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 4/1/21		Payee name BANK OF AMERICA			
Amount (\$) \$16/-		Payee address; City; State; Zip Code SUGAR LAND TX 77478			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING		Description BANK FEES		
	<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 4/2/21		Payee name BANK CARD, BOBA			
Amount (\$) \$46.95		Payee address; City; State; Zip Code SUGAR LAND TX 77478			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING		Description FEES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ⑦		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 4/4/21		5 Payee name HOT COFFEE DIGITAL MARKETING			
6 Amount (\$) \$150/-		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) ADV EXP		(b) Description CAMPAIGN MATERIAL		
	(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 4/4/21		Payee name HOME DEPOT			
Amount (\$) \$140.36		Payee address; City; State; Zip Code Sugar Land TX 77458			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV EXP		Description CAMPAIGN (SIGN) MATERIAL		
	<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 4/5/21		Payee name MINUTEMAN PRESS			
Amount (\$) \$7,050/-		Payee address; City; State; Zip Code 1324 PIN OAK RD KATY TX 77494			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP		Description CAMPAIGN MATERIAL		
	<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

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: 7	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/21	5 Payee name HAZEL LUNDY SERVICES	
6 Amount (\$) \$1,515/-	7 Payee address; City; State; Zip Code 17022 QUAIL BOND, MISSOURI CITY TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV EXP	(b) Description OUTREACH
	(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 4/8/21	Payee name FORT BOND INDEPENDENT	
Amount (\$) \$150/-	Payee address; City; State; Zip Code P.O. Box 623 SUGAR LAND TX 77487	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV EXP	Description MEDIA
	<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 4/8/21	Payee name HOMES DEPOT	
Amount (\$) \$161.10	Payee address; City; State; Zip Code SUGAR LAND TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXP	Description CAMPAIGN (SIGN) MATERIAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: ⑦		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 4/10/21		5 Payee name BUTLER WISEMAN PUBLISHER			
6 Amount (\$) \$200/-		7 Payee address; City; State; Zip Code 4107 INKBERRY VALLEY LN, HOUSTON, TX 77045			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV EXP		(b) Description MEDIA		
	(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 4/12/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$700/-		Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<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 4/12/21		Payee name MR. JI CONNECTIONS			
Amount (\$) \$300/-		Payee address; City; State; Zip Code P.O. BOX 2082 MISSOURI CITY TX 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<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

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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 ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 4/14/21		5 Payee name MINUTEMAN PRESS			
6 Amount (\$) \$3,500/-		7 Payee address; 1324 PIN OAK RD		City; KATY	State; TX Zip Code 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP		(b) Description CAMPAIGN MATERIAL		
	(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 4/20/21		Payee name HOMES DEPOT			
Amount (\$) \$57.83		Payee address;		City; SUGARLAND	State; TX Zip Code 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV EXP		Description CAMPAIGN (SIGN) MATERIAL		
	<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 4/20/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$125/-		Payee address; 9600 GLENFIELD CT		City; HOUSTON	State; TX Zip Code 77096
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV EXP		Description CAMPAIGN MATERIAL		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/21	5 Payee name GEETANJALI RADIO	
6 Amount (\$) \$100/-	7 Payee address; City; State; Zip Code HOUSTON TX 77056	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV EXP	(b) Description MEDIA
	(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 4/22/21	Payee name DATT PERFORMING ARTS
Amount (\$) \$200/-	Payee address; City; State; Zip Code HOUSTON TX 77063
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV EXP
	Description MEDIA
<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

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.

Rehan

S

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

18331 NEWMACHAR WAY

☒ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

759-8715

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms

MARTHA

NICKNAME

LAST

SUFFIX

LISLE

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

8718 Grasswren

Richmond

TX

77407

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

213-6668

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

02

15

2021

THROUGH

Month

Day

Year

04

23

2021

11 ELECTION

ELECTION DATE

Month

Day

Year

☒ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD Board of Trustee Position 2

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

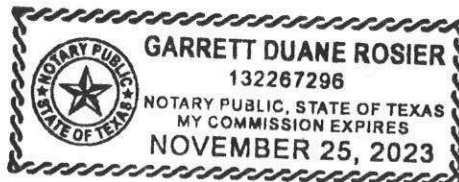
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 8125
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8125
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8896.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 8896.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8125
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Rehan Ahmed
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rehan Ahmed this the 23 day of April, 2021, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

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

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8125
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1000
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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 516.53
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8380
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 REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Feb 22, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed Abdulhameed	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code 8718 Grasswren Rd Richmond TX 77407		
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) Lisle Violin Shop
Date Feb 22, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baseer Pirzada	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 7941 Katy Fwy #787 , Houston, TX 77024		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) 5th Stream Realty
Date Feb 23, 2021 Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laique Rehman	Amount of contribution (\$) \$400
Contributor address; City; State; Zip Code 5075 Westheimer Rd Suite 675, Houston, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Mar 9, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahla Wahid	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 2601 S Braeswood Blvd Apt 1404, Houston, TX 77025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
2 Pages attached		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Mar 9, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernon Beyer <hr/> 6 Contributor address; City; State; Zip Code 4 Ellicot Way Sugarland TX 77479	7 Amount of contribution (\$) \$5000
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zahoor Gire <hr/> Contributor address; City; State; Zip Code 1606 Potomac Houston TX 77057	Amount of contribution (\$) \$750
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muzzaffar Siddiqi <hr/> Contributor address; City; State; Zip Code 11 Laurel Wreath Trail Sugar Land TX 77498	Amount of contribution (\$) \$400
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salman Razzaqi <hr/> Contributor address; City; State; Zip Code 12555 S Dairy Ashford Rd Houston, TX 77099	Amount of contribution (\$) \$300
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Mar 27, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asif Malik	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 18946 Elrington Creek Ct Richmond TX 77407	
8 Principal occupation / Job title (See Instructions) IT - Engineer		9 Employer (See Instructions) NCR
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qamrus Salam	Amount of contribution (\$) \$150
	Contributor address; City; State; Zip Code 2614 Night Song Dr Pearland TX 77584	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilyas Choudry	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 5822 Catherwood Lane Houston TX 77084	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalid R Malik	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 11414 Rock Bridge Ln Sugarland TX 77498	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Apr 20, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashid Zakaria	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 4003 Thistle Hill Court Sugarland TX 77479		
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) Self Employed
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)
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.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

\$

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

Revised 8/17/2020

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**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:		2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 513.53	
5 Date 03/20/2021		6 Payee name Home Depot			
7 Amount (\$) 513.53		8 Payee address; 10419 Highway 6 South		City; Sugar Land	State; TX Zip Code 77407
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) Solicitation Expenditure		(b) Description Banner / Sign Stakes, zip ties and stake drivers	
		(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		Candidate / Officeholder name REHAN AHMED		Office sought FBISD Board of Trustee Position 2	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		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 REHAN AHMED		3 Filer ID (Ethics Commission Filers)	
4 Date Feb 22, 2021		5 Payee name Mauricio Marin			
6 Amount (\$) \$1200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City: Richmond State: TX Zip Code: 77407			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense		(b) Description Website Development/ Photoshot, flyers, business cards, yard sign, banner design		
	(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 Feb 25, 2021		Payee name Uzair Ahmed			
Amount (\$) \$1000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: Houston State: TX Zip Code:			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expenditure		Description Facebook Page Dev. and maintainence		
	<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 Mar 10, 2021		Payee name Nasir Allied Signs			
Amount (\$) \$3600 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 6820 Harwin Dr. City: Houston, State: TX Zip Code: 77036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) s Advertisement Expense		Description Yard Signs, 4x4 Signs		
	<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 1 More Sheet Attached					

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 REHAN AHMED		3 Filer ID (Ethics Commission Filers)	
4 Date Mar 14, 2021		5 Payee name NTM			
6 Amount (\$) \$200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Houston TX 77036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense		(b) Description TV One Usa - TV show fee		
	(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 Mar 16, 2021		Payee name Syed Shahzad			
Amount (\$) \$930 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9440 Harwin Dr. Suite # E Houston TX 77036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Campaign T Shirt Printing and Business cards		
	<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 Mar 20, 2021		Payee name Home Depot			
Amount (\$) \$516.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10419 Highway 6 South Sugar Land TX 77407			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Stakes - Zip ties - Stakes Driver		
	<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	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 REHAN AHMED	3 Filer ID (Ethics Commission Filers)
4 Date Apr 5, 2021	5 Payee name Uzair Ahmed	
6 Amount (\$) \$1000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expenditure	(b) Description Social Media Marketing
	(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 Apr 11, 2021	Payee name Jameel		
Amount (\$) \$200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Richmond TX 77407		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expenditure	Description Newspaper Add	
	<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 Apr 22, 2021	Payee name Syed Shahzad		
Amount (\$) \$250 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9440 Harwin Dr Suite # E Houston TX 77036		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expenditure	Description Flyer printing	
	<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 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

REHAN AHMED

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:
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3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:30%;">MS / MRS / MR</td> <td style="width:30%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Stephanie</td> <td>A.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Brown</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Stephanie	A.	NICKNAME	LAST	SUFFIX		Brown		OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">APR 23 2021</div> <div style="text-align: center; color: blue; font-weight: bold;">BY: GPK</div> Date Hand-delivered or Date Postmarked <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount \$		
MS / MRS / MR	FIRST	MI																
Mrs.	Stephanie	A.																
NICKNAME	LAST	SUFFIX																
	Brown																	
Receipt #	Amount \$																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td>1206 Blue Diamond Dr.</td> <td></td> <td>Missouri City, TX</td> <td></td> <td>77489</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1206 Blue Diamond Dr.		Missouri City, TX		77489							
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Ms.	Alexandria	N.																
NICKNAME	LAST	SUFFIX																
	Brown																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>1206 Blue Diamond Dr.</td> <td></td> <td>Missouri City</td> <td>TX</td> <td>77489</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1206 Blue Diamond Dr.		Missouri City	TX	77489					
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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)							
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:30%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>3</td> <td>24</td> <td>21</td> <td></td> <td>4</td> <td>22</td> <td>21</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	3	24	21		4	22	21	
Month	Day	Year	THROUGH	Month	Day	Year												
3	24	21		4	22	21												
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 5 1 21 </td> <td style="width:60%;"> ELECTION TYPE <input checked="" 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 5 1 21	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special													
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Bend ISD Board of Trustees Position 6																
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p style="font-size: 0.8em;">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.</p> <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS							
COMMITTEE TYPE	COMMITTEE NAME																	
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS																	
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																	
	COMMITTEE CAMPAIGN TREASURER ADDRESS																	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 2171.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1526.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1933.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

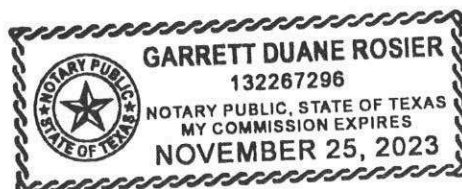
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Stephane A Brown

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stephanie Brown this the 23 day of April,

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 the BOT
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2171.34
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	\$ 1171.34
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	\$

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
4/9/21	Elizabeth Ross				
	6 Contributor address; City; State; Zip Code				
	1020 Brand Lane #18202 Stafford, TX 77477			50.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Student			Alief School District		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
4/10/21	Michael Hearn				
	Contributor address; City; State; Zip Code				
	510 Foxglove Dr Missouri City TX 77489			100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Engineering/Sales			MWHQuest Enterprise		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
4/11/21	Sheila Jackson				
	Contributor address; City; State; Zip Code				
	1702 Northshore Dr. Missouri City, TX 77459			115.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Sr. Coordinator			H-E-B		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
4/11/21	Gail Johnson				
	Contributor address; City; State; Zip Code				
	602 Saberwood Missouri City, TX 77489			150.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jade Cowans 6 Contributor address; City; State; Zip Code 4939 Birchwood Bluff Rosharon, TX 77583	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Customer Solutions Supervisor		9 Employer (See Instructions) Brenntag Lubricants
Date 3/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey Byrd Contributor address; City; State; Zip Code 3214 Confederate Dr. Missouri City, TX 77459	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velma Pete Contributor address; City; State; Zip Code 1914 Mountshire Dr. Missouri City, TX 77489	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Harris Health
Date 4/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Simon Contributor address; City; State; Zip Code P.O. Box 1513 Missouri City, TX 77459	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Houston Community College
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$)	
4/9/21		Sylvia Franklin			
		6 Contributor address; City; State; Zip Code			
		5410 Canterway Houston TX 77048		500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Postal Worker			United States Postal Service		
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
4/14/21		Brian Clark			
		Contributor address; City; State; Zip Code			
		2818 Green Creek Missouri City, TX 77489		100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Financial Consultant			BG Clark & Associates		
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
4/16/21		Deron Harrington			
		Contributor address; City; State; Zip Code			
		3815 Westall Lane Missouri City, TX 77459		250.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Attorney			MMLJ, Inc.		
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.					

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date 4/9/21		5 Full name of contributor Elizabeth Ross <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) 50.00	
		6 Contributor address; City; State; Zip Code 1020 Brand Lane #18202 Stafford, TX 77477			
8 Principal occupation / Job title (See Instructions) Student			9 Employer (See Instructions) Alief School District		
Date 4/10/21		Full name of contributor Michael Hearn <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) 100.00	
		Contributor address; City; State; Zip Code 510 Foxglove Dr Missouri City TX 77489			
Principal occupation / Job title (See Instructions) Engineering/Sales			Employer (See Instructions) MWHQuest Enterprise		
Date 4/11/21		Full name of contributor Sheila Jackson <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) 115.00	
		Contributor address; City; State; Zip Code 1702 Northshore Dr. Missouri City, TX 77459			
Principal occupation / Job title (See Instructions) Sr. Coordinator			Employer (See Instructions) H-E-B		
Date 4/11/21		Full name of contributor Gail Johnson <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) 150.00	
		Contributor address; City; State; Zip Code 602 Saberwood Missouri City, TX 77489			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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		3 Filer ID (Ethics Commission Filers)	
4 Date 4/3/21		5 Payee name Call Hub			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code No Physical Address			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description Phone Bank Calling System		
	(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 4/22/21		Payee name Call Hub			
Amount (\$) 100.00		Payee address; City; State; Zip Code No Physical Address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense		Description Phone Bank System		
	<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 3/18/21		Payee name Fiverr			
Amount (\$) 60.34		Payee address; City; State; Zip Code No Physical Address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Sign design		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/21		5 Payee name Fiverr			
6 Amount (\$) 25.00		7 Payee address; City; State; Zip Code No Physical Address			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Sign Design		
	(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

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	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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4/5/21		5 Payee name 3MGraphics			
6 Amount (\$) 636.00		7 Payee address; City; State; Zip Code 11730 S. Wilcrest Dr. Houston TX 77099			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Push Cards and Yard 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			
		3MGraphics			
Amount (\$)		Payee address; City; State; Zip Code			
355.60		11730 S. Wilcrest Dr. Houston, TX 77099			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Advertising Expense		Yard 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		Payee name			
4/2/21		Malcolm & Martin Strategies			
Amount (\$)		Payee address; City; State; Zip Code			
250.00		7105 old Katy Rd # 2114 Houston TX 77024			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Consulting Expense		Van System		
		<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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 1578.26
5 Date 4/5/21	6 Payee name 3MGraphics	
7 Amount (\$)	8 Payee address; City; State; Zip Code 11730 S. Wilcrest Dr. Houston, TX 77099	
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)	(b) Description
	Advertising Expense	Yard signs and push cards
	(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		
	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		
	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

Stephanie A. Brown

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

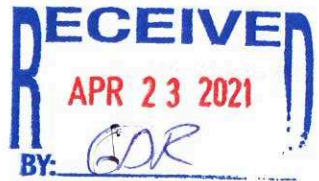
•• Complete this section *only* if you are an officeholder ••

- ☐ 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: 8																								
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>MRS</td> <td>JUDY</td> <td></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>DAE</td> <td></td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		MRS	JUDY			NICKNAME	LAST	SUFFIX			DAE			OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">Receipt #</td> <td style="width:50%; font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$			Date Processed		Date Imaged	
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NICKNAME	LAST	SUFFIX																									
	DAE																										
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:20%; font-size: small;">STATE;</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>34 HESSENFORD ST</td> <td></td> <td>SUGAR LAND TX</td> <td></td> <td>77479</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	34 HESSENFORD ST		SUGAR LAND TX		77479														
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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></td> <td></td> <td></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></td> <td></td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI						NICKNAME	LAST	SUFFIX						7 CAMPAIGN TREASURER ADDRESS (Residence or Business)								
	MS / MRS / MR	FIRST	MI																								
NICKNAME	LAST	SUFFIX																									
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(956)	821-6879																										
9 REPORT TYPE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><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%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">Month</td> <td style="width:20%; font-size: small;">Day</td> <td style="width:20%; font-size: small;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: small;">Month</td> <td style="width:20%; font-size: small;">Day</td> <td style="width:20%; font-size: small;">Year</td> </tr> <tr> <td>3</td> <td>31</td> <td>21</td> <td>THROUGH</td> <td>4</td> <td>21</td> <td>21</td> </tr> </table>		Month	Day	Year		Month	Day	Year	3	31	21	THROUGH	4	21	21										
Month	Day	Year		Month	Day	Year																					
3	31	21	THROUGH	4	21	21																					
11 ELECTION		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td style="width:60%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month Day Year</td> <td style="font-size: small;">Primary Runoff Other Description</td> </tr> <tr> <td>5 / 1 / 21</td> <td> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	Primary Runoff Other Description	5 / 1 / 21	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special																		
ELECTION DATE	ELECTION TYPE																										
Month Day Year	Primary Runoff Other Description																										
5 / 1 / 21	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special																										
12 OFFICE		13 OFFICE SOUGHT (if known)																									
OFFICE HELD (if any) -		FORT BEND ISD BOARD POSITION 2																									
14 NOTICE FROM POLITICAL COMMITTEE(S)		<p style="font-size: x-small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="width:80%; font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td rowspan="2" style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS																	
COMMITTEE TYPE	COMMITTEE NAME																										
GENERAL	COMMITTEE ADDRESS																										
	COMMITTEE CAMPAIGN TREASURER NAME																										
SPECIFIC	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 JUDY DAE		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)	\$ 170.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,323.42
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 405.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,849.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,857.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Judy Dae

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

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

OR

(2) Unsworn Declaration

My name is OSCAR SAENZ, and my date of birth is OCTOBER 11, 1977.

My address is 1110 PASSON FLOWER WAY, RICHMOND, TX, 77406, FORT BEND.
(street) (city) (state) (zip code) (country)

Executed in FORT BEND County, State of TEXAS, on the 31 day of MARCH, 2021.
(month) (year)

Oscar Saenz

Signature of Candidate/Officeholder (Declarant)

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

OSCAR SAENZ

**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,153.42
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ (3,421.68)
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Jiahui Wan 6 Contributor address; City; State; Zip Code 4903 Keneshaw, Sugar Land, TX	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2021	Full name of contributor out-of-state PAC (ID#: _____) Randall Curry Contributor address; City; State; Zip Code 3422 Mimosa Way, Sugar Land, TX 77479	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2021	Full name of contributor out-of-state PAC (ID#: _____) Mourhaf Linda Sabouni Contributor address; City; State; Zip Code 23 Palm Blvd., Missouri City, TX 77459	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) Domalapalli Kmar Contributor address; City; State; Zip Code 3702 Springhill Ln, Sugar Land, TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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****2** FILER NAME

OSCAR SAENZ

3 Filer ID (Ethics Commission Filers)**4** Date

04/14/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

Tobin Englet

7 Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

4534 Bermuda Dr, Sugar Land, TX 77479

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/14/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Prithvial and Manmeet Likhari

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

4450 Palm Royale Blvd., Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/14/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Harish & Shashi Jajoo

Amount of contribution (\$)

400.00

Contributor address;

City;

State;

Zip Code

62 Bradford Ct, Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Michael Gibson

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

911 Millpond Dr, Sugar Land

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: 3		2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)	
4 Date 04/01/2021		5 Payee name Gabbie Mock			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description Student Showcase		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/05/2021		Payee name Jesse Torres			
Amount (\$) 600.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/07/2021		Payee name M3 GRAPHICS INC			
Amount (\$) 1,071.68		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)	
4 Date 04/12/2021		5 Payee name Southern Chinese Daily			
6 Amount (\$) 720.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description Advertisement		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/19/2021		Payee name CORREDOR CONCEPTS			
Amount (\$) 380.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description Advertisement		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/21/2021		Payee name FBISD			
Amount (\$) 250.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITAION/FUNDRAISING EXPENSE		Description Fee		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME OSCAR SAENZ	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	5 Payee name MCELVY VASQUEZ INC	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description Services
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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 (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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

Signature: Oscar Saenz

Email: oscarsaenz.os@gmail.com

Signature: Judy Dae
Judy Dae (Apr 23, 2021 15:34 CDT)

Email: judy4fbisd@gmail.com







COH Report No. 02 - Combined

Final Audit Report

2021-04-23

Created:	2021-04-23
By:	oscar saenz (oscarsaenz.os@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAGvd_e3r_spETiMjtrTcq1S75CC7DMA9R

"COH Report No. 02 - Combined" History

-  Document created by oscar saenz (oscarsaenz.os@gmail.com)
2021-04-23 - 8:31:26 PM GMT- IP address: 75.88.130.239
-  Document e-signed by oscar saenz (oscarsaenz.os@gmail.com)
Signature Date: 2021-04-23 - 8:33:37 PM GMT - Time Source: server- IP address: 75.88.130.239
-  Document emailed to judy Dae (judy4fbisd@gmail.com) for signature
2021-04-23 - 8:33:39 PM GMT
-  Email viewed by judy Dae (judy4fbisd@gmail.com)
2021-04-23 - 8:33:59 PM GMT- IP address: 66.249.80.121
-  Document e-signed by judy Dae (judy4fbisd@gmail.com)
Signature Date: 2021-04-23 - 8:34:52 PM GMT - Time Source: server- IP address: 98.201.233.124
-  Agreement completed.
2021-04-23 - 8:34:52 PM GMT

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

KRISTEN D. MALONE

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)

\$ 2,410.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 457.85

CONTRIBUTION
BALANCE

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

\$ 1,952.15

OUTSTANDING
LOAN TOTALS

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

\$

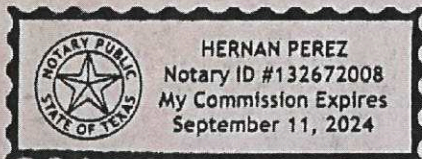
18 SIGNATURE

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.

Kristen D. Malone
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kristen D. Malone this the 26 day of April

20 21, to certify which, witness my hand and seal of office.

Hernan Perez
Signature of officer administering oath Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>KRISTEN D. MALONE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,410.00</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>457.85</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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:

1 of 4

2 FILER NAME

KRISTEN D. MALONE

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/21

5 Full name of contributor

KRISTEN MALONE

out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City;

State;

Zip Code

2123 SOUTH FOUNTAIN VALLEY
MISSOURI CITY TX. 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/21

Full name of contributor

CATHERINE PLUMB

out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

2815 EAST PEBBLE BEACH
MISSOURI CITY, TX. 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/21

Full name of contributor

ANGELA KONGER

out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

3951 PLEASANT VALLEY DRIVE
MISSOURI CITY, TX. 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

KRISTEN MALONE

out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 10.00

Contributor address;

City;

State;

Zip Code

2123 SOUTH FOUNTAIN VALLEY DRIVE
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

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 of 4
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/21	5 Full name of contributor out-of-state PAC (ID# _____) JENNA PITTMAN	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/21	Full name of contributor out-of-state PAC (ID# _____) JULIA HANDY	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor out-of-state PAC (ID# _____) KIMBERLY McMorris	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/21	Full name of contributor out-of-state PAC (ID# _____) ALBERT MORRENT	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
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

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: 3 of 4
2 FILER NAME KRISTEN A. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor out-of-state PAC (ID# _____) CATHERINE ZAUFEL	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/21	Full name of contributor out-of-state PAC (ID# _____) LAWRENCE BELL	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor out-of-state PAC (ID# _____) MELISSA GANAWAY	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/21	Full name of contributor out-of-state PAC (ID# _____) MIDDLEMAN MESSENGER, INC.	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code		
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

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: 4 of 4
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor out-of-state PAC (ID# _____) DR. ELISSA WEDEMAYER <hr/> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/21	Full name of contributor out-of-state PAC (ID# _____) LEANN STIDHAM <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) <hr/> 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# _____) <hr/> 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

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

1022

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 KRISTEN A. MALONE	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/21	5 Payee name LOWES	
6 Amount (\$) \$45.34	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description STAKES FOR BANNER
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/9/21	Payee name TRACTOR SUPPLY	
Amount (\$) \$355.25	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description POSTS FOR BANNER
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/19/21	Payee name GO DADDY	
Amount (\$) \$31.97	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description OFFICE SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

2 of 2

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:	2 FILER NAME KRISTEN D. MALONE	3 Filer ID (Ethics Commission Filers)
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4 Date 4/22/21	5 Payee name FALSBK NAZYBZSH
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6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description OFFICE SUPPLIES
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

Date 4/22/21	Payee name FALSBK NAZYBZSH
------------------------	--------------------------------------

Amount (\$) \$10.00	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description OFFICE SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/21	Payee name PAYPAL
-----------------------	-----------------------------

Amount (\$) 5.29	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description FEE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Allison	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED Date Received APR 23 2021 BY: <i>GDR</i> </div> </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
			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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/24/2021 04/21/2021		
10 ELECTION	ELECTION DATE Month Day Year 05/01/2021		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)		12 OFFICE SOUGHT (if known) FBISD Trustee Position 6 Place Fort Bend District FBISD

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 8

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	\$ 800.00
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	\$ 500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,100.13
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	\$ 50.00
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: 2/2 Rpt: 5/8
2 FILER NAME Drew, Allison		3 Filer ID
4 Date 04/07/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Karen	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) Clinical Psychologist		9 Employer (See Instructions) Self
Date 04/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancey, Rick	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeung, Bridget	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 538 Lombardy Drive Sugar Land, TX 77478	
Principal occupation / Job title (See Instructions) Retired Council Member		Employer (See Instructions) City of Sugar Land
Date 04/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhang, Simon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 1/1 Rpt: 7/8	2 FILER NAME Drew, Allison	3 Filer ID
4 Date 04/15/2021	5 Payee name Harrison, Dave	
6 Amount (\$) \$180.00	7 Payee address; City; State; Zip Code Sugar Land, TX 77479	
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 Push Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2021	Payee name Sprint2Print	
Amount (\$) \$920.13	Payee address; City; State; Zip Code 8748 Clay Rd Houston, TX 77080	
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 Yard 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	2 Total pages filed: 8
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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/24/2021 04/21/2021		
10 ELECTION	ELECTION DATE Month Day Year 05/01/2021	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)	12 OFFICE SOUGHT (if known) FBISD Trustee Position 6 Place Fort Bend District FBISD	

GO TO PAGE 2

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

3 of 8

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	\$ 800.00
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	\$ 500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,100.13
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	\$ 50.00
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: 2/2 Rpt: 5/8
2 FILER NAME Drew, Allison		3 Filer ID
4 Date 04/07/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Karen 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Clinical Psychologist		9 Employer (See Instructions) Self
Date 04/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancey, Rick Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeung, Bridget 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
Date 04/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhang, Simon Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 1/1 Rpt: 7/8	2 FILER NAME Drew, Allison	3 Filer ID
4 Date 04/15/2021	5 Payee name Harrison, Dave	
6 Amount (\$) \$180.00	7 Payee address; City; State; Zip Code Sugar Land, TX 77479	
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 Push Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2021	Candidate/Officeholder name Sprint2Print	Office sought Office held
Amount (\$) \$920.13	Payee address; City; State; Zip Code 8748 Clay Rd Houston, TX 77080	
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 Yard 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 Ms. Adeola O		OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">APR 23 2021</div> BY: GOR								
	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										
	AREA CODE PHONE NUMBER EXTENSION (832) 244-5861										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 244-5861		Date Hand-delivered or Date Postmarked								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Soniah J.		Receipt # Amount \$								
	NICKNAME LAST SUFFIX Jones		Date Processed								
			Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4714 Forest Home Drive Missouri City TX 77459										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 721-1896										
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 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	Month Day Year Month Day Year 3 / 23 / 21 THROUGH 4 / 21 / 21										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Fort Bend ISD - Position 6										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Adeola O. Heyliger

16 Filer ID (Ethics Commission Filers)

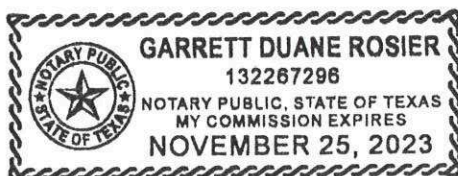
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 545. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,690. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 120. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,738. ²⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,906. ⁹⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adeola O. Heyliger this the 23 day of April,

20 21, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME *Adeola O. Heyliger*

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>11,145.⁰⁰</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>17,560.⁶⁰</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>4,067.⁶⁸</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

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: **8**

2 FILER NAME **Adeola O. Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
4/1/21

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

7 Amount of contribution (\$)
3,000.⁰⁰

6 Contributor address; City; State; Zip Code
12621 W. Airport Blvd Suite 400 Sugar Land TX 77478

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/1/21

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

Amount of contribution (\$)

Marvelyn Harris

100.⁰⁰

Contributor address; City; State; Zip Code

Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/3/21

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

Amount of contribution (\$)

Baig Mohammed

500.⁰⁰

Contributor address; City; State; Zip Code

13112 Haven Falls Ln. Sugarland TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/3/21

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

Amount of contribution (\$)

Leslie Mack

100.⁰⁰

Contributor address; City; State; Zip Code

2515 Edgedale Missouri City TX 77489

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Adeola O. Heyliger

3 Filer ID (Ethics Commission Filers)

4 Date
4/4/21

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
1368 Lake Pointe Sugar Land TX 77478

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/6/21

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

Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code
23 Palm Blvd Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/6/21

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kenneth R. Demerchant

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
60 Schubach Dr. Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/8/21

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
5651 Willers Way Houston TX 77056

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Adeola O. Heyliger

3 Filer ID (Ethics Commission Filers)

4 Date 3/23/21

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
mblacklock9@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/21

Kadria Derrick

500.00

Contributor address; City; State; Zip Code

Knderrick01@aol.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/21

Jackie Bush

100.00

Contributor address; City; State; Zip Code

jackiebush@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/21

James Mattox

100.00

Contributor address; City; State; Zip Code

jmattox37@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Clouser	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code clousergloria@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer House	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code palmerhouseministry@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garelyn Sauls	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code garelyn@houstonluxuryliving.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katrina Hartwell	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code khartwell@inspiredhands.net		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Floyd	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code chrisfloyd4@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Lewis	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code cindylew98@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Bludso	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code bludsosbbq@yahoo.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Lewis	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code eilewis10@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Mattox 6 Contributor address; City; State; Zip Code jmattox37@gmail.com	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Clouser Contributor address; City; State; Zip Code lynn.clouser@yahoo.com	Amount of contribution (\$) 450.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Kimmons Contributor address; City; State; Zip Code BKimmons1@gmail.com	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Carter Contributor address; City; State; Zip Code scarter@sterlingtherapy.com	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexis Rylander	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code alexisrylander@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neeta Sane	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code neeta@neetasane.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert Stone III	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code has3trey@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Farley	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code frakeyfrank@hotmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhyan Mays 6 Contributor address; City; State; Zip Code thetamu64@gmail.com	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvette Mitchell Contributor address; City; State; Zip Code mitche10@hotmail.com	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemit Wooley Contributor address; City; State; Zip Code Wooley0812@gmail.com	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynette Reddix Contributor address; City; State; Zip Code lynettereddix23@yahoo.com	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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>Adelke Heylig</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/10/21</i>		5 Payee name <i>3M graphics</i>			
6 Amount (\$) <i>7,248.30</i>		7 Payee address; City; State; Zip Code <i>Houston TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>mail in</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 ONLY if direct expenditure to benefit C/OH					
Date <i>4/12/21</i>		Payee name <i>Texas Campaign</i>			
Amount (\$) <i>300.00</i>		Payee address; City; State; Zip Code <i>Houston, TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		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					
Date <i>4/12/21</i>		Payee name <i>Texas Campaign</i>			
Amount (\$) <i>165.00</i>		Payee address; City; State; Zip Code <i>Houston, TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Post</i>		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>		2 FILER NAME <i>Adrian O. Heyliger</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/20/21</i>		5 Payee name <i>3M Graphics</i>			
6 Amount (\$) <i>8,577.30</i>		7 Payee address; City; State; Zip Code <i>Houston TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Mail on</i>		
	<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>4/20/21</i>		Payee name <i>The Young and the Politice</i>			
Amount (\$) <i>1,250.00</i>		Payee address; City; State; Zip Code <i>Houston, TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Political Advertish</i>		Description <i>Concess</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					

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 Adeola Heyliger	3 Filer ID (Ethics Commission Filers)
4 Date 3/20	5 Payee name Texas Victory Consulting	
6 Amount (\$) 545.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(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 3/27	Payee name Texas Victory Consulting	
Amount (\$) 545.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting 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 3/27	Payee name Texas Victory Consulting	
Amount (\$) 1,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting 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		

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 of Schedule G: <u>5</u>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9/3/21</u>		5 Payee name <u>Texas Victory Consulting</u>			
6 Amount (\$) <u>18500.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <u>Houston, TX</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Canvassing Expense</u>		(b) Description	
		(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 <u>4/10/21</u>		Payee name <u>Texas Victory Consulting</u>			
Amount (\$) <u>600</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>Houston, TX</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Canvassing Expense</u>		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 <u>4/11/21</u>		Payee name <u>Texas Victory Consulting</u>			
Amount (\$) <u>500.00</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>Houston, TX</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Canvassing Expense</u>		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		3 Filer ID (Ethics Commission Filers)
3	Adeola Heylge		
4 Date	5 Payee name		
4/21	Andree Johnson		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
117.00	Houston, TX		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Polling Expense		
	<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 (\$) Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended			
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 (\$) Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended			
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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Rafat	MI U
	NICKNAME	LAST Jilani	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2023 PLANTATION BEND DR SUGAR LAND TX 77478		
	Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 277-3230	EXTENSION
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Marium	MI
	NICKNAME	LAST Siddiqui	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2190 NORTH LOOP WEST #104, HOUSTON TEXAS 77018	
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 715-0733	EXTENSION
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 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	Month Day Year 3 / 23 / 21 THROUGH 4 / 23 / 21 Month Day Year		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FBISD BOARD OF TRUSTEES-POS 6	
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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

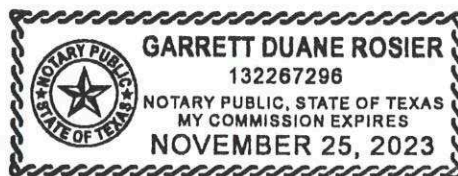
15 C/OH NAME RAFAT ULAIN JILANI		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,463.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 42.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

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

Rafat Ullain Jilani
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rafat Ullain Jilani this the 23 day of April, 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 _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F2: 1	2 FILER NAME Rafat Ulain Jilani	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0.00
5 Date 04/21/2021	6 Payee name Allied Signs	
7 Amount (\$) 372.38	8 Payee address; City; State; Zip Code 6820 Harwin Dr. Houston, TX 77036	
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) Advertising	(b) Description Invoice 1816 - 4mm Yard signs and Stakes
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 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
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	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 5		2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics Commission Filers)	
4 Date 04/13/2021		5 Payee name Door Direct			
6 Amount (\$) 4,350.00		7 Payee address; City; State; Zip Code 751 E. Bayou Pines Suite Q Lake Charles, LA 70601			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing Expense		(b) Description Design, Print, Planning/Mapping and Delivery of Doorhangers		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/20/2021		Payee name Ultra Mobile			
Amount (\$) 20.68		Payee address; City; State; Zip Code https://www.ultramobile.com/			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Phone Number/Cellular Plan for Campaign Phone Number		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/20/2021		Payee name Callhub.io			
Amount (\$) 125.00		Payee address; City; State; Zip Code https://callhub.io/			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign Peer to Peer Texting Platform and Plan		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 5		2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics Commission Filers)	
4 Date 04/02/2021		5 Payee name Allied Signs			
6 Amount (\$) 1,362.79		7 Payee address; City; State; Zip Code 6820 Harwin Dr. Houston, TX 77036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing		(b) Description Invoice 1796 -Banner, Banner Stand, Campaign Yard Signs and Push Cards (4th pmt) & Invoice # 1805 (\$703.08) Large Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/12/2021		Payee name DDK KABOB GRILL			
Amount (\$) 265.12		Payee address; City; State; Zip Code 11797 S Texas 6, Sugar Land, TX 77498			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense		Description Campaign Meeting and Volunteer coordination		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/05/2021		Payee name Fort Bend Elections Commission			
Amount (\$) 225.00		Payee address; City; State; Zip Code Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other/Printing Expense		Description Voter Data, Street Map, Ft. Bend County Map		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 5		2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics Commission Filers)	
4 Date 03/29/2021		5 Payee name Riaz Ali Rehmatullah			
6 Amount (\$) 240.00		7 Payee address; City; State; Zip Code 225 Floor Daniel, Apt # 17103 Sugar Land, Tx 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense		(b) Description Sound Equipment/ event rental and setup for meet & greet on 3/28		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/30/2021		Payee name HAWKTECH SOLUTIONS c/o HAMEED MOHAMMAD			
Amount (\$) 300.00		Payee address; City; State; Zip Code SH Excel Business Centre, 5th Floor, Satya Colony, Shaikpet, Hyderabad, 500008, Telangana State, India (hameed@hawktechsolution.com)			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description campaign website design, hosting and maintenance; graphic design (2nd installment)		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/30/2021		Payee name ALLIED SIGNS			
Amount (\$) 500.00		Payee address; City; State; Zip Code 6820 Harwin Dr. Houston, TX 77036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising and Printing		Description Invoice 1796 -Banner, Banner Stand, Campaign Yard Signs and Push Cards (3rd pmt)		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 5		2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics Commission Filers)	
4 Date 03/29/2021		5 Payee name Allied Signs			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code 6820 Harwin Dr. Houston, TX 77036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising & Printing		(b) Description Invoice 1796 -Banner, Banner Stand, Campaign Yard Signs and Push Cards (2nd pmt)		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/29/2021		Payee name HAWKTECH SOLUTIONS c/o HAMEED MOHAMMAD			
Amount (\$) 300.00		Payee address; City; State; Zip Code SH Excel Business Centre, 5th Floor, Satya Colony, Shaikpet, Hyderabad, 500008, Telangana State, India (hameed@hawktechsolution.com)			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising		Description campaign website design, hosting and maintenance; graphic design (1st installment)		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/27/2021		Payee name Shan Shirts			
Amount (\$) 175.00		Payee address; City; State; Zip Code 8000 Harwin Drive, Suite 520, Houston, Texas 77036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign T-Shirts		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 5	2 FILER NAME Rafat Ulain Jilani	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2021	5 Payee name Elite Banquet Hall	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 11315 S Texas 6 h, Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense/Food and Beverage Expense	(b) Description Candidate Meet and Greet Event (3/20) 3rd Pmt
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/29/2021	Payee name Elite Banquet Hall	
Amount (\$) 400.00	Payee address; City; State; Zip Code 11315 S Texas 6 h, Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense/Food and Beverage Expense	Description Candidate Meet and Greet Event (3/20) 4th Pmt
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/26/2021	Payee name Allied Signs	
Amount (\$) 500.00	Payee address; City; State; Zip Code 6820 Harwin Dr. Houston, TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description Invoice 1796 -Banner, Banner Stand, Campaign Yard Signs and Push Cards (1st pmt)
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
2 FILER NAME RAFAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	5 Full name of contributor out-of-state PAC (ID#: Benjamin Ruemke 6 Contributor address; City; State; Zip Code 3701 Kirby Dr #530, Houston, TX 77098	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/2021	Full name of contributor out-of-state PAC (ID#: Amna Mahmood Contributor address; City; State; Zip Code 3 Crown Trl, Sugar Land, TX, 77498	Amount of contribution (\$) 300.00
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.		

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
2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2021	5 Full name of contributor out-of-state PAC (ID#: Mohammed Munawar 6 Contributor address; City; State; Zip Code 3419 Summer Bay Dr Sugar Land, TX 77478	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2021	Full name of contributor out-of-state PAC (ID#: Khalid Manzoor Contributor address; City; State; Zip Code 615 Constellation Blvd League City, TX 77573	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2021	Full name of contributor out-of-state PAC (ID#: Zaki & Razi Niazi Contributor address; City; State; Zip Code 14825 Willis St Houston, TX 77039	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2021	Full name of contributor out-of-state PAC (ID#: Anwar Qadeer Contributor address; City; State; Zip Code 6134 San Felipe Houston Texas 77057	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

19 FILER NAME

RAFAT ULAIN JILANI

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,463.59
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 372.38
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 4

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Edtrina
Moss

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

10919 Perennial Mist Dr.
Missouri City, TX 77459

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(832) 978-4987

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Takeisha
Turner

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

16703 Forthbridge Ct
Houston, TX 77084

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 304-1284

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

4 / 12 / 2021 THROUGH 4 / 23 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

5 / 1 / 2021

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other
Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Bend ISO Trustee, Pos. 6

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>Edtrina Moss</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>128.21</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>128.21</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.

Edtrina Moss

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Edtrina Latrice Moss this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

Cassandra Y. Moss CASSANDRA Y MOSS Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

Edtrina Moss

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 128.21

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 1		2 FILER NAME Edtrina Moss		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name Edtrina Moss			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 10919 Perennial Mist Dr Missouri City, TX 77459			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Maintenance Monthly	
		(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 Edtrina Moss		Office sought Fort Bend ISO, Trustee	
				Office held Pos. 6	
Date 4/13/2021		Payee name Daley Professional Web Solutions			
Amount (\$) 29.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 402 Montgomery, NY 12549			
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 4/10/2021		Payee name Signs On the Cheap			
Amount (\$) 99.21 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 11525A Stonehollow Dr. Skelco Austin, TX 78758			
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

FORM C/OH
COVER SHEET PG 1

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

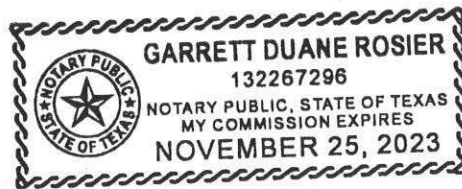
15 C/OH NAME <u>NADEEM NAIK</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>700.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>977.52</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>322.90</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>567.69</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.

Nadeem Naik
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nadeem Naik this the 23 day of April, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

NADEEM NAIK

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

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 700.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1000.00
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 322.90
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 checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 977.52
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME NAD EEM NAIK		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSA - CHEPPEL GAS STATION	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code SUGARLAND TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAKIA AHMAD	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code SUGARLAND TX		
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.

PLEDGED CONTRIBUTIONS**SCHEDULE B**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 B: <u>1</u>	
2 FILER NAME <u>NADEEM NAIK</u>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date <u>4/2/21</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NASIR ABBASI</u>	7 Pledgor address; City; State; Zip Code <u>SUGAR LAKE TX</u>	8 Amount of Pledge \$ <u>1000.00</u>	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.					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16 2 FILER NAME NADEEM NAIK 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 3/25/21 6 Payee name STERN SERVICE STATION

7 Amount (\$) 40.32 8 Payee address; City; State; Zip Code
SULPHUR TX

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) POLITICAL EXPENSE (b) Description GAS
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 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

TYPE OF EXPENDITURE ☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16	2 FILER NAME MADEEM NATIC	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3/21/21	6 Payee name Go DADDY.com	City;	State;	Zip Code
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7 Amount (\$) 89.79	8 Payee address; AZ
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name	City;	State;	Zip Code
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Amount (\$)	Payee address;
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16 2 FILER NAME: NADEEM NAIK 3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date: 4/1/21 6 Payee name: FLOYDS CASIN SEAFOOD City: State: Zip Code

7 Amount (\$): 159.53 8 Payee address: 59169 Southwest Freeway

9 TYPE OF EXPENDITURE: ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): FOOD & BEVERAGES (b) Description: EVENT EXPENSE (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name City; State; Zip Code

Amount (\$) Payee address;

TYPE OF EXPENDITURE: ☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16		2 FILER NAME NADEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4/9/21		6 Payee name SHEU SERVICE STATION			
7 Amount (\$) 51.55		8 Payee address; Houston TX		City; State; Zip Code	
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) Polling Expense		(b) Description GAS	
		(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 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	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16	2 FILER NAME NADEEN NAIK	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 4/12/21	6 Payee name I Hop	
7 Amount (\$) 44.08	8 Payee address; Houston TX	City; State; Zip Code
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) Food & Beverage	(b) Description Event Expense
	(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 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	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16	2 FILER NAME NADHEEM NAIK	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 8/12/21	6 Payee name Aqua Sweet	City;	State;	Zip Code
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7 Amount (\$) 22.47	8 Payee address; Sulmonland Tx
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverage	(b) Description Event Exp.
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name	City;	State;	Zip Code
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Amount (\$)	Payee address;
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16	2 FILER NAME NADDEM NAIK	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 4/13/21	6 Payee name SAVOY RESTAURANT	City;	State;	Zip Code
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7 Amount (\$) 13.27	8 Payee address; Houston TX
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverage	(b) Description Event Expense
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name	City;	State;	Zip Code
------	------------	-------	--------	----------

Amount (\$)	Payee address;
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16		2 FILER NAME NADEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4/14/21		6 Payee name FADIS			
7 Amount (\$) 38.41		8 Payee address; Suburbanland TX		City; State; Zip Code	
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) FOOD & BEVERAGE		(b) Description EVENT EXP.	
		(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 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	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16	2 FILER NAME NAHEEM NAIK	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 4/15/21	6 Payee name CARLOINA GALVAN
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7 Amount (\$) 100.00	8 Payee address; Houston TX	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP	(b) Description SOCIAL MEDIA
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16	2 FILER NAME NADDEM NAIK	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 4/16/21	6 Payee name MEETMOOD
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7 Amount (\$) 200.00	8 Payee address; Houston TX	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description NEWSPAPER
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16	2 FILER NAME NADEEM NAIK	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 4/19/21	6 Payee name SHELL SERVICE STATION		
7 Amount (\$) 25.58	8 Payee address; Houston TX	City;	State; Zip Code

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description GAS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16		2 FILER NAME NADEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4/19/21		6 Payee name ARUNA JINCE			
7 Amount (\$) 700.68		8 Payee address: SUGAR LAND		City; State; Zip Code TX	
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) FOOD & BEVERAGE		(b) Description EVENT EXPENSE	
		(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 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	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16		2 FILER NAME NADEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4/19/21		6 Payee name ABSOLUTE COLOR MARK			
7 Amount (\$) 51.96		8 Payee address; Houston TX		City; State; Zip Code	
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 EXP		(b) Description CARDS	
		(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 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	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16		2 FILER NAME NABEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4/19/21		6 Payee name Pleasure Island			
7 Amount (\$) 17.00		8 Payee address; Houston, TX			
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) FOOD & BEVERAGE		(b) Description EVENT EXPENSE	
		(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 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			
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			
		Candidate / Officeholder name		Office sought	
				Office held	
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16		2 FILER NAME NADEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4/1/21		6 Payee name Aqta Juice			
7 Amount (\$) 12.88		8 Payee address; SUGAR LAND		City; State; Zip Code	
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) FOOD & BEVERAGE		(b) Description EVENT EXP.	
		(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 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	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: 16		2 FILER NAME NADDEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 4/7/21		6 Payee name SHEU SERVICE STATION			
7 Amount (\$) 40.00		8 Payee address; Houston TX		City; State; Zip Code	
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)		(b) Description	
		Polling expense		SAS-	
		(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 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	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

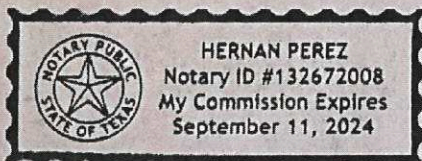
15 C/OH NAME <u>KRISTEN D. MALONE</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,410.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>457.85</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,952.15</u>
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.

Kristen D. Malone
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kristen D. Malone this the 26 day of April

20 21, to certify which, witness my hand and seal of office.

Hernan Perez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>KRISTEN D. MALONE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,410.00</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>457.85</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 1 of 4
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/21	5 Full name of contributor out-of-state PAC (ID#: KRISTEN MALONE	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 2123 SOUTH FOUNTAIN VALLEY MISSOURI CITY TX. 77459		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/21	Full name of contributor out-of-state PAC (ID#: CATHERINE PLUMB	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 2815 EAST PEBBLE BEACH MISSOURI CITY, TX. 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/21	Full name of contributor out-of-state PAC (ID#: ANGELA KONGER	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 3951 PLEASANT VALLEY DRIVE MISSOURI CITY, TX. 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/21	Full name of contributor out-of-state PAC (ID#: KRISTEN MALONE	Amount of contribution (\$) \$ 10.00
Contributor address; City; State; Zip Code 2123 SOUTH FOUNTAIN VALLEY DRIVE 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

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 of 4
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/21	5 Full name of contributor out-of-state PAC (ID# _____) JENNA PITTMAN	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/21	Full name of contributor out-of-state PAC (ID# _____) JULIA HANDY	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor out-of-state PAC (ID# _____) KIMBERLY McMorris	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/21	Full name of contributor out-of-state PAC (ID# _____) ALBERT MORRENT	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
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

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: 3 of 4
2 FILER NAME KRISTEN A. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor out-of-state PAC (ID# _____) CATHERINE ZAUFEL	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/21	Full name of contributor out-of-state PAC (ID# _____) LAWRENCE BELL	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor out-of-state PAC (ID# _____) MELISSA GANAWAY	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/21	Full name of contributor out-of-state PAC (ID# _____) MIDDLEMAN MESSENGER, INC.	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code		
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

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: 4 of 4
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor out-of-state PAC (ID# _____) DR. ELISSA WEDEMAYER	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/21	Full name of contributor out-of-state PAC (ID# _____) LEANN STIDHAM	Amount of contribution (\$) \$ 200.00
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

1022

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 KRISTEN A. MALONE	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/21	5 Payee name LOWES	
6 Amount (\$) \$45.34	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description STAKES FOR BANNER
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/9/21	Payee name TRACTOR SUPPLY	
Amount (\$) \$355.25	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description POSTS FOR BANNER
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/19/21	Payee name GO DADDY	
Amount (\$) \$31.97	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description OFFICE SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

2 of 2

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:	2 FILER NAME KRISTEN D. MALONE	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 4/22/21	5 Payee name FALSBK NAZYBZSH
--------------------------	--

6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description OFFICE SUPPLIES
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

Date 4/22/21	Payee name FALSBK NAZYBZSH
------------------------	--------------------------------------

Amount (\$) \$10.00	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description OFFICE SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

Date 4/1/21	Payee name PAYPAL
-----------------------	-----------------------------

Amount (\$) 5.29	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description FEE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: **(21)**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **(MR)**

FIRST

MI

ASHISH

NICKNAME

LAST

SUFFIX

AGRAWAL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6714 APSLEY CREEK LN

SUGAR LAND, TX 77479

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 786-9138

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **(MR)**

FIRST

MI

ALANA

S

NICKNAME

LAST

SUFFIX

McKEE

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

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

CITY;

STATE;

ZIP CODE

DEW BRIDGE CT, SUGAR LAND

TX 77479

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 224-4549

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

01 / 15 / 2021

THROUGH

Month

Day

Year

03 / 23 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other

Description

SCHOOL BOARD

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

—

13 OFFICE SOUGHT (if known)

FBISD BOT POSITION # 2

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

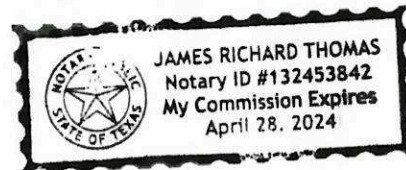
15 C/OH NAME ASHISH AGRAWAL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,042/-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ \$13,464.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,582.50

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.

Ashish Agrawal

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by **ASHISH AGRAWAL** this the **30th** day of **March**, 20**24**, to certify which, witness my hand and seal of office.

James R. Thomas
Signature of officer administering oath

James R. Thomas
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME 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	\$ 8,042/-
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	\$ 7,582.50
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,464.59
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: (8)
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KIRAN RAJAYA	7 Amount of contribution (\$) \$100/-
6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THERESA AND BERT SINTUPHANT	Amount of contribution (\$) \$100/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATTHEW GALPIN	Amount of contribution (\$) \$50/-
Contributor address; City; State; Zip Code HOUSTON TX 77011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MONICA AND GIRISH TANDON	Amount of contribution (\$) \$2,000/-
Contributor address; City; State; Zip Code SUGARLAND TX 77498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JAGRUTI AND HETESH PATEL

6 Contributor address;

City;

State;

Zip Code

RICHMOND, TX 77047

7 Amount of contribution (\$)

250/-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/4/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

JAN SCHARFMAN

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

Amount of contribution (\$)

\$100/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

LARISSA AND ADAY SHARMA

Contributor address;

City;

State;

Zip Code

SUGAR LAND, TX 77479

Amount of contribution (\$)

\$1,000/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

GOPAL AGGARWAL

Contributor address;

City;

State;

Zip Code

RICHMOND, TX 77407

Amount of contribution (\$)

\$500/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

RACHNA AND KAUSHAL SHAH

6 Contributor address;

City;

State;

Zip Code

RICHMOND TX 77407

7 Amount of contribution (\$)

\$100/-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/8/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

ASHISH ARORA

Contributor address;

City;

State;

Zip Code

SUGAR LAND, TX 77479

Amount of contribution (\$)

\$50/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

MANIKA AND PANKAJ ARORA

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

Amount of contribution (\$)

~~\$50/-~~
\$251/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

MANASI AND ASH PANDYA

Contributor address;

City;

State;

Zip Code

SUGAR LAND, TX 77479

Amount of contribution (\$)

\$151/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: ⑧

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

KIRAN RASAYA

7 Amount of contribution (\$)

\$100/-

6 Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

INDO AMERICAN PAC

Amount of contribution (\$)

\$250/-

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

MEYLIS HUMMEDOV

Amount of contribution (\$)

\$20/-

Contributor address;

City;

State;

Zip Code

ROSENBERG TX 77469

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

SAMEER MEHSANIA

Amount of contribution (\$)

\$250/-

Contributor address;

City;

State;

Zip Code

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

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: 8
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ERIC SHELLEY	7 Amount of contribution (\$) 20/-
6 Contributor address; City; State; Zip Code RICHMOND TX 77407		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DANTE PEDUZZI	Amount of contribution (\$) \$25/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DHAVAL THAKKAR	Amount of contribution (\$) \$500/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JIM HOLTZ	Amount of contribution (\$) \$250/-
Contributor address; City; State; Zip Code 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

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: 8
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TIFFANY AND SHAWN SIDOTI 6 Contributor address; City; State; Zip Code SUGAR LAND TX 77478	7 Amount of contribution (\$) \$50/-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROZINA AND ZAHIRALI MAKHANEJIN Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$500/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANIL BANSAL Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$250/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAS AND MADHU KODURU Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$200/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: ⑧
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THARA NARASIMHAN	7 Amount of contribution (\$) \$25/-
6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DIHARANI PATTABI	Amount of contribution (\$) \$200/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ADEEL MAKNOJIA	Amount of contribution (\$) \$200/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JISU KULANGARA	Amount of contribution (\$) \$100/-
Contributor address; City; State; Zip Code STAFFORD, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

ASEF SAYANI

6 Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

7 Amount of contribution (\$)

\$100/-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

KAMRAN MAKHDUM

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

Amount of contribution (\$)

\$250/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

GORDLA DAWODU

Contributor address;

City;

State;

Zip Code

SUGAR LAND TX 77479

Amount of contribution (\$)

\$100/-

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.

LOANS**SCHEDULE E**

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 E: ②
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 82.50
5 Date of loan 1/15/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ASHISH AGRAWAL	9 Loan Amount (\$) \$700/-
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code SUGAR LAND TX 77479	10 Interest rate _____
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions) _____		13 Employer (See Instructions) _____
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input 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 _____	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code _____	
20 Principal Occupation (See Instructions) _____		21 Employer (See Instructions) _____
Date of loan 1/19/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ASHISH AGRAWAL	Loan Amount (\$) \$5,000/-
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code SUGAR LAND TX 77479	Interest rate _____
		Maturity date _____
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
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 _____	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.		

LOANS

SCHEDULE E

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 E: 2	
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 82.50	
5 Date of loan 1/22/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL	9 Loan Amount (\$) \$1,500/-	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code SUGAR LAND TX 77479	10 Interest rate _____	
		11 Maturity date _____	
12 Principal occupation / Job title (See Instructions) _____		13 Employer (See Instructions) _____	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input 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		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan 1/23/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL	Loan Amount (\$) \$300/-
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code SUGAR LAND TX 77479	Interest rate _____
		Maturity date _____
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Description of Collateral <input checked="" type="checkbox"/> none		<input 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	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ⑧		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 1/15/21		5 Payee name TEXAS CAMPAIGNS			
6 Amount (\$) \$700/-		7 Payee address; 9600 GLENFIELD CT		City; HOUSTON	State; TX Zip Code 77096
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP		(b) Description ADVISOR		
	(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 1/22/21		Payee name DREAM FILM STUDIOS			
Amount (\$) \$1,500/-		Payee address; 935 ELDRIDGE RD		City; SUGARLAND	State; TX Zip Code 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description MEDIA		
	<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 1/23/21		Payee name MR JI CONNECTIONS			
Amount (\$) \$300/-		Payee address; P.O. BOX 2082		City; MISSOURI CITY	State; TX Zip Code 77459
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ⑧		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 1/28/21		5 Payee name HOT COFFEE DIGITAL MARKETING			
6 Amount (\$) \$30/-		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) ADVERTISING EXP		(b) Description CAMPAIGN MATERIAL		
	(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 1/29/21		Payee name MINUTEMAN PRESS			
Amount (\$) \$3,244/-		Payee address; City; State; Zip Code 1324 PIN OAK RD KATY TX 77494			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP		Description CAMPAIGN MATERIAL		
	<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 1/31/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$25/-		Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description REIMBURSE FOR FUEL FROM COUNTY		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/4/21		5 Payee name CONSTELLATION FIELD			
6 Amount (\$) \$150/-		7 Payee address; 1 STADIUM DR.		City; SUGARLAND TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXP		(b) Description KICK OFF EVENT HALL	
		(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	
Date 2/4/21		Payee name DJ LEE			
Amount (\$) \$80/-		Payee address; HOUSTON		City; TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXP		Description KICK OFF SOUND SYS	
		<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	
Date 2/4/21		Payee name CHEDDARS			
Amount (\$) \$82.50		Payee address; 803 BONAVENTURE WAY		City; SUGARLAND TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEV EXP		Description KICK OFF CAMPAIGN TOWN FOOD	
		<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	

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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: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/6/21		5 Payee name SHEPHERY DONUT			
6 Amount (\$) \$246.40		7 Payee address; 6512 US90 ALT		City; SUGARLAND	State; TX Zip Code 77498
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEV EXP		(b) Description MEALS FOR HEALTHCARE 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		Candidate / Officeholder name		Office sought	Office held
Date 2/10/21		Payee name BILLY'S DONUT			
Amount (\$) \$215/-		Payee address; 17310 W GRAND PKWY S		City; SUGARLAND	State; TX Zip Code 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEV EXP		Description MEALS FOR HEALTHCARE 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		Candidate / Officeholder name		Office sought	Office held
Date 2/16/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$700/-		Payee address; 9600 GLENFIELD CT		City; HOUSTON	State; TX Zip Code 77096
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
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4 Date 2/16/21	5 Payee name MR. JI CONNECTIONS
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6 Amount (\$) \$300/-	7 Payee address; City; State; Zip Code P.O. Box 2082 Missouri City TX 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP	(b) Description ADVISOR
	(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
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Date 3/2/21	Payee name HOT COFFEE DIGITAL MARKETING
--------------------	--

Amount (\$) \$30/-	Payee address; City; State; Zip Code MISSOURI CITY TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description CAMPAIGN MATERIAL
	<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
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Date 3/4/21	Payee name BANK OF AMERICA
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Amount (\$) \$44.98	Payee address; City; State; Zip Code MISSOURI CITY TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description FEES
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/21		5 Payee name AMERICAN CARIBBEAN CHAMBER OF COMMERCE			
6 Amount (\$) \$500/-		7 Payee address; City; State; Zip Code 6201 BONHAMME ST 214 HOUSTON TX 77036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP		(b) Description INT'L WOMEN'S DAY		
	(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 3/12/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$700/-		Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<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 3/12/21		Payee name MR. J. CONNECTIONS			
Amount (\$) \$300/-		Payee address; City; State; Zip Code P.O. BOX 2082 MISSOURI CITY TX 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP		Description ADVISOR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/13/21		5 Payee name A MEDIA			
6 Amount (\$) \$80/-		7 Payee address;		City;	State; Zip Code
				Houston	TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP		(b) Description CAMPAIGN MATERIAL		
	(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 3/15/21		Payee name Munc MAFALA			
Amount (\$) \$750/-		Payee address;		City;	State; Zip Code
		2721 FIELDSTONE		SUGARLAND	TX 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP		Description MEDIA		
	<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 3/21/21		Payee name HOME DEPOT			
Amount (\$) \$122.82		Payee address;		City;	State; Zip Code
		6850 SFRY RD		KATY	TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP		Description SIGN SUPPLIES		
	<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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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: 8		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/21/21		5 Payee name TEXAS CAMPAIGNS			
6 Amount (\$) \$33.89		7 Payee address; 9600 GLEN FIELD CT		City; HOUSTON	State; TX
				Zip Code 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP		(b) Description ADVISOR		
	(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 3/22/21		Payee name MINUTEMAN PRESS			
Amount (\$) \$3,330/-		Payee address; 1324 PIN OAK RD		City; KATY	State; TX
				Zip Code 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP		Description CAMPAIGN MATERIAL		
	<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

MR

REHAN

S

NICKNAME

LAST

SUFFIX

AHMED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

18331 NEWMACHAR WAY RICHMOND TX 77407

☒ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

759-8715

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MS

MARTHA

NICKNAME

LAST

SUFFIX

LISLE

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #,

CITY,

STATE,

ZIP CODE

8718 GRASSWREN RD

RICHMOND

TX

77407

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

213-6668

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

02

15

2021

THROUGH

03

31

2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05

01

2021

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD Board of Trustee Position 2

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

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)

\$ 7625

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

\$ 7625

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 7446.53

4. TOTAL POLITICAL EXPENDITURES

\$ 7446.53

CONTRIBUTION
BALANCE

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

\$ 7625

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 SIGNATURE

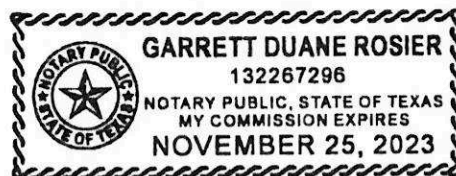
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rehan Ahmed

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rehan Ahmed this the 1 day of April,
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 the BOT
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____,
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

REHAN AHMED

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

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7625
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$1000
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 checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 516.53
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6930.00
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**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 REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Feb 22, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mohammed Abdulhameed 6 Contributor address; City; State; Zip Code 8718 Grasswren Rd Richmond TX 77407	7 Amount of contribution (\$) \$200
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) Lisle Violin Shop
Date Feb 22, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baseer Pirzada Contributor address; City; State; Zip Code 7941 Katy Fwy #787 , Houston, TX 77024	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) 5th Stream Realty
Date Feb 23, 2021 Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laique Rehman Contributor address; City; State; Zip Code 5075 Westheimer Rd Suite 675, Houston, TX 77056	Amount of contribution (\$) \$400
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Mar 9, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shahla Wahid Contributor address; City; State; Zip Code 2601 S Braeswood Blvd Apt 1404, Houston, TX 77025	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
2 Pages attached		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Mar 9, 2021	5 Full name of contributor Vernon Beyer <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 4 Ellicot Way Sugarland TX 77479	7 Amount of contribution (\$) \$5000
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor Zahoor Gire <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 1606 Potomac Houston TX 77057	Amount of contribution (\$) \$750
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor Muzzaffar Siddiqi <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 11 Laurel Wreath Trail Sugar Land TX 77498	Amount of contribution (\$) \$400
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor Salman Razzaqi <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 12555 S Dairy Ashford Rd Houston, TX 77099	Amount of contribution (\$) \$300
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME REHAN AHMED		3 Filer ID (Ethics Commission Filers)
4 Date Mar 27, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Asif Malik	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 18946 Elrington Creek Ct Richmond TX 77407		
8 Principal occupation / Job title (See Instructions) IT - Engineer		9 Employer (See Instructions) NCR
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Qamrus Salam	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2614 Night Song Dr Pearland TX 77584		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ilyas Choudry	Amount of contribution (\$)
Contributor address; City; State; Zip Code 5822 Catherwood Lane Houston TX 77084		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date Mar 27, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khalid R Malik	Amount of contribution (\$)
Contributor address; City; State; Zip Code 11414 Rock Bridge Ln Sugarland TX 77498		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
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

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 A2:

2 FILER NAME
REHAN AHMED

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

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

MOHAMMED N ABDULHAMEED

7 Contributor address; City; State; Zip Code

8718 Grasswren Richmond TX 77407

8 Amount of Contribution \$

\$1000

9 In-kind contribution description

Meet & Greet Lunch Event

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

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Director of Operations

11 Employer (FOR NON-JUDICIAL) (See Instructions)
Lisle Violin Shop

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# _____)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ 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.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4:	2 FILER NAME REHAN AHMED	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 513.53
5 Date 03/20/2021	6 Payee name Home Depot	
7 Amount (\$) 513.53	8 Payee address; 10419 Highway 6 South	City; Sugar Land State; TX Zip Code 77407
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) Solicitation Expenditure	(b) Description Banner / Sign Stakes, zip ties and stake drivers
	(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	Candidate / Officeholder name REHAN AHMED	Office sought FBISD Board of Trustee Position 2 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	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 REHAN AHMED		3 Filer ID (Ethics Commission Filers)	
4 Date Feb 22, 2021		5 Payee name Mauricio Marin			
6 Amount (\$) \$1200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; Richmond State; TX Zip Code 77407			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense		(b) Description Website Development/ Photoshot, flyers, business cards, yard sign, banner design		
	(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 Feb 25, 2021		Payee name Uzair Ahmed			
Amount (\$) \$1000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; Houston State; TX Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expenditure		Description Facebook Page Dev. and maintainence		
	<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 Mar 10, 2021		Payee name Nasir Allied Signs			
Amount (\$) \$3600 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 6820 Harwin Dr. City; Houston, State; TX Zip Code 77036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) s Advertisement Expense		Description Yard Signs, 4x4 Signs		
	<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

1 More Sheet Attached

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 REHAN AHMED		3 Filer ID (Ethics Commission Filers)	
4 Date Mar 14, 2021		5 Payee name NTM			
6 Amount (\$) \$200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; Houston		City;	State; TX
				Zip Code	77036
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense		(b) Description TV One Usa - TV show fee		
	(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 Mar 16, 2021		Payee name Syed Shahzad			
Amount (\$) \$930 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 9440 Harwin Dr. Suite # E		City;	State; TX
				Zip Code	77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Campaign T Shirt Printing and Business cards		
	<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 Mar 20, 2021		Payee name Home Depot			
Amount (\$) \$516.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 10419 Highway 6 South		City;	State; TX
				Zip Code	77407
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Stakes - Zip ties - Stakes Driver		
	<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					

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 Stephanie NICKNAME LAST SUFFIX Brown		OFFICE USE ONLY Date Received RECEIVED APR - 1 2021 BY: <u>CDK</u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1206 Blue Diamond Dr. Missouri City TX 77489			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION (832) 350-5919			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Alexandria NICKNAME LAST SUFFIX Brown		Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 1206 Blue Diamond Dr. Missouri City TX 77489		Receipt # Amount \$	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (832) 390-9297		Date Processed	
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 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)		Date Imaged	
10 PERIOD COVERED		Month Day Year / / 21 THROUGH / / 23 21			
11 ELECTION		ELECTION DATE Month Day Year / / 21		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)		13 OFFICE SOUGHT (if known) Fort Bend ISD Board of Trustees Position 6	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL COMMITTEE ADDRESS <input type="checkbox"/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

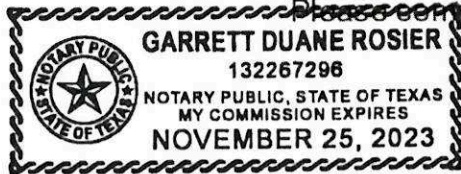
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Stephanie A. Brown		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)	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 471.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -271.33
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.

Stephanie A. Brown
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Stephanie A. Brown this the 1 day of April

20 21, 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 _____, and my date of birth is _____

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Stephanie A. Brown		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Olivo 6 Contributor address; City; State; Zip Code 2625 Alamo Rosenberg TX 77471	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Olivo Contributor address; City; State; Zip Code 2625 Alamo Rosenberg TX 77471	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		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

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
Expense
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 Stephanie A. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/21	5 Payee name Daley Professional Web Solutions			
6 Amount (\$) \$ 228.00	7 Payee address; 211 Cardinal Drive		City; Montgomery	State; NY Zip Code 12549
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Website	
	(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 3/19/21	Payee name Texas Democrats			
Amount (\$) \$ 243.33	Payee address; 1106 Lavaca, Suite 100		City; Austin	State; TX Zip Code 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Voter File	
	<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

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: 24								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS JUDY NICKNAME LAST SUFFIX DAE		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 34 HESSENFORD ST SUGAR LAND TX 77479 Change of Address										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (609) 216-4016										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 1110 PASSON FLOWER WAY RICHMOND TX 77406										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 821-6879										
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 1 / 1 / 21 THROUGH 3 / 22 / 21										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) - FORT BEND ISD BOARD POSITION 2										
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME
JUDY DAE

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)	\$ 2,180.27
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,473.17
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,430.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,111.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,361.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is OSCAR SAENZ, and my date of birth is OCTOBER 11, 1977.

My address is 1110 PASSON FLOWER WAY, RICHMOND, TX, 77406, FORT BEND.

(street) (city) (state) (zip code) (country)

Executed in FORT BEND County, State of TEXAS, on the 31 day of MARCH, 2021.

(month) (year)



Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME OSCAR SAENZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,292.90
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,681.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2021	5 Full name of contributor out-of-state PAC (ID# _____) LISA YING 6 Contributor address; City; State; Zip Code N/A; N/A ; TX; N/A	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/02/2021	Full name of contributor out-of-state PAC (ID# _____) JANE YUAN Contributor address; City; State; Zip Code 4422 HEATHERWILDE ST. ; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) YU LI Contributor address; City; State; Zip Code N/A; N/A ; TX; N/A	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) RACHEL OU Contributor address; City; State; Zip Code 5715 SILVER BAY CT. SUGAR LAND; SUGAR LAND; TX; 77479	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2021	5 Full name of contributor out-of-state PAC (ID# _____) TED LIU <hr/> 6 Contributor address; City; State; Zip Code 1126 KING STREET; N/A ; TX; N/A	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) KAREN SUN <hr/> Contributor address; City; State; Zip Code 4211 SHADY RIVER; MISSOURI CITY; TX; 77459	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) YI WANG <hr/> Contributor address; City; State; Zip Code 17430 HOLLYBERRY LANE; N/A ; TX; N/A	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) SUYANG HONG <hr/> Contributor address; City; State; Zip Code 5918 BROOK BEND DR; N/A ; TX;	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2021	5 Full name of contributor out-of-state PAC (ID# _____) YING GU SUN 6 Contributor address; City; State; Zip Code 31 WILMINGTON CT.; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/04/2021	Full name of contributor out-of-state PAC (ID# _____) CINDY X. HUSNG Contributor address; City; State; Zip Code 5302 CAMBRIDGE STREET; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) CAROL CHEN Contributor address; City; State; Zip Code 5015 BERKSHIRE CT; SUGAR LAND; TX; 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2021	Full name of contributor out-of-state PAC (ID# _____) QINGSONG LI Contributor address; City; State; Zip Code 1403 KENTSHIRE AVE ; N/A ; TX;	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2021	5 Full name of contributor out-of-state PAC (ID# _____) WINNIE CHAN 6 Contributor address; City; State; Zip Code 5511 CRANSTON CT; N/A ; TX;	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) KYMBERLY MCMORRIES Contributor address; City; State; Zip Code 3114 SPRINGHILL DR; MISSOURI CITY; TX; 77459	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) DEBRA ANDREWS Contributor address; City; State; Zip Code 5551 CRANSTON CT; N/A; TX;	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) INGRID XU Contributor address; City; State; Zip Code 3323 LARKWOOD LANE ; N/A; TX;	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) TIEYING GONG 6 Contributor address; City; State; Zip Code 5534 EMERALD POINTE CT; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) YU CANG Contributor address; City; State; Zip Code 5119 AVONDALE DR.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) WENJIN JIM ZHENG Contributor address; City; State; Zip Code 4918 CAMBRIDGE STREET; N/A; TX;	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) NAOMI LAM Contributor address; City; State; Zip Code 71 INVERRARY LANE; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) JINGHUI CHEN 6 Contributor address; City; State; Zip Code 5403 OAKVILLE CT.; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) GRACE TONG Contributor address; City; State; Zip Code 819 EPPERSON WAY; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) ZONGYONG ZHENG Contributor address; City; State; Zip Code 5215 EAGLE POINTE CT; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) SHAOJUN NI Contributor address; City; State; Zip Code 5831 STRATFORD GARDENS DR; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) ZHENHUA YANG <hr/> 6 Contributor address; City; State; Zip Code 44 OLD WINDSOR WAY; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) JESSICA FAN <hr/> Contributor address; City; State; Zip Code 5226 WEATHERSTONE CIRCLE; N/A; TX;	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) SUSAN HUANG-TAN <hr/> Contributor address; City; State; Zip Code 5507 EMERALD POINTE LN.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) XIA WEI <hr/> Contributor address; City; State; Zip Code 6222 SPENCERS GLEN WAY; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) BO CHEN 6 Contributor address; City; State; Zip Code 51 VICTORS CHASE DR; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 01/27/2021	Full name of contributor out-of-state PAC (ID# _____) QINGFANG WU Contributor address; City; State; Zip Code 5402 EAGLE TRACE CT; SUGAR LAND; TX; 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2021	Full name of contributor out-of-state PAC (ID# _____) CARRIE PAXTON-LAMKE Contributor address; City; State; Zip Code 6422 KENDALL CREEK DRIVE SUGAR LAND 77479; N/A ; TX;	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) YUQING LIU Contributor address; City; State; Zip Code 1915 BARTRUM TRAIL; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2021	5 Full name of contributor out-of-state PAC (ID# _____) TIANYANG ZHANG 6 Contributor address; City; State; Zip Code 5003 WEATHERSTONE CIR.; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) HAIYAN YU Contributor address; City; State; Zip Code 4107 TRENT STREET; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2021	Full name of contributor out-of-state PAC (ID# _____) JASON BURDINE Contributor address; City; State; Zip Code 17107 SIMON CT ; RICHMOND; TX; 77407	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Post Oak Private Wealth Advisors
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) QUAN YUAN Contributor address; City; State; Zip Code 5427 CHESAPEAKE PL; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2021	5 Full name of contributor out-of-state PAC (ID# _____) FENGLIN DU 6 Contributor address; City; State; Zip Code 4510 DEVONSHIRE STREET; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Landscape architect		9 Employer (See Instructions) City of Sugar Land
Date 01/21/2021	Full name of contributor out-of-state PAC (ID# _____) YANLINDA WU Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) BO YANG Contributor address; City; State; Zip Code 4219 LAKE TERRACE CT; MISSOURI CITY; TX; 77459	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2021	Full name of contributor out-of-state PAC (ID# _____) DONGMEI CHU Contributor address; City; State; Zip Code 2619 GALLION DR.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME
OSCAR SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date
01/08/2021

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

MAGGIE GUAN

6 Contributor address; City; State; Zip Code
38 PENNY GREEN ST; SUGAR LAND; TX; 77479

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/20/2021

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

LARRISSA SHARMA

Contributor address; City; State; Zip Code
5002 PINERIDGE DR; SUGAR LAND; TX;

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/09/2021

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

CAROL SCOTT

Contributor address; City; State; Zip Code
16931 ASCOT MEADOW DR; N/A ; TX;

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/21/2021

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

JING WANG

Contributor address; City; State; Zip Code
937 GENERAL BEAUREGARD DRIVE: VIRGINIA BEACH: VA: 23454

Amount of contribution (\$)

199.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2021	5 Full name of contributor out-of-state PAC (ID# _____) DANA & FABIEN LAGOUTTE 6 Contributor address; City; State; Zip Code 3903 MISTY ROSE CT; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Dow Chemical
Date 01/11/2021	Full name of contributor out-of-state PAC (ID# _____) XIN LIN Contributor address; City; State; Zip Code 4202 CANTERBURY CT.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2021	Full name of contributor out-of-state PAC (ID# _____) GONGJIAN BAI Contributor address; City; State; Zip Code 7 LAWTON CIR.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SOFEC
Date 01/12/2021	Full name of contributor out-of-state PAC (ID# _____) MELANIE ANBARCI Contributor address; City; State; Zip Code 10 TREDINGTON ST; SUGAR LAND; TX; 77479	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2021	5 Full name of contributor out-of-state PAC (ID# _____) XINJUN TENG <hr/> 6 Contributor address; City; State; Zip Code 5510 AZALEA TRAIL LN; SUGAR LAND; TX; 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2021	Full name of contributor out-of-state PAC (ID# _____) YUE ZHANG <hr/> Contributor address; City; State; Zip Code 6007 MANGROVE FALLS CT.; SUGAR LAND; TX; 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2021	Full name of contributor out-of-state PAC (ID# _____) QING LU <hr/> Contributor address; City; State; Zip Code 5207 HAGFIELD CT; SUGAR LAND; TX; 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2021	Full name of contributor out-of-state PAC (ID# _____) JING YI <hr/> Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Full name of contributor out-of-state PAC (ID# _____) AMANDA LI 6 Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	7 Amount of contribution (\$) 193.90
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) DALI FU Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2021	Full name of contributor out-of-state PAC (ID# _____) BO YANG Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2021	Full name of contributor out-of-state PAC (ID# _____) YANQING WANG Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2021	5 Full name of contributor out-of-state PAC (ID# _____) YUE ZHANG <hr/> 6 Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/19/2021	Full name of contributor out-of-state PAC (ID# _____) CHUN LAI <hr/> Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) JINGJING ZHANG CLEMENCE <hr/> Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2021	Full name of contributor out-of-state PAC (ID# _____) LING ZHOU <hr/> Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/19/2021	5 Full name of contributor out-of-state PAC (ID# _____) XIAOCHUN Y LIU 6 Contributor address; City; State; Zip Code N/A; N/A; N/A; N/A	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 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)
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

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: 4	2 FILER NAME OSCAR SAENZ	3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2021	5 Payee name Corredor Concepts	
6 Amount (\$) 570.00	7 Payee address; City; State; Zip Code 1719 Eldridge Rd # A, Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description T SHIRTS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/11/2021	Payee name Sign Banners	
Amount (\$) 1,082.50	Payee address; City; State; Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description LARGE SIGNS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/11/2021	Payee name M3 Graphics	
Amount (\$) 394.03	Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 4		2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)	
4 Date 02/12/2021		5 Payee name Sign Banners			
6 Amount (\$) 618.34		7 Payee address; City; State; Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description LARGE SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/02/2021		Payee name Sign Banners			
Amount (\$) 975.00		Payee address; City; State; Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description LARGE SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/15/2021		Payee name M3 Graphics			
Amount (\$) 710.12		Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)	
4 Date 03/23/2021		5 Payee name M3 Graphics			
6 Amount (\$) 487.13		7 Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description YARD SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/24/2021		Payee name M3 Graphics			
Amount (\$) 167.79		Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/25/2021		Payee name Universal Signs			
Amount (\$) 351.81		Payee address; City; State; Zip Code 7825 S Texas 6, Houston, TX 77083			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 4	2 FILER NAME OSCAR SAENZ	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2021	5 Payee name M3 Graphics	
6 Amount (\$) 324.75	7 Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description YARD SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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

OFFICE USE ONLY

Date Received

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

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

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

CITY;

STATE;

ZIP CODE

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

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

Kristen D. Malone

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)

\$

560.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

5.29

4. TOTAL POLITICAL EXPENDITURES

\$

5.29

CONTRIBUTION
BALANCE

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

\$

554.71

OUTSTANDING
LOAN TOTALS

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

\$

-0-

18 SIGNATURE

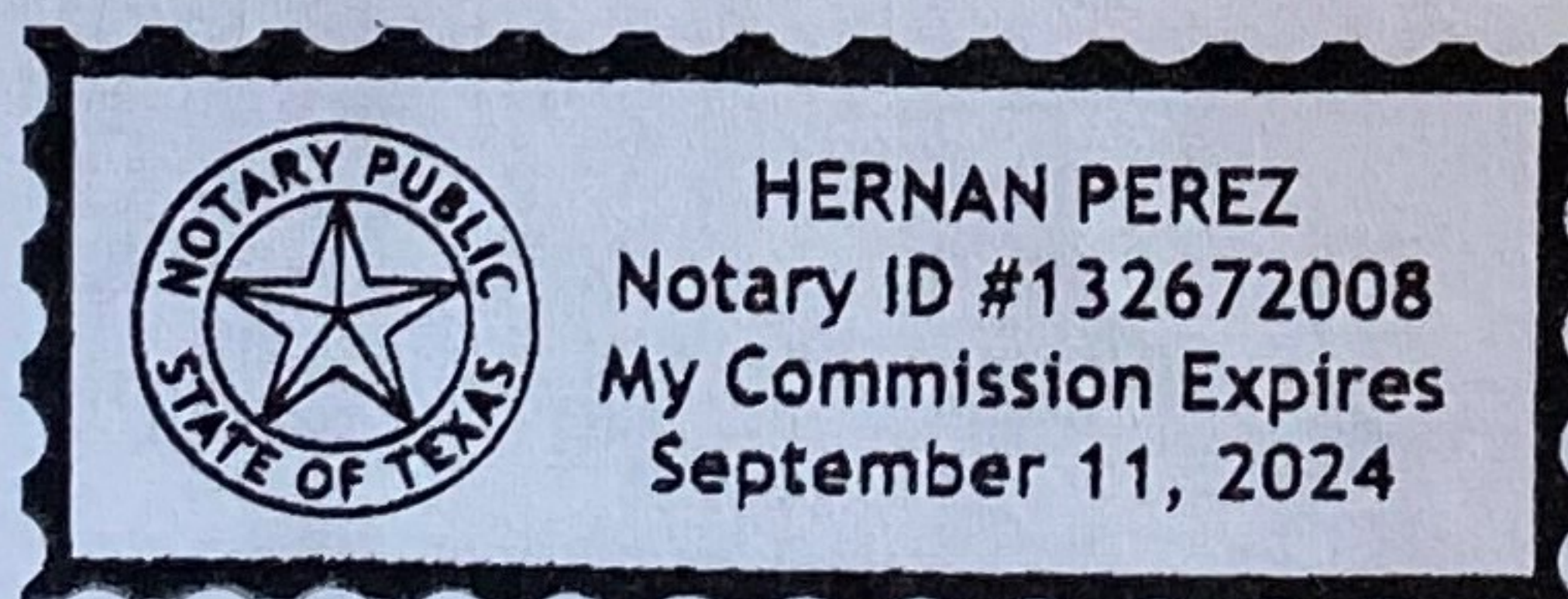
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kristen D. Malone

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kriste Davison Malone this the 01 day of April,
2021, to certify which, witness my hand and seal of office.

Hernan Perez
Signature of officer administering oath

Hernan Perez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Revised 8/17/2020

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:

1 of 2

2 FILER NAME

KRISTEN D. MALONE

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/21

5 Full name of contributor

☐ out-of-state PAC (ID#)

KRISTEN MALONE

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City;

State;

Zip Code

2123 SOUTH FOUNTAIN VALLEY
MISSOURI CITY, TX. 77459

8 Principal occupation / Job title (See Instructions)

OWNER - CME PRINTING

9 Employer (See Instructions)

Date

3/30/21

Full name of contributor

☐ out-of-state PAC (ID#)

ANGELA KONGER

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

3951 PLEASANT VALLEY DRIVE
MISSOURI CITY TX. 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/21

Full name of contributor

☐ out-of-state PAC (ID#)

CATHERINE PLUMB

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

2815 EAST PEBBLE BEACH
MISSOURI CITY TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

☐ out-of-state PAC (ID#)

KRISTEN D. MALONE

Amount of contribution (\$)

\$ 10.00

Contributor address;

City;

State;

Zip Code

2123 SOUTH FOUNTAIN VALLEY
MISSOURI CITY, TX. 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER - CME PRINTING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

KRISTEN D. MALONE

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JENNA PITTMAN

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

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.

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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs.</div> <div>FIRST Allison</div> <div>MI L</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Drew</div> <div>SUFFIX</div> </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> </div> <div style="border: 1px solid black; padding: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478</div> <div>APT / SUITE #; CITY; STATE; ZIP CODE</div> </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (832)</div> <div>PHONE NUMBER 376-7768</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 Allison</div> <div>MI L</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Drew</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478</div> <div>APT / SUITE #; CITY; STATE; ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (832)</div> <div>PHONE NUMBER 376-7768</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 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>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 1 / 21 </div> <div>THROUGH</div> <div> Month Day Year 3 / 23 / 21 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 1 / 21 </div> <div> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> Primary <input checked="" type="checkbox"/> General </div> <div> Runoff <input type="checkbox"/> Special </div> <div> Other Description </div> </div> </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FBISD Trustee: Position 6									
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="text-align: right;"><small>Additional Pages</small></div>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; text-align: center;">COMMITTEE TYPE</td> <td style="border: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">GENERAL</td> <td style="border: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">SPECIFIC</td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Allison Drew

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)

\$ 0.00

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

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION
BALANCE

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

\$ 0.00

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

18 SIGNATURE

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Allison Drew, and my date of birth is [REDACTED]

My address is 5215 Alden Springs Blvd. Sugar Land TX 77479 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Fort Bend County, State of TX, on the 02 day of 04, 2021

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 5

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	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
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	\$

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5	
2 FILER NAME Drew, Allison		3 Filer ID vote@vote5allison.com	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		8 Amount of pledge (\$)
	7 Pledgor Address; City; State; Zip Code		
			9 In-kind description (If applicable)
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E****The Instruction Guide explains how to complete this form.****1** Total pages Schedule E:
Sch: 1/1 Rpt: 5/5**2** FILER NAME
Drew, Allison**3** Filer ID**4** TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a
financial
institution?**8** Lender address; City; State; Zip Code**10** Interest Rate**11** Maturity Date**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 (\$)☐ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal occupation**21** Employer (See Instructions)

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: 47								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS. Adeola FIRST O MI NICKNAME Addie LAST Heyliger SUFFIX		OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 10px; display: inline-block; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 0.8em;">APR - 1 2021</div> <i>GDR</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 4222 Oak Forest APT / SUITE #: CITY: Missouri City, TX STATE: ZIP CODE 77459										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832) PHONE NUMBER 244-5861 EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Soniah FIRST J. MI NICKNAME LAST Jones SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 4714 Forest Home Dr., Missouri City, TX STATE: ZIP CODE 77459										
8 CAMPAIGN TREASURER PHONE	AREA CODE (832) PHONE NUMBER 721-1896 EXTENSION										
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 THROUGH Month Day Year 01 / 01 / 21 03 / 22 / 21										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) Fort Bend ISD Position 6 13 OFFICE SOUGHT (if known) Fort Bend ISD Position 6										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

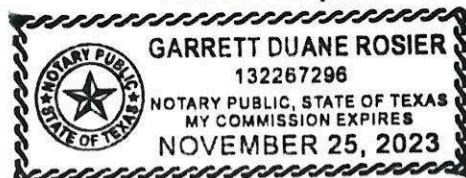
15 C/OH NAME <u>Adeola O. Heyliger</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 540.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,374.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 877.08
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,263.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,955.24
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.

Adeola O. Heyliger
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Adeola O. Heyliger this the 1 day of April.

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 the DOT
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Adeola O. Heyliger		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,834.08
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	\$ 9,386.42
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>40</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/30/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shery Jones</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>1814 Timber Creek Dr. Mo. City TX 77459</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/30/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian M. Middleton</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>1322 Southwest Fwy #1980 Houston, TX 77074</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/30/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Byron Gautier</u>	Amount of contribution (\$) <u>\$1250.00</u>
Contributor address; City; State; Zip Code <u>2606 Atlas Missouri City TX 77459</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/30/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James D. Rice</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>5402 Oban Terrance Lane SugarLand TX 77479</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 40
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capital Assets Sustainable Energy 6 Contributor address; City; State; Zip Code 9610 South Fitzgerald Way Mo. City TX 77459	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcus Brewer Contributor address; City; State; Zip Code 1607 Buckwood Circle Fresno TX 77565	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joel C. Clouser Contributor address; City; State; Zip Code 3026 Pelican Cove Mo. City TX 77459	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toni D. Spruell - Pierre Contributor address; City; State; Zip Code 730 Hawthorn Place Mo. City TX 7749	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay Parekh	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code JayParekh@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bridgett Roberson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perdue, Brandon, Fielder, Collins & Mott	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1235 North Loop W. ste 600 Houston TX 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christus N. Powell Jr.	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. BOX 451726 Houston TX 77245		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>40</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/4/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Oscar M. Telfair III PC</u> 6 Contributor address; City; State; Zip Code <u>7011 Harwin Dr. ste 220 Houston TX 77036</u>	7 Amount of contribution (\$) <u>\$300.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/4/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Yolanda M. Humphrey</u> Contributor address; City; State; Zip Code <u>2803 Scottsdale Palm Dr. Mo. City TX 77459</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/2/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ron Reynolds Campaign</u> Contributor address; City; State; Zip Code <u>6140 NWY 6 S. #233 Mo. City TX 77459</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/7/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Portia Olden Poindexter</u> Contributor address; City; State; Zip Code <u>4123 Sundance Hill Lane SugarLand TX 77479</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 40
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lina Sabouni	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yolanda Marshall	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Corprew	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Broussard-Smothers	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 40
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Daniels	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geralynn Prince	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angela Landry	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Prestage	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Lewis	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kiran Rajaya	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karen Tillman	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maye Dolores Collins	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 40
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sherrita Dorsey	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zenithe Pierre	Amount of contribution (\$) \$19.08
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaimi Canady	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joelynn C. Kelly	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 40
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ingeuneal Gray	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pamiel J. Gaskin	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dewaynna Horn	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theresa DeBose	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cheryl Moultry	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Bundage Juvane	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gina Evans	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferrel Bonner	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chassidy Olainu-Blade	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darryl Carter	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abena Bailey	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Qaisar Q Imam	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ta Paula Kemp	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidi Obie	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Quanda Gill	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Floyd M. Davis	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chasta Martin	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angelique Bartholomew	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margo Rainge	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Millicent Sims	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spurgeon Robinson	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tera Nunn	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Davidson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tia Manteca	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabrielle Walton	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynda B. Edwards	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adenika Heyliger	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amadi Heyliger	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole C West	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garrett J. Walton	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Antrece L. Baggett	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neidi Obie	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kamala Turner	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabrielle Walton	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terrence Smith	Amount of contribution (\$) \$1000.00
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)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 42
2 FILER NAME Adeola Heyliger		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tahlie Rochelle	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earl M. Cummings	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tongela A. Clark	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheryl Hudson	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/9/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Crystal Brown</u>	7 Amount of contribution (\$) <u>200.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/10/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>April Powell</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/10/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ivy Livingston</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/11/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Edith Heyliger</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Atlanta, GA</u>		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/12/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Monica Akompi</u>	7 Amount of contribution (\$) <u>75.00</u>
6 Contributor address; City; State; Zip Code <u>Sugarland, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Veronica Odom</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Pearland, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marcia BARNES</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Djuna Prater</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
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**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: 42
2 FILER NAME Adeola Heyuige		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doreboan Wright	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code Houston, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desiree Irby	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Pearland TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britney Gibson	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code Houston, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terinn Horton	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code Fresno, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/2</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/14/21</u>	5 Full name of contributor <u>Charlene Young</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <u>Houston TX</u>	7 Amount of contribution (\$) <u>150.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/14/21</u>	Full name of contributor <u>Mary Robbins</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <u>Houston TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/14/21</u>	Full name of contributor <u>Demetri Walker</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <u>Houston TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/17/21</u>	Full name of contributor <u>Mourhaf Sabouni</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <u>Missouri City TX</u>	Amount of contribution (\$) <u>6000.00</u>
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>		

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME: <u>Holcola Hylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date: <u>2/18/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eric McLamore</u>	7 Amount of contribution (\$) <u>150.00</u>
6 Contributor address; City; State; Zip Code <u>Houston TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: <u>2/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gabrielle Walton</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: <u>2/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kimberly Slayter</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>San Antonio TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: <u>2/20/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KATIE Harrington</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Missouri City TX</u>		
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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/2

2 FILER NAME

Adcock Heyliger

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/21

5 Full name of contributor

Brenda Cooper

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

Pearland TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/21

Full name of contributor

Bryson West

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Pearland TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/21

Full name of contributor

Lisa Holmer

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

Pearland TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/21

Full name of contributor

Denzell Bellow

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Pearland, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>4/2</i>
2 FILER NAME <i>Holeola Hylige</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William Rogers</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>Houston, TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Masha Shepherd</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>Pearland TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nettie Jones</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>Houston TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lauren Cain Williams</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>Houston TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 42

2 FILER NAME

Adelita Huguier

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)Vanessa Carter

7 Amount of contribution (\$)

400.00

6 Contributor address;

City;

State; Zip Code

Richmond TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)Doalisha Foster

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

Missouri City, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)Anthony Howard

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

Houston TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)Shawn Clouser

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

Dallas, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Keyige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/22/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cydnoi Fairfax</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Amber Eldorado</u>	Amount of contribution (\$) <u>1000.00</u>
Contributor address; City; State; Zip Code <u>11 Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robin Burgess</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Beardland, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Johnson</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/23/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Andiea Sneed</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>Pearland TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carol Taylor</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TBDC consultants - Terri Davis</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Pearland TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Paula Harris</u>	Amount of contribution (\$) <u>150.00</u>
Contributor address; City; State; Zip Code <u>Houston TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: <u>4/2</u>
2 FILER NAME <u>Adeola Heylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/23/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carla Lane</u> 6 Contributor address; City; State; Zip Code <u>Houston, TX</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mohammad Aijaz</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shaan Johnson</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Soelynn Kelly</u> Contributor address; City; State; Zip Code <u>Missouri City, TX</u>	Amount of contribution (\$) <u>250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>Adeola Hylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/23/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Letitia Plummer</u>	7 Amount of contribution (\$) <u>200.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Courtney Rose</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Angela Landry Walker</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>Missouri City</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jamie Beal</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/2</u>
2 FILER NAME <u>Adeola Hylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/25/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jacqueline Harrison</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>Plano, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/25/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Husein Hadi</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/26/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mrs Benner</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Houston TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/26/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Byron Biley</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>Houston TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adele Hye</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/27/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Theophilis Woodward</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Diamond Prothro</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Pearland, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wesley Davis</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ruston Ankles</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Missouri City</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Margaret Williams</u> 6 Contributor address; City; State; Zip Code <u>Missouri City TX</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Amanda Goodie</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer Barthol</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terr Earls</u> Contributor address; City; State; Zip Code <u>Pearland, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/2</u>
2 FILER NAME <u>Adelene Hyslop</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daphne Wilson</u> <hr/> 6 Contributor address; City; State; Zip Code <u>Fort Lauderdale Florida</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>May Sarna</u> <hr/> Contributor address; City; State; Zip Code <u>Missouri City, TX</u>	Amount of contribution (\$) <u>75.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Karen Allen</u> <hr/> Contributor address; City; State; Zip Code <u>Plarland TX</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shanna Davidson</u> <hr/> Contributor address; City; State; Zip Code <u>Missouri City, TX</u>	Amount of contribution (\$) <u>250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adeola Hugu</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tammy Slansky</u> 6 Contributor address; City; State; Zip Code <u>Richmond, TX</u>	7 Amount of contribution (\$) <u>50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Denise Sanders</u> Contributor address; City; State; Zip Code <u>Houston, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roniqu Bastre</u> Contributor address; City; State; Zip Code <u>Pearland TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jacqueline Legginston</u> Contributor address; City; State; Zip Code <u>Pearland TX</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adelook Heyiger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Panelita Seregala</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robin Walker</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/1/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chalita Cyprian</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Missouri City TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/1/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gerald Clark</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <u>Charleston, W</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adelok Hyuga</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/2/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gaimie Breech</u>	7 Amount of contribution (\$) <u>25.00</u>
6 Contributor address; City; State; Zip Code <u>Pearland, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/2/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Trea Singleton</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/4/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terika Jackson</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Pearland, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/5/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ryan Terabea</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Houston, TX</u>		
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

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:

42

2 FILER NAME

Haleola Heyiger

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kia Carter

7 Amount of contribution (\$)

25.00
~~100.00~~

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/21

Full name of contributor

☐ out-of-state PAC (ID#:

Nettleson

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/21

Full name of contributor

☐ out-of-state PAC (ID#:

Charann Thompson

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Houston TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/21

Full name of contributor

☐ out-of-state PAC (ID#:

Andrea Williams

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Pearlane, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/2</u>
2 FILER NAME <u>Haleola Hayuga</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/7/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cedrick Smith</u> 6 Contributor address; City; State; Zip Code <u>Houston, TX</u>	7 Amount of contribution (\$) <u>500.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/8/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Portia Babineaux</u> Contributor address; City; State; Zip Code <u>Dallas, TX</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/8/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra Tennessee</u> Contributor address; City; State; Zip Code <u>Pearland, TX</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/8/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cynthia Knox</u> Contributor address; City; State; Zip Code <u>Sugarland, TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 42

2 FILER NAME

Ardeola Hyciger

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lauranda Pontaud

7 Amount of contribution (\$)

150.00

6 Contributor address;

City;

State;

Zip Code

Phoenix, AZ

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Diamond Potho

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Pearland, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ferita Gentry

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Missouri City, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dr. C. E. Shabazz

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

Houston, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>42</u>
2 FILER NAME <u>Adela Hylige</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/19/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tony Corniel</u>	7 Amount of contribution (\$) <u>250.00</u>
6 Contributor address; City; State; Zip Code <u>Houston, TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carol Cornimir</u>	Amount of contribution (\$) <u>150.00</u>
Contributor address; City; State; Zip Code <u>Sugar Land, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Earl Allen</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Yanessa Berg</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX</u>		
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

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: <u>2/2</u>
2 FILER NAME <u>Debra Heyliger</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/22/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Danny Mum</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>Houston TX</u>		
8 Principal occupation / Job title (See Instructions)		9 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)
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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Adeola O. Heyliger		3 Filer ID (Ethics Commission Filers)	
4 Date 1/19/21		5 Payee name Courtney Alexander			
6 Amount (\$) \$250.00		7 Payee address: Seattle, Washington City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website		
	(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 2/16/21		Payee name Kevin Rice			
Amount (\$) \$250.00		Payee address: Pearland TX City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description DJ - Campaign kickoff		
	<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 3/1/21		Payee name Texas Campaign			
Amount (\$) \$300.00		Payee address: Houston, TX City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Consulting Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 3	2 FILER NAME Adicola Heylign	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Payee name Buller Wi sem an	
6 Amount (\$) \$1,000.00	7 Payee address, City, State, Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement
	(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 3/08/21	Payee name M3 Graphics	
Amount (\$) 113.66	Payee address, City, State, Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description Design PushCart
	<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 3/18/21	Payee name Saykumar Parekh	
Amount (\$) 1700.85	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Signs, magnets
	<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

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: 3		2 FILER NAME Adeola Heyuig		3 Filer ID (Ethics Commission Filers)	
4 Date 3/18/21		5 Payee name M3 Graphics			
6 Amount (\$) 2557.41		7 Payee address; City; State; Zip Code Houston TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign, Pushcarts		
	(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 3/22/21		Payee name Sprint to Sprint			
Amount (\$) 3,215.00		Payee address; City; State; Zip Code Houston TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign - Yard		
	<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

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 Filer)

2 Total pages filed

13

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	MRS	RAFAT	U	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	RECEIVED	
		JILANI		APR - 1 2021	
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
	2023 PLANTATION BEND DR				
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	BY: CDR	
	(832)	277 3230		Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Receipt #	
	MS	MARIUM		Amount \$	
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Processed	
		SIDDIQUI		Date Imaged	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE)				
	2190 N LOOP W, STE 104 HOUSTON, TX 770178				
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION	STATE	
	(832)	715-0733		ZIP CODE	
11 ELECTION	<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)				
	Month Day Year Month Day Year 2 / 12 / 21 THROUGH 3 / 22 / 21				
12 OFFICE	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary	Runoff	Other Description	
13 OFFICE SOUGHT (if known)	5 / 1 / 21		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	OFFICE HELD (if any): OFFICE HELD (if known): FBISD Board of Trustees - Pos. 6				
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			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Rafat Ulain Jilani

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)

\$ 0.00

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

\$ 7,175.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 178.87

4. TOTAL POLITICAL EXPENDITURES

\$ 4,438.58

CONTRIBUTION
BALANCE

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

\$ 6,657.00

OUTSTANDING
LOAN TOTALS

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

\$ 500.00

18 SIGNATURE

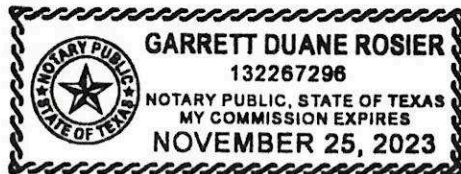
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Rafat Ulain Jilani

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rafat Ulain Jilani this the 1 day of April

20 21, 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 Rafat Jilani and my date of birth is 04/04/1958

My address is 2023 Plantation Bend Dr. Sugar Land TX 77478 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Fort Bend County, State of County on the 1st day of April 2021

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

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

Rafat Ulain Jilani

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

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,175.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,018.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,420.58
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME RAFAT ULAIN JILAN I		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/21	5 Full name of contributor MOHAMMED ABDULHAMMED out-of-state PAC (ID#)	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 8718 GRASSWREN RD RICHMOND TX 77407		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/21	Full name of contributor BASEER HASSAN PIRZADA out-of-state PAC (ID#)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4407 SCARLET SUGAR TX 77479 MAPLE CT LAND		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/21	Full name of contributor LAIQUE REHMAN out-of-state PAC (ID#)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6075 WESTHAMER HOUSTON TX 77056 #875		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/21	Full name of contributor SULTAN MAHMOOD out-of-state PAC (ID#) (SABIB INVESTMENTS DBA DENNY'S)	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 925 WILCREST DR HOUSTON TX 77079		
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
2 FILER NAME RAFAT UAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/21	5 Full name of contributor HAIRATZ MERCHANT out-of-state PAC (ID# _____) 6 Contributor address: POT LAKE SHORE DR City: SUGAR LAND State: TX Zip Code: 77478	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/21	Full name of contributor MUHAMMAD TATIR JAVED out-of-state PAC (ID# _____) Contributor address: 2295 AVALON City: BEAUMONT State: TX Zip Code: 77707	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/21 3/20/21	Full name of contributor SHAHREEN & GHULAM BOMBAYWALA out-of-state PAC (ID# _____) Contributor address: 4210 STONE PASS CT. 4 City: SUGAR LAND State: TX Zip Code: 77479	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor MT KHAN out-of-state PAC (ID# _____) Contributor address: 11201 WILDING LANE City: HOUSTON State: TX Zip Code: 77024	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
2 FILER NAME RAFAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/21	5 Full name of contributor ABDUL ZAKARIA out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$200.00
6 Contributor address, City, State, Zip Code 4003 THISTLE HILL CT. Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/20/21	Full name of contributor YEWKIT LO out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code 5751 WILLOWBEND HOUSTON TX 77096 BLVD		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor FARIDA K ABDULLAH out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code 4701 BRYCEBURN DR BELLAIRE TX 77401 UNIT A		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor ISMAIL MOHAMMED out-of-state PAC (ID# _____)	Amount of contribution (\$) \$200.00
Contributor address, City, State, Zip Code 1522 SUMMER FOREST DR Sugar Land TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME RAFIAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/21	5 Full name of contributor ZAHOR GIRE out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$250.00
6 Contributor address: City: State: Zip Code 1505 POTOMAC HOUSTON TX 77057		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/20/21	Full name of contributor FRONTIER MEDICAL COLLEGE out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 1234 REGALSIDE CT RICHMOND TX 77469		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor SHAZIA SHAZIA BABER out-of-state PAC (ID# _____) BUKHARI BUKHARI	Amount of contribution (\$) \$200.00
Contributor address: City: State: Zip Code 8614 SENTOSA WOODS CT RICHMOND TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor SALMAN RAZZAQI (WELFORD GROUP) out-of-state PAC (ID# _____)	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 6114 CREEK RIDGE CT MINNETONKA MN 55345		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 4
2 FILER NAME RAFIAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/21	5 Full name of contributor MOHAMMED S. MIAN 6 Contributor address: 14922 HOLLYDALE DR HOUSTON TX 77062	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/20/21	Full name of contributor HAROON SHEIKH Contributor address: 3239 BRIDGEBERRY HOUSTON LIVE TX 77082	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor LAIQUE REHMAN Contributor address: 5075 WESTHEIMER RD # 875 HOUSTON TX 77056	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/21	Full name of contributor SEHRISH A RAHMAN HOSSAIN Contributor address: 10911 KIRKALDY RD RICHMOND TX 77407	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME RAFIAT ULAIN JILANI		3 Filer ID (Ethics Commission Filers)
4 Date 3/18	5 Full name of contributor FEROZ ROOPANI out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$500.00
6 Contributor address: 455 JULIE RIVERS DR SUGAR LAND TX 77479 City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22	Full name of contributor ZOHRA ELKASSABGI out-of-state PAC (ID# _____)	Amount of contribution (\$) \$75.00
Contributor address: 8201 ROCK CREST CORPUS TX 78414 DR CHRISTI 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

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 E:

1

2 FILER NAME

RAFAT ULAIN TILANI

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

0

\$ n/a

5 Date of loan

2/16/21

7 Name of lender

☐ out-of-state PAC (ID# _____)

RAFAT ULAIN TILANI

9 Loan Amount (\$)

\$500.00

6 Is lender a financial institution?

☐ Y ☒ N

8 Lender address

City

State

Zip Code

2023 PLANTATION
BEND DR SUGAR LAND TX 77478

10 Interest rate

n/a

11 Maturity date

n/a

12 Principal occupation / Job title (See Instructions)

ESSP

13 Employer (See Instructions)

n/a

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 (\$)

n/a

18 Guarantor address

City

State

Zip Code

not applicable

20 Principal Occupation (See Instructions)

n/a

21 Employer (See Instructions)

n/a

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.

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 1	2 FILER NAME ULIAN RAFIAT JILANI	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Payee name ELITE BANQUET HALL C/O ABDUL MAJEED MOHAMMEDI	
6 Amount (\$) \$500.00	7 Payee address: 11315 S HWY 6 SUGARLAND TX 77498	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD & BEVERAGE EXPENSE	(b) Description PARTIAL PMT. MEET & GREET FOR campaign event
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/22/21	Payee name ELITE BANQUET HALL C/O ABDUL MAJEED MOHAMMEDI	
Amount (\$) \$400.00	Payee address: 11315 S HWY 6 SUGARLAND TX 77498	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD & BEVERAGE EXPENSE	Description PARTIAL PMT #2 CANDIDATE MEET & greet / campaign kickoff event
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME RATAT ULAIN JUAN I		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 60.87				
5 Date 3/20/21	6 Payee name ELITE BANQUET HALL C/O ABDULMAJEED MOHAMMAD EP					
7 Amount (\$) \$900.00	8 Payee address, City, State, Zip Code 11315 SHWY 4 SUGAR LAND TX 77498					
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) EVENT EXPENSE FOOD & BEV. EXPENSE.		(b) Description REMAINING BALANCE OWED TOWARDS MEET & GREET HALL RENTAL & FOOD & BEV.			
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/OH						
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 3/22/21	Payee name ALLIED SIGNS					
Amount (\$) \$1,859.71	Payee address, City, State, Zip Code 6820 HARWIN DR HOUSTON TX 77036					
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE ADVERTISING EXPENSE		Description BANNER, STAND FLYERS, POSTCARDS, YARD SIGNS			
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH						
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">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						

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2 2	2 FILER NAME RAFAT U. JILANI	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 60.87
5 Date 3/17/21	6 Payee name HAWKTECH SOLUTIONS BUSINESS & TECHNOLOGIES	
7 Amount (\$) \$ 600.00	8 Payee address; WWW.HAWKTECH SOLUTION.COM City: State: Zip Code SH BUSINESS EXCEL 5TH FLOOR SHAIKPET SATYA COLONY HYDRABAD, INDIA	
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) ADVERTISING EXPENSE	(b) Description WEBSITE DESIGN, DOMAIN REGISTRATION, GRAPHIC DESIGN WEBSITE MAINTENANCE
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name HAWKTECH	
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
	(c) <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: 4

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Edtrina
Moss

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10919 Perennial Mist Dr
Missouri City, Tx 77459

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 978-4987

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Takeisha
Turner

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

16703 Forthbridge Ct
Houston, Tx 77084

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 304-1284

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

1 / 1 / 2021 THROUGH 4 / 1 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Bend ISD Trustee, Pos. 6

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>Edtrina Moss</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>427.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>427.00</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>

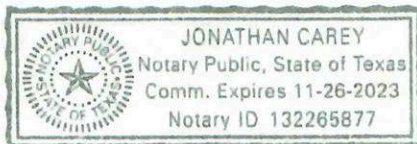
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Edtrina Moss

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Edtrina Moss this the 1st day of April,

20 21, to certify which, witness my hand and seal of office.

Jonathan Carey
Signature of officer administering oath

Jonathan Carey
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

Edtrina Moss

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	\$ 427.00
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

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: <div style="text-align: center; font-size: 24pt;">1</div>	2 FILER NAME <div style="font-size: 24pt;">Edtrina Moss</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 24pt;">4/1/2021</div>	5 Payee name <div style="font-size: 24pt;">Edtrina Moss</div>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 24pt;">10919 Perennial Mist Dr. Missouri City, TX 77459</div>	
8 PURPOSE OF EXPENDITURE	<div style="display: flex;"> <div style="flex: 1;"> (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 24pt;">Advertising Expense</div> </div> <div style="flex: 1;"> (b) Description <div style="font-size: 24pt;">Website Setup + Design</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name <div style="font-size: 24pt;">Edtrina Moss</div></div> <div>Office sought <div style="font-size: 24pt;">Ft. Bend ISD, Trustee Pos. 6</div></div> <div>Office held</div> </div>		
Date <div style="font-size: 24pt;">3/14/2021</div>	Payee name <div style="font-size: 24pt;">Daley Professional Web Solutions</div>	
Amount (\$) <div style="font-size: 24pt;">427.00</div> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 24pt;">P.O Box 402 Montgomery, NY 12549</div>	
PURPOSE OF EXPENDITURE	<div style="display: flex;"> <div style="flex: 1;"> Category (See Categories listed at the top of this schedule) </div> <div style="flex: 1;"> Description </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<div style="display: flex;"> <div style="flex: 1;"> Category (See Categories listed at the top of this schedule) </div> <div style="flex: 1;"> Description </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </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

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

11 ELECTION

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

5/01/21

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

OFFICE USE ONLY

Date Received

RECEIVED
APR - 1 2021
BY: GDR

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

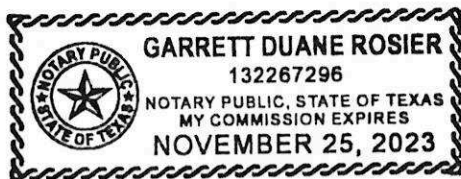
15 C/OH NAME <u>NADEEM NAIK</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1050.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,617.69</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,050.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>567.69</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.

Nadeem Naik
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nadeem Naik this the 1 day of April, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

NADEEM NAIK

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 1050.00

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 1619.69

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

2 FILER NAME

NADEEM NAIK

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MOIN PIRAHNA

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

M. TARIQ RASA

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

M. J. KHAN

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DR. KHAN

Amount of contribution (\$)

250.00

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.

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

2 FILER NAME

NADEEM NAIK

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mohammad FATEEN KHAN

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

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.

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	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: 8	2 FILER NAME NADEEM NAIL	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/21	5 Payee name SHANAT RESTAURANT	
6 Amount (\$) 541.00	7 Payee address; City; State; Zip Code HILLCROFT, HOUSTON TX.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE CAMPAIGN KICKOFF	(b) Description DINNER for Jwitees.
	(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 3/1/21	Payee name MNS ENTERPRISES	
Amount (\$) 259.80	Payee address; City; State; Zip Code Houston TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING CAMPAIGN PRINTING	Description CARDS & BANNER
	<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 3/4/21	Payee name MNS ENTERPRISES / MEHMOOD AHMED	
Amount (\$) 319.33	Payee address; City; State; Zip Code Houston TX 77087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING CAMPAIGN PRINTING	Description CARDS & BANNER
	<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

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: 8 2 FILER NAME NANCEN NAHL 3 Filer ID (Ethics Commission Filers)

4 Date 3/8/21 5 Payee name STANARD SWEETS

6 Amount (\$) 6.50 7 Payee address; City; State; Zip Code Sugar Land TX.

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Exp (b) Description For Justice (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/8/21 Payee name Anna Lopez

Amount (\$) 31.96 Payee address; City; State; Zip Code Sugar Land TX

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food/Beverage Exp Description Campaign meeting (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date 3/8/21 Payee name Binyami W. Moore

Amount (\$) Payee address; City; State; Zip Code Sugar Land TX

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food & Beverages Description Campaign meeting (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>8</u>		2 FILER NAME <u>NADDEM NAIK</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/8/21</u>		5 Payee name <u>STARBUCKS</u>			
6 Amount (\$) <u>8.77</u>		7 Payee address; <u>STARBUCKS</u>		City; <u>SMITHLAND TX 77083</u>	State; <u>TX</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food + Beverage Exp</u>		(b) Description <u>Campaign Meeting</u>		
	(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 <u>3/9/21</u>		Payee name <u>SHEN SERVICE STATION</u>			
Amount (\$) <u>49.81</u>		Payee address; <u>Houston</u>		City; <u>TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Polling Expense</u>		Description <u>GAS</u>		
	<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 <u>3/10/21</u>		Payee name <u>AGITA Juice + Cafe</u>			
Amount (\$) <u>47.10</u>		Payee address; <u>Superland</u>		City; <u>TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event</u>		Description <u>Campaign meeting</u>		
	<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

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: 8	2 FILER NAME NADDEEN NAIK	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/21	5 Payee name AGITA JUICE	
6 Amount (\$) 7.99	7 Payee address; City; State; Zip Code Surgeon land Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Exp.	(b) Description MEETING
	(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 3/15/21	Payee name AGITA JUICE	
Amount (\$) 12.48	Payee address; City; State; Zip Code Surgeon land Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Exp	Description MEETING
	<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 3/16/21	Payee name AGITA JUICE	
Amount (\$) 8.57	Payee address; City; State; Zip Code Surgeon land Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Exp	Description MEETING
	<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

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: 8	2 FILER NAME NADCEM NAIK	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name KROHER	
6 Amount (\$) 8.50	7 Payee address; Hwy 6	City; State; Zip Code Tx
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Exp	(b) Description poll worker
	(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 3/17/21	Candidate / Officeholder name Arlita Jester	
Amount (\$) 6.42	Payee address; Sugarland	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp	Description meeting
	<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 3/17/21	Candidate / Officeholder name Arlita Jester	
Amount (\$) 13.88	Payee address; Sugarland	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp	Description MEETING
	<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 Arlita Jester		
Office sought 		
Office held 		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME WADEEM NAIK		3 Filer ID (Ethics Commission Filers)	
4 Date 3/17/21		5 Payee name			
6 Amount (\$) 51.89		7 Payee address; City; State; Zip Code SHELL SERVICE STATION			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP		(b) Description SAS		
	(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 3/22/21		Payee name CZ RESTAURANT			
Amount (\$) 22.99		Payee address; City; State; Zip Code Houston TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp		Description MEETING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held					
Date 3/22/21		Payee name AGHA Juice			
Amount (\$) 22.98		Payee address; City; State; Zip Code Sugar Land TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp		Description MEETING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME WADEEM NAIK	3 Filer ID (Ethics Commission Filers)
4 Date 3/23/21	5 Payee name AGORA Juice	
6 Amount (\$) 17.12	7 Payee address; City; State; Zip Code Sugarland TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description MEETING
	(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 3/25/21	Payee name Go Daddy . Com	
Amount (\$) 89.79	Payee address; City; State; Zip Code 480-105-8855 AZ	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AD EXP	Description WEBSITE WADEEMNAIK.COM
	<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 3/31/21	Payee name STELL SERVICE	
Amount (\$) 40.32	Payee address; City; State; Zip Code Sugarland TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Exp.	Description GAS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **8** 2 FILER NAME **WADEEM NAIK** 3 Filer ID (Ethics Commission Filers)

4 Date **3/31/21** 5 Payee name **FLOYD CASER**

6 Amount (\$) **138.72** 7 Payee address; City; State; Zip Code

Surge Land TN

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Food/Beverage Exp.** (b) Description **Guests/Mr. Surge Land.**

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

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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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:35%; border-bottom: 1px solid black;">FIRST</td> <td style="width:10%; border-bottom: 1px solid black;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Ms</td> <td style="border-bottom: 1px solid black;">Adeola</td> <td style="border-bottom: 1px solid black;">O</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td colspan="2" style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Addie</td> <td style="border-bottom: 1px solid black;">Heyliger</td> <td colspan="2"></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Ms	Adeola	O		NICKNAME	LAST	SUFFIX		Addie	Heyliger			<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 <div style="font-size: 2em; font-weight: bold; color: blue;">R</div> <div style="font-size: 2em; font-weight: bold; color: red;">E</div> <div style="font-size: 2em; font-weight: bold; color: blue;">C</div> <div style="font-size: 2em; font-weight: bold; color: red;">E</div> <div style="font-size: 2em; font-weight: bold; color: blue;">I</div> <div style="font-size: 2em; font-weight: bold; color: red;">V</div> <div style="font-size: 2em; font-weight: bold; color: blue;">E</div> <div style="font-size: 2em; font-weight: bold; color: red;">D</div> <div style="font-size: 1.5em; font-weight: bold; color: red;">FEB 26 2021</div> <div style="font-size: 1.2em; font-weight: bold; color: blue;">BY: GPK 2:34pm</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed	Date Imaged
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Adela O. 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

\$ 11.65

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

\$ 11.65

EXPENDITURE
TOTALS

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

\$ 273.96

4. TOTAL POLITICAL EXPENDITURES

\$ 373.96

CONTRIBUTION
BALANCE

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

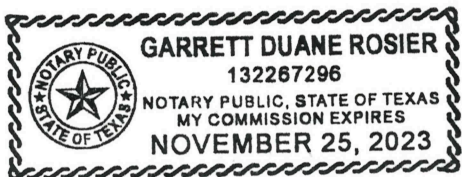
\$ 844.66

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.

Adela O. Heyliger
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Adela 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 <i>Adriana O. Helyger</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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>100.00</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 7/20	5 Payee name Lynn Clouser	
6 Amount (\$) \$ 100.00	7 Payee address; City; State; Zip Code Missouri city, Texas	
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	
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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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. David B. <hr/> NICKNAME LAST SUFFIX Dave Rosenthal	OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 5px 0;">JAN 22 2021</div> <div style="color: blue; font-weight: bold; margin: 5px 0;">BY: GDR 12:30</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
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5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 685-1081									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Joan B. <hr/> NICKNAME LAST SUFFIX Rosenthal									
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<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

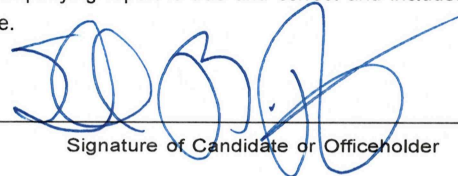
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

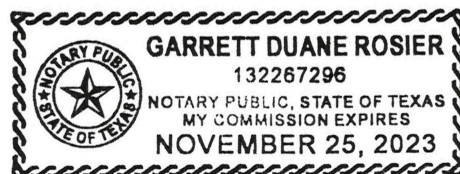
15 C/OH NAME David B. Rosenthal		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,518.74

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


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David B. Rosenthal this the 22 day of January,

20 21, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Garrett Duane Rosier

Printed name of officer administering oath

Executive Assistant to the Board of Trustees

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 Maiden h.
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 Fena
Richmond, TX 77406

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

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

07

16

20

THROUGH

01

15

21

11 ELECTION

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

ET. DEED ISD - Trustee Position
2

13 OFFICE SOUGHT (if known)

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

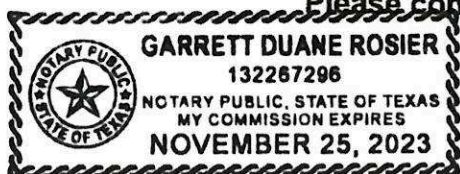
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>GRAYLE JAMES</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>.06</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>—</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>—</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1279.38</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Grayle James this the 6 day of January

21, 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 _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

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 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

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 K:	
2 FILER NAME <i>GRAYLE JAMES</i>		3 Filer ID (Ethics Commission Filers)	

4 Date <i>JULY '20</i> <i>-</i> <i>DEC '20</i>	5 Name of person from whom amount is received <div style="text-align: center; font-size: 1.2em;"><i>WELLS FARGO</i></div>	8 Amount (\$) <div style="text-align: center; font-size: 1.2em;"><i>.06</i></div>
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received <div style="text-align: center; font-size: 1.2em;"><i>INTEREST</i></div>		<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:

3 CANDIDATE /
OFFICEHOLDER
NAME

☒ MS ☐ MRS / MR

FIRST

MI

NICKNAME Shirley A

LAST

SUFFIX

Rose-Guilliam

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3011 Bonney Briar Dr

Missouri City TX 77459

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 799-5065

6 CAMPAIGN
TREASURER
NAME

☒ MS ☐ MRS / MR

FIRST

MI

NICKNAME Rossi Guillory

LAST

SUFFIX

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

☐ 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

10 / 26 / 2020

THROUGH

Month

Day

Year

01 / 15 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2020

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

FRISD BOT POS 4

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

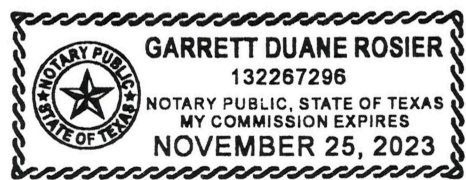
15 C/OH NAME <u>Shirley Rose-Gilliam</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2030.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2079.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7.64</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.

Shirley Rose-Gilliam
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shirley Rose-Gilliam this the 15 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 _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2090. ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1000. ⁰⁰
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	\$ 8079. 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	\$

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 Guzman

3 Filer ID (Ethics Commission Filers)

4 Date

01/02/21

5 Full name of contributor

Ron Reynolds

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

2440 Texas Parkway Mo City TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/20

Full name of contributor

Darryl B. Carter

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

5651 Willers Way Houston TX 77056

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/01/21

Full name of contributor

Lina Sabouni

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

23 Palm Blvd Mo City TX 77459

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/20

Full name of contributor

Kimberly Parrott

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

5126 Ruby Rock Way Richmond TX 77047

30.00

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Shirley Rose-Gilliam</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1000.00</u>	
5 Date <u>10/24/20</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ron Reynolds</u>	8 Amount of Contribution \$ <u>1000.00</u>	9 In-kind contribution description <u>POLL WORKERS, ADVERTISING, PUSH CARDS</u>
7 Contributor address; City; State; Zip Code <u>8140 Hwy 6 S 233, Missouri City TX 77459</u>		<input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> 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

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: 10F2		2 FILER NAME Shirley Rose-Gilliam		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/2020		5 Payee name Next Wave Strategies, LLC			
6 Amount (\$) 120.00		7 Payee address; City; State; Zip Code 4600 Glenfield Court #148 Houston, TX 77036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Poll worker Expense		(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 10/30/2020		Payee name Texas Victory Consulting			
Amount (\$) 300.00 s.g.		Payee address; City; State; Zip Code 1034 Saulnier St. Houston, TX 77019			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/03/2020		Payee name Victoria McCray			
Amount (\$) 400.00		Payee address; City; State; Zip Code 3026 Lakeland Way. Sugar Land TX 77479			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense		Description Push Card Distribution		
	<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

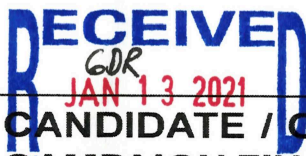
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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 of 2		2 FILER NAME Shirley Rose-Gilliam		3 Filer ID (Ethics Commission Filers)	
4 Date 01/08/21		5 Payee name Shirley Gilliam			
6 Amount (\$) \$1,115.00		7 Payee address; City; State; Zip Code 3011 Bonney Briar Dr Missouri City TX 77459			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description Community Impact Newspaper 09-30-20 - Schedule G		
	<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 01/08/21		Payee name Shirley Gilliam			
Amount (\$) \$144.90		Payee address; City; State; Zip Code 3011 Bonney Briar Dr Missouri City TX 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description Fuzzy Taco Fundraising Event		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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) <i>angiehanan@gmail.com</i>	2 Total pages filed: <i>5</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Angie</i>	MI <i>M</i>
	NICKNAME	LAST <i>Hanan</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>903 Goldfinch Ave SugarLand TX 77478</i>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(281) 460.0330</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Wendy</i>	MI
	NICKNAME	LAST <i>Rachuk</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2203 Madewood Drive Missouri City TX 77459</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(832) 419.1457</i>		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>10 / 26 / 2020</i> THROUGH <i>1 / 15 / 2021</i>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>11 / 03 / 2020</i> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>FBISD Board of Trustees Position 1</i>		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL COMMITTEE ADDRESS <input type="checkbox"/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Angie Hanan</u>		16 Filer ID (Ethics Commission Filers) <u>angiehanan@gmail.com</u>
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>750.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5562.29</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	\$ <u>1800.00</u>

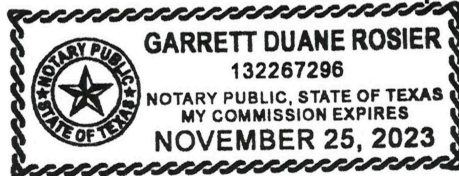
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Angie Hanan

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Angie Hanan this the 13 day of January, 2021, 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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Angie Hanan</i>		20 Filer ID (Ethics Commission Filers) <i>angie.hanan@gmail.com</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>750.00</i>
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>5562.29</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	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Angie Hanan</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10.28.20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Reynolds</i>	8 Amount of Contribution \$ <i>\$ 750.00</i>	9 In-kind contribution description <i>Campaign Literature Distribution</i>
7 Contributor address; City; State; Zip Code <i>6140 Highway 6 South #233 Missouri City, TX 77459</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Texas State Representative</i>		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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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

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: 1	2 FILER NAME Angie Hanan	3 Filer ID (Ethics Commission Filers) angie.hanan@gmail.com
4 Date 11/17/20	5 Payee name GoDaddy	
6 Amount (\$) \$84.48	7 Payee address; City; State; Zip Code Suite 219 14455 N. Hayden Road Scottsdale AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description website
	(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 12/16/20	Payee name Angie Hanan		
Amount (\$) \$3277.81	Payee address; City; State; Zip Code 903 Goldfinch Ave Sugar Land TX 77478		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Credit Card Charge 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 1/7/21	Payee name Angie Hanan		
Amount (\$) \$2200.00	Payee address; City; State; Zip Code 903 Goldfinch Ave Sugar Land TX 77478		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description Partial repayment of personal loan	
	<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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST James	MI D.
	NICKNAME Jim	LAST Rice	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5402 Oban Terrace Lane Sugar Land, Tx. 77479		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(281) 980.8071			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Dorothy	MI S.
	NICKNAME Suzanne	LAST Ramos	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3907 Senna Place Sugar Land, Tx. 77479		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(281) 980.9051			
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 1 / 2020 THROUGH Month Day Year 12 / 31 / 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) FBI SD Trustee Position 3		
13 OFFICE SOUGHT (if known)			
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

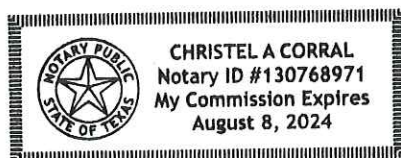
15 C/OH NAME <u>Jim Rice (James D. Rice)</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES <u>From Schedule G</u>	\$ <u>263.03</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>222.76.</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <u>Includes Schedule G amount</u>	\$ <u>18,229.17</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.

James D. Rice
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James D. Rice this the 11 day of January.

20 21 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Christel A. Corral
Printed name of officer administering oath

Administrative Assistant
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jim Rice (James D. 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	\$ 263.03
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

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: p. 1 of 2	2 FILER NAME Jim Rice	3 Filer ID (Ethics Commission Filers)
4 Date 7/2/20	5 Payee name Fort Bend Independent	
6 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; P.O. Box 623 Sugar Land, Tx 77487	City; State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice	
	Office sought FBISD Trustee Position 3	Office held
Date 9/10/20	Payee name Icenhauer Consulting, LLC	
Amount (\$) \$56.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3019 Arrowhead Sugar Land, Tx 77479	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice	
	Office sought FBISD Trustee Position 3	Office held
Date 11/17/20	Payee name Fort Bend Star	
Amount (\$) \$106.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; P.O. Box 2369 Stafford, Tx 77497	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper ad.
	<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 Jim Rice	
	Office sought FBISD Trustee Position 3	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	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: <i>p. 2 of 2</i>	2 FILER NAME <i>Jim Rice</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/27/20</i>	5 Payee name <i>Fort Bend Independent</i>	
6 Amount (\$) <i>\$8000</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>P.O. Box 623 Sugar Land, Tx 77487</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Newspaper Ad.</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 <i>Jim Rice</i> Office sought <i>FBISD Trustee Position 3</i> 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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Denetta</i></div> <div>FIRST <i>R</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Williams</i></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div> <div style="border: 1px solid black; padding: 5px;">Date <u>by</u> hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <i>3309 Primrose Canyon</i></div> <div>APT / SUITE #;</div> <div>CITY; <i>Pearland, TX</i></div> <div>STATE; <i>TX</i></div> <div>ZIP CODE <i>77584</i></div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <i>(413)</i></div> <div>PHONE NUMBER <i>657-9371</i></div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Ms</i></div> <div>FIRST <i>Denetta</i></div> <div>MI <i>R</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Williams</i></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <i>3309 Primrose Canyon</i></div> <div>APT / SUITE #;</div> <div>CITY; <i>Pearland, TX</i></div> <div>STATE; <i>TX</i></div> <div>ZIP CODE <i>77584</i></div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <i>(713)</i></div> <div>PHONE NUMBER <i>657-9371</i></div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <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) </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 <i>10 / 26 / 20</i> </div> <div>THROUGH</div> <div> Month Day Year <i>1 / 15 / 21</i> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <i>11 / 3 / 21</i> </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	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any) <i>FBIIS Trustee Pos 5</i></div> <div>13 OFFICE SOUGHT (if known)</div> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 5px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"></td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$ 325.00

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

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 551.97

CONTRIBUTION
BALANCE

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

\$ 0

OUTSTANDING
LOAN TOTALS

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

\$

18 SIGNATURE

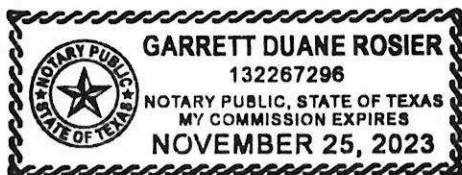
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

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 27 day of January,
2021, 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

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 Ft Bend (street) County, State of Texas (city) (state) (zip code) (country), on the 25th day of January 21 (month) (year).

Denetta R. Williams
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Denetta R. Williams

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 325.00
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 checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 150.00
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	\$ 551.97
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

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 Benetta R. Williams		3 Filer ID (Ethics Commission Filers)	
4 Date 10.26.20		5 Payee name HOUSTON Tshirt Printer			
6 Amount (\$) 53.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 9777 Harwin Dr. HOUSTON, TX 77036			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description T. Shirt Printing	
		<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 11.01.20		Payee name Allied Signs			
Amount (\$) 425.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6820 Harwin HOUSTON TX 77036			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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	
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date 11.01.20		Payee name The Home Depot			
Amount (\$) 19.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10111 Broadway Pearland, TX 77584			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) equipment		Description 5' Uposts	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Denetta R. Williams</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11.2.20</i>	5 Payee name <i>The Home Depot</i>		
6 Amount (\$) <i>53.91</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>10419 HWY 6 South Sugarland TX 77498</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Equipment</i>		(b) Description <i>6' Uposts</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 (\$) <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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F2:	2 FILER NAME <i>Benetta R. Williams</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS			\$ <i>150.00</i>
5 Date <i>10.14.20</i>	6 Payee name <i>Allied Signs</i>		
7 Amount (\$) <i>150.00</i>	8 Payee address; <i>6820 Harwin</i>	City; <i>Houston TX</i>	State; <i>TX</i> Zip Code <i>77036</i>
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) <i>Advertisement</i>	(b) Description <i>4x4 Signs</i>	
	(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			
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			
Candidate / Officeholder name			
Office sought			
Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <u>1</u>
2 FILER NAME <u>Denetta R. Williams</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11.7.20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Belinda Scott</u>	7 Amount of contribution (\$) <u>75.00</u>
6 Contributor address; City; State; Zip Code <u>HOUSTON, TX 77099</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>11.16.20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ronald Reynolds</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>Missouri City, TX 77459</u>		
Principal occupation / Job title (See Instructions) <u>St. Rep</u>		Employer (See Instructions) <u>State of Texas</u>
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.

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:
2

3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS / MR	FIRST AFSHI	MI	OFFICE USE ONLY
	NICKNAME	LAST CHARANIA	SUFFIX	
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	AREA CODE PHONE NUMBER EXTENSION (832) 687-6097			Date Received
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST SUMITA	MI	Receipt #
	NICKNAME	LAST GHOSH	SUFFIX	Amount \$
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			Date Hand-delivered or Date Postmarked
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 471-6620			Date Processed
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			Date Imaged
	10 PERIOD COVERED Month Day Year 07 / 01 / 2020 THROUGH 12 / 31 / 2020			
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) FORT BEND TRUSTEE POSITION 3	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

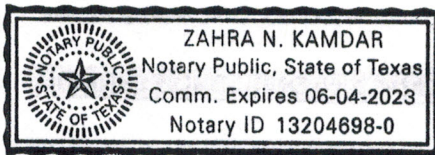
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME AFSHI CHARANIA		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
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 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

Zahl

NOTARY STAMP / SEAL

Sworn to and subscribed before me by AFSHI CHARANI this the 15TH day of JANUARY, 20 21, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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: **13**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / **MR**

FIRST

MI

ASHISH

NICKNAME

LAST

SUFFIX

AGRAWAL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**6714 APSLEY CREEK LN
SUGAR LAND, TX 77479**

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 786-9138

6 CAMPAIGN
TREASURER
NAME

MS / MRS / **MR**

FIRST

MI

ALANA

NICKNAME

LAST

SUFFIX

MCKEE

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

DEW BRIDGE CT, SUGARLAND, TX 77479

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 224-4549

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

04 / 23 / 2021

THROUGH

Month

Day

Year

07 / 15 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other
Description

☐ General

☐ Special

SCHOOL BOARD

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

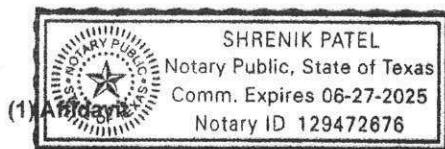
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME ASHISH AGRAWAL		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,201/-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,822.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,082.50

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.

Ashish Agrawal
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by ASHISH AGRAWAL this the 5/7 day of SEPTEMBER, 2021 to certify which, witness my hand and seal of office.
Shrenik Patel **SHRENIK PATEL** NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME AKASH 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	\$ 1,201/-
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	\$ 6,500/-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,822.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEEPAK KANWAR 6 Contributor address; City; State; Zip Code SUGARLAND, TX 77479	7 Amount of contribution (\$) \$100/-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEERA KAPUR Contributor address; City; State; Zip Code SUGARLAND TX 77479	Amount of contribution (\$) \$50/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VISAT PALIOD Contributor address; City; State; Zip Code SUGARLAND TX 77479	Amount of contribution (\$) \$50/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RISH BHUTADA Contributor address; City; State; Zip Code SUGARLAND TX 77479	Amount of contribution (\$) \$250/-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: ②
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMISH SETHI	7 Amount of contribution (\$) \$300/-
6 Contributor address; City; State; Zip Code Houston TX 77083		
8 Principal occupation / Job title (See Instructions)		9 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)
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.

LOANS

SCHEDULE E

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 E: (2)
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 4/23/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL	9 Loan Amount (\$) \$2000/-
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code SUGAR LAND TX 77479	10 Interest rate _____
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions) _____		13 Employer (See Instructions) _____
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 SUGAR LAND TX 77479	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions) _____		21 Employer (See Instructions) _____

Date of loan 4/24/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL	Loan Amount (\$) \$2000/-
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code SUGAR LAND TX 77479	Interest rate _____
		Maturity date _____
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
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.

LOANS

SCHEDULE E

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 E: (2)	
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 5/3/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL	9 Loan Amount (\$) \$2000/-	
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code SUGAR LAND TX 77479	10 Interest rate _____	
		11 Maturity date _____	
12 Principal occupation / Job title (See Instructions) _____		13 Employer (See Instructions) _____	
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 SUGAR LAND TX 77479	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions) _____		21 Employer (See Instructions) _____	

Date of loan 5/14/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL	Loan Amount (\$) \$500/-
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code SUGAR LAND TX 77479	Interest rate _____
		Maturity date _____
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
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 SUGAR LAND TX 77479	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

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: 6		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 4/23/21		5 Payee name CSPAC			
6 Amount (\$) \$500/-		7 Payee address; City; State; Zip Code 11418 OAK LAKE RIDGE CT SUGARLAND TX 77498			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN ADVISOR		(b) Description VOTER OUTREACH		
	(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 4/27/21		Payee name JIM RANDLE			
Amount (\$) \$150/-		Payee address; City; State; Zip Code STAFFORD TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP		Description CLEAN UP		
	<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 4/28/21		Payee name BRANDING MATTERS			
Amount (\$) \$108.25		Payee address; City; State; Zip Code SUGARLAND TX 77479			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXP		Description CAMPAIGN MATERIAL		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ⑥		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 4/28/21		5 Payee name HOME DEPOT			
6 Amount (\$) \$76.38		7 Payee address; City; State; Zip Code Sugarland Tx 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV EXP		(b) Description CAMPAIGN MATERIAL		
	(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					
Date 4/28/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$213.38		Payee address; City; State; Zip Code 9600 GEN FIELDS CT HOUSTON TX 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXP		Description POLL WORKER		
	<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					
Date 5/2/21		Payee name JAMES THOMAS			
Amount (\$) \$1,700/-		Payee address; City; State; Zip Code MISSOURI CITY TX 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXP		Description POLL WORKER		
	<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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ②	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/21	5 Payee name MR. JI CONNECTIONS	
6 Amount (\$) \$3,096.75	7 Payee address; City; State; Zip Code P.O. Box 2082 Missouri City TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXP	(b) Description POLL WORKER, BWC
	(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 5/3/21	Payee name HOT COFFEE DIGITAL MARKETING	
Amount (\$) \$140/-	Payee address; City; State; Zip Code MISSOURI CITY TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV EXP	Description CAMPAIGN MATERIAL
	<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 5/3/21	Payee name BOA, BANK CARD	
Amount (\$) \$48.10	Payee address; City; State; Zip Code SUGARLAND TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ⑥		2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)	
4 Date 5/4/21		5 Payee name MR. JI CONNECTIONS			
6 Amount (\$) \$125/-		7 Payee address; City; State; Zip Code P.O. Box 2082 MISSOURI CITY TX 77459			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXP		(b) Description VOTER OUTREACH		
	<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 5/4/21		Payee name TEXAS CAMPAIGNS			
Amount (\$) \$250/-		Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXP		Description POL WORKER		
	<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 5/6/21		Payee name NAMASTE RADIO			
Amount (\$) \$100/-		Payee address; City; State; Zip Code HOUSTON TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV EXP		Description MEDIA		
	<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

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: 6	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 5/10/21	5 Payee name MINUTEMAN PRESS	
6 Amount (\$) \$4,200/-	7 Payee address; 1324 PIN OAK RD	City; State; Zip Code KATY TX 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP	(b) Description CAMPAIGN MATERIAL
	(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 5/13/21	Payee name BoA		
Amount (\$) \$35/-	Payee address;	City; State; Zip Code SUGAR LAND TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description 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 6/1/21	Payee name BoA		
Amount (\$) \$16/-	Payee address;	City; State; Zip Code SUGAR LAND TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **②** 2 FILER NAME **ASHISH AGRAWAL** 3 Filer ID (Ethics Commission Filers)

4 Date **6/2/21** 5 Payee name **Bo A, BANK CARD**

6 Amount (\$) **\$47.74** 7 Payee address; City; State; Zip Code
SUGAR LAND TX 77478

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
ACCOUNTING/BANKING FEES
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **7/1/21** Payee name **B A**

Amount (\$) **\$16/-** Payee address; City; State; Zip Code
SUGAR LAND TX 77478

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
ACCOUNTING/BANKING FEES
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> MRS AFSHI </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> CHARANIA </div>				OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold; text-align: center;">RECEIVED</div> <div style="color: red; font-weight: bold; text-align: center;">JUL 21 2021</div> <div style="color: blue; font-weight: bold; text-align: center;">BY: GDR</div>	
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 7343 CHATHAM GREEN DR SUGAR LAND, TX 77479 </div>				Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> <div style="display: flex; justify-content: space-between;"> Date Processed </div> <div style="display: flex; justify-content: space-between;"> Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (832) 687-6097 </div>					
	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 4607 KENESHAW CT SUGAR LAND, TX 77479 </div>					
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (713) 471-6620 </div>					
	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> MS SUMITA </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> GHOSH </div>					
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 4607 KENESHAW CT SUGAR LAND, TX 77479 </div>					
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (713) 471-6620 </div>					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) </div>					
	<div style="display: flex; justify-content: space-between;"> Month Day Year THROUGH Month Day Year </div> <div style="display: flex; justify-content: space-between;"> 1 / 1 / 21 6 / 30 / 21 </div>					
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> ELECTION DATE ELECTION TYPE </div> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; justify-content: space-between;"> Month Day Year </div> <div style="display: flex; justify-content: space-between;"> Primary Runoff Other Description </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; justify-content: space-between;"> 5 / 4 / 19 </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> General Special </div> </div>					
	<div style="display: flex; justify-content: space-between;"> OFFICE HELD (if any) OFFICE SOUGHT (if known) </div> <div style="display: flex; justify-content: space-between;"> N/A FORT BEND TRUSTEE POSITION 3 </div>					
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> 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. </div>					
	<div style="display: flex; justify-content: space-between;"> COMMITTEE TYPE COMMITTEE NAME </div>					
	<div style="display: flex; justify-content: space-between;"> GENERAL COMMITTEE ADDRESS </div>					
	<div style="display: flex; justify-content: space-between;"> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME </div>					
	<div style="display: flex; justify-content: space-between;"> COMMITTEE CAMPAIGN TREASURER ADDRESS </div>					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

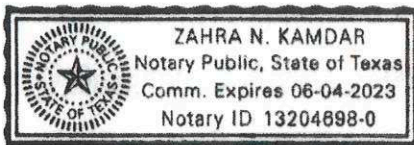
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME AFSHI CHARANIA		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
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 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

Zahl

NOTARY STAMP / SEAL

Sworn to and subscribed before me by AFSHI CHARANIA this the 15TH day of JULY, 20 21, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 JUDY

NICKNAME LAST SUFFIX
DAE

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
34 HESSENFORD ST SUGAR LAND TX 77479

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(609) 216-4016

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
JUL 27 2021
BY: GDA

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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
4 / 22 / 21 THROUGH 7 / 15 / 21

11 ELECTION

ELECTION DATE

Month Day Year
5 / 1 / 21

ELECTION TYPE

Primary Runoff Other Description
☒ General Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

FORT BEND ISD BOARD #2

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		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)	\$ 0.13
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 569.24
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,056.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,300.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

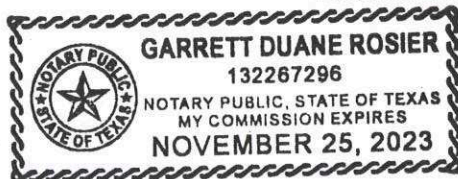
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Judy Dae this the 27 day of July,

2021, 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 the BOT

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED
TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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: **1****2** FILER NAME
JUDY DAE**3** Filer ID (Ethics Commission Filers)**4** Date
04/30/2021**5** Full name of contributor out-of-state PAC (ID#: _____)
IUPAT**6** Contributor address; City; State; Zip Code
7234 Parkway Dr, Hanover, MD 21076**7** Amount of contribution (\$)**1,500.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
05/05/2021**Full name of contributor** out-of-state PAC (ID#: _____)
Domalapalli Kumar**Contributor address; City; State; Zip Code**
3702 Springhill Ln, Sugar Land, TX 77479**Amount of contribution (\$)****100.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
06/07/2021**Full name of contributor** out-of-state PAC (ID#: _____)
Allen Owen**Contributor address; City; State; Zip Code**
2022 Masters Ln, Missouri City, TX 77459**Amount of contribution (\$)****500.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
06/07/2021**Full name of contributor** out-of-state PAC (ID#: _____)
David Rosenthal**Contributor address; City; State; Zip Code**
6910 Oak Bay Cir, Missouri City, TX 77459**Amount of contribution (\$)****150.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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: 3		2 FILER NAME JUDY DAE		3 Filer ID (Ethics Commission Filers)	
4 Date 04/26/2021		5 Payee name M3 GRAPHICS INC			
6 Amount (\$) 1,415.38		7 Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description CAMPAIGN SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name 04/26/2021 SUE HAUENSTEIN					
Amount (\$) 500.00					
Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description CAMPAIGN CONSULTING		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name 04/29/2021 JESSE TORRES					
Amount (\$) 120.00					
Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CAMPAIGN SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 3	2 FILER NAME JUDY DAE	3 Filer ID (Ethics Commission Filers)
4 Date 05/11/2021	5 Payee name CARLOS MARTINEZ	
6 Amount (\$) 334.46	7 Payee address; City; State; Zip Code 26 HESSENFORD STREET, SUGAR LAND, TX 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSES	(b) Description VOLUNTEER APPRECIATION EVENT
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 05/17/2021	Payee name KEEPER'S RESTAURANT		
Amount (\$) 317.17	Payee address; City; State; Zip Code 4654 Hwy 6, Sugar Land, TX 77478		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES	Description VICTORY PARTY	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 05/24/2021	Payee name ISABELLA KUMAR		
Amount (\$) 300.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CAMPAIGN LIAISON	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME JUDY DAE	3 Filer ID (Ethics Commission Filers)
4 Date 07/15/2021	5 Payee name SUE HAUENSTEIN	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description CAMPAIGN CONSULTING
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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

Shirley A

ROSE-GILLIAM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3011 Bonney Brook Dr

Missouri City TX 77459

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 799-5065

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Rossi

GILLIAM

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

16115 Beckridge Houston, TX 77053

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 870-3023

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 / 2021

THROUGH

06 / 30 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2020

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

FBISD Trustee, Position 4

13 OFFICE SOUGHT (if known)

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

Shirley Rose-Gilliam

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)

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

\$ 7.64

OUTSTANDING
LOAN TOTALS

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

\$ 0

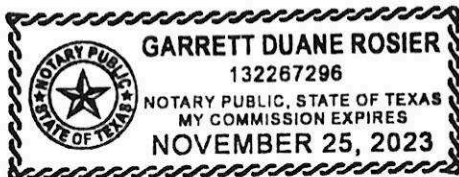
18 SIGNATURE

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.

Shirley Rose-Gilliam
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Shirley Rose-Gilliam this the 20 day of July,
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 the BOJ
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>0</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

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 <u> </u> FIRST <u>Angie</u> MI <u>M</u> NICKNAME <u> </u> LAST <u>Hanan</u> SUFFIX <u> </u>	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">JUL 19 2021</div> <div style="text-align: center; color: blue; font-weight: bold;">GDC</div> Date by and-delivered or Date Postmarked Receipt # <u> </u> Amount \$ <u> </u> Date Processed <u> </u> Date Imaged <u> </u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>903 Goldfinch Ave Sugar Land Tx 77478</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(281) 460-0330</u>		
6 CAMPAIGN TREASURER NAME	MS (MRS) MR <u> </u> FIRST <u>Wendy</u> MI <u> </u> NICKNAME <u> </u> LAST <u>Rachuk</u> SUFFIX <u> </u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2203 Madewood Dr. Missouri City TX 77459</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(832) 419.1457</u>		
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 <u>1 / 16 / 2021</u> THROUGH <u>6 / 30 / 2021</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>10 / 03 / 2020</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>FBISD Trustee, Position 1</u>	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE		COMMITTEE NAME	
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Angie Hanan</u>		16 Filer ID (Ethics Commission Filers) <u>angie.hanan@gmail.com</u>
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	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>142.35</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1800.00</u>

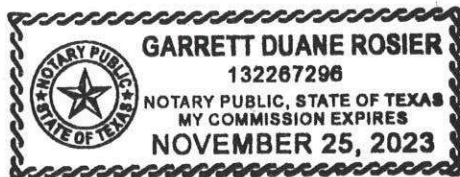
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Angie Hanan

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Angie Hanan this the 19 day of July,

20 21, to certify which, witness my hand and seal of office.

Garrett Duane Rosier
Signature of officer administering oath

Garrett Duane Rosier Executive Assistant to the BOT
Printed name of officer administering oath

Executive Assistant to the BOT
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Angie Hanan</i>		20 Filer ID (Ethics Commission Filers) <i>angie.hanan@gmail.com</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>0</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 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	\$ <i>✓</i>

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

OFFICE USE ONLY

Date Received

RECEIVED
JUL 12 2021
BY: GOR

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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
SUGARLAND, 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 ROCKFENCE
RICHMOND, TX 77406

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 443-3502

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 / 21 THROUGH 07 / 15 / 21

11 ELECTION

ELECTION DATE

Month

Day

Year

06 / 08 / 21

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

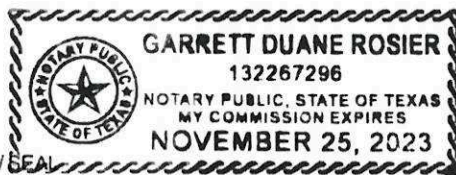
15 C/OH NAME GRAYLE JAMES		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 000 —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 506
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 748.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 530.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Grayle James this the 12 day of July

20 21, 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 _____, and my date of birth is _____

My address is _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

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	\$ 748.77
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

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	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:	2 FILER NAME GRAYLE JAMES	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/21	5 Payee name DAVID OR GRAYLE JAMES	
6 Amount (\$) \$748.77	7 Payee address; City; State; Zip Code 1810 Maidenhair Ln Sugar Land, TX 77779	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENTS	
	(b) Description CAMPAIGN EVENT FOR DEPARTING BOARD MEMBER GRAYLE JAMES	
(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 (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	(c) <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
	(c) <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

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

SCHEDULE K

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 K:
2 FILER NAME GRAYLE JAMES		3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received WELLS FARGO	8 Amount (\$)
<div style="transform: rotate(-90deg); transform-origin: left top; position: absolute; left: -50px; top: 50px; font-family: cursive;"> Various dates 1/30 - 6/30/21 </div>	6 Address of person from whom amount is received; City; State; Zip Code	106
	7 Purpose for which amount is received INTEREST	
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

GRAYLE JAMES

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	MS / MRS / MR <u>MRS.</u> FIRST <u>KRISTEN</u> MI <u>D.</u> NICKNAME LAST SUFFIX <u>MALONE</u>	OFFICE USE ONLY Date Received: <div style="font-size: 2em; font-weight: bold; color: blue;">RECEIVED</div> <div style="color: red; font-weight: bold;">JUL 30 2021</div> BY: <u>GOR</u> Date Hand-delivered or Date Postmarked: <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Date Imaged</td> <td style="border: none;"></td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged							
Receipt #	Amount \$													
Date Processed														
Date Imaged														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <u>2123 SOUTH FOUNTAIN VALLEY</u> <u>MISSOURI CITY, TX. 77459</u>													
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 298-9619</u>													
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR.</u> FIRST <u>BRIAN</u> MI <u>W.</u> NICKNAME LAST SUFFIX <u>MALONE</u>													
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <u>3010 VILLA LANE</u> <u>MISSOURI CITY, TX. 77459</u>													
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(281) 380-7608</u>													
9 REPORT TYPE	<table style="width:100%; border: none;"> <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 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 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)				
<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	<table style="width:100%; border: none;"> <tr> <td>Month Day Year</td> <td>THROUGH</td> <td>Month Day Year</td> </tr> <tr> <td><u>4 / 19 / 21</u></td> <td></td> <td><u>7 / 15 / 21</u></td> </tr> </table>		Month Day Year	THROUGH	Month Day Year	<u>4 / 19 / 21</u>		<u>7 / 15 / 21</u>						
Month Day Year	THROUGH	Month Day Year												
<u>4 / 19 / 21</u>		<u>7 / 15 / 21</u>												
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td>ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td><u>5 / 1 / 21</u></td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE			Month Day Year	Primary	Runoff	Other Description	<u>5 / 1 / 21</u>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
ELECTION DATE	ELECTION TYPE													
Month Day Year	Primary	Runoff	Other Description											
<u>5 / 1 / 21</u>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special												
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>FORT BEND ISD TRUSTEE #6</u>												
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.													
Additional Pages	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="3" style="text-align: center;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td></td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	SPECIFIC				
COMMITTEE TYPE	COMMITTEE NAME													
GENERAL	COMMITTEE ADDRESS													
	COMMITTEE CAMPAIGN TREASURER NAME													
	COMMITTEE CAMPAIGN TREASURER ADDRESS													
SPECIFIC														

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>KRISTEN D. MALONE</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)	\$ 1,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,352.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,253.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE

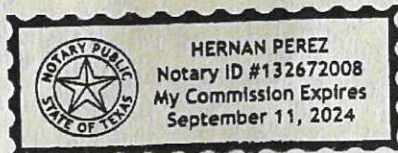
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kristen D Malone this the 30 day of July.

20 21, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Hernan Perez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kristen Malone, and my date of birth is 8/20/81.

My address is 2123 S. Fountain Valley Missouri City TX 77459 USA.
(street) (city) (state) (zip code) (country)

Executed in FT. Bend County, State of TX, on the 30 day of July, 2021.
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/21	5 Full name of contributor CLINTON VAUPEL out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$ 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/21	Full name of contributor LAURA DAVISON out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/21	Full name of contributor TIFFANY MAXPETERSON out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/6/21	Full name of contributor SHANNON NEWMAN out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 500.00
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

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>KRISTEN D. MALONE</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/26/21</i>	5 Full name of contributor out-of-state PAC (ID# _____) <i>VICTORIA PORTER</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address: City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 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)
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

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: 7		2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)	
4 Date 4/19/21		5 Payee name GO DADDY			
6 Amount (\$) \$31.97		7 Payee address:		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description WEBSITE		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/22/21		Payee name FACEBOOK			
Amount (\$) \$10.00		Payee address:		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description WEBSITE		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/22/21		Payee name FACEBOOK			
Amount (\$) \$10.00		Payee address:		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description WEBSITE		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME **KRISTEN D. MALONE** 3 Filer ID (Ethics Commission Filers)

4 Date **4/23/21** 5 Payee name **FACEBOOK**

6 Amount (\$) **\$ 10.00** 7 Payee address, City, State, Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING** (b) Description **WEBSITE**
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4/26/21** Payee name **FACEBOOK**

Amount (\$) **\$ 15.00** Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING** Description **WEBSITE**
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **4/26/21** Payee name **FACEBOOK**

Amount (\$) **\$ 15.00** Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING** Description **WEBSITE**
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 **KRISTEN D. MALONE** 3 Filer ID (Ethics Commission Filers)

4 Date **4/26/21** 5 Payee name **FACEBOOK**

6 Amount (\$) **\$25.00** 7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING** (b) Description **WEBSITE**
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4/26/21** Payee name **REGIONS BANK**

Amount (\$) **\$8.00** Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **FEE** Description **BANKING FEE**
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **4/29/21** Payee name **FACEBOOK**

Amount (\$) **\$35.00** Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING** Description **WEBSITE**
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 KRISTEN D. MALONE	3 Filer ID (Ethics Commission Filers)
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4 Date 5/3/21	5 Payee name DMR RESOURCES
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6 Amount (\$) \$222.04	7 Payee address City: State: Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	(b) Description POSTAGE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/7/21	Payee name MIDDLEMAN MESSENGER
-----------------------	--

Amount (\$) \$500.00	Payee address City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description REFUND CORPORATE CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/7/21	Payee name REGIONS BANK
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Amount (\$) \$25.00	Payee address City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description BANKING FEE - WIRE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME KRISTEN A. MALONE	3 Filer ID (Ethics Commission Filers)
4 Date 5/10/21	5 Payee name TRACTOR SUPPLY	
6 Amount (\$) \$276.20	7 Payee address:	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	(b) Description STAKES FOR SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/10/21	Payee name GO DADDY	
Amount (\$) \$31.97	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WRITE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/11/21	Payee name CANVA	
Amount (\$) \$12.99	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	Description DESIGN SUBSCRIPTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 KRISTEN D. MALONE	3 Filer ID (Ethics Commission Filers)
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4 Date 5/13/21	5 Payee name FACEBOOK
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6 Amount (\$) \$7.00	7 Payee address, City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WEBSITE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/20/21	Payee name ALLIED PLASTIC
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Amount (\$) \$228.00	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	Description SIGNAGE MATERIALS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/1/21	Payee name CPC HOUSTON
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Amount (\$) \$56.10	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	Description STAKES FOR SIGNS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME KRISTEN D. MALONE	3 Filer ID (Ethics Commission Filers)
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4 Date 6/8/21	5 Payee name GO DADDY
6 Amount (\$) \$31.97	7 Payee address; City: State: Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WEBSITE
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/23/21	Payee name ALLIED PLASTIC
Amount (\$) \$769.50	Payee address; City: State: Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	Description SIGNAGE MATERIAL
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/8/21	Payee name GO DADDY
Amount (\$) \$31.97	Payee address; City: State: Zip Code


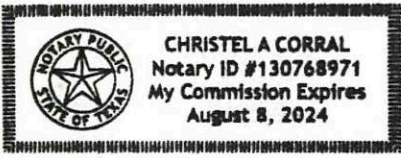
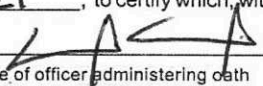
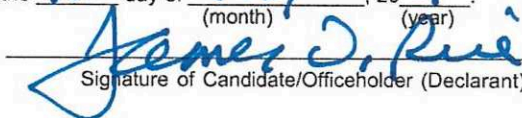
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WEBSITE
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 C	FIRST James	MI D.	OFFICE USE ONLY <hr/> Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;"> RECEIVED </div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;"> JUL 13 2021 </div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.1em;"> BY: EDR </div> <hr/> Date Hand-delivered or Date Postmarked <hr/> <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> <hr/> Date Processed <hr/> Date Imaged			
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 (281)	PHONE NUMBER EXTENSION 980-8071					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR C	FIRST Dorothy	MI S.	<hr/> NICKNAME LAST SUFFIX Suzanne Ramos			
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						
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER EXTENSION 980-9051					
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 checked="" 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>						
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 2021 THROUGH 6 / 30 / 2021						
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 4 / 19 </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 3		13 OFFICE SOUGHT (if known)				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="border: 1px solid black; padding: 2px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table> </div>					COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 2	
15 C/OH NAME <u>Jim Rice (James D. Rice)</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>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	<u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES <u>From Schedule G</u>	\$	<u>305.24</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>222.76</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <u>Includes Schedule G amount</u>	\$	<u>18,534.41</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.			
<div style="text-align: center;"> Signature of Candidate or Officeholder</div>			
Please complete either option below:			
(1) Affidavit	<div style="text-align: center;"></div>		
NOTARY STAMP / SEAL			
Sworn to and subscribed before me by <u>James D. Rice</u> this the <u>13</u> day of <u>JULY</u> , 20 <u>21</u> , to certify which, witness my hand and seal of office.			
Signature of officer administering oath 		Printed name of officer administering oath <u>Christel A. Corral</u> Title of officer administering oath <u>Executive Administrative Assistant.</u>	
OR			
(2) Unsworn Declaration			
My name is <u>James D. Rice</u> , and my date of birth is <u>03-05-1955</u>			
My address is <u>5402 OBAN TERRACE</u> , <u>SUGAR LAND TX</u> , <u>77479</u> <u>USA</u>			
(street) (city) (state) (zip code) (country)			
Executed in <u>HARRIS</u> County, State of <u>TEXAS</u> , on the <u>13</u> day of <u>JULY</u> , 20 <u>21</u>			
(month) (year)			
<div style="text-align: center;"> Signature of Candidate/Officeholder (Declarant)</div>			

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jim Rice (James D. 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>305.24</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

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: p. 1 of 2	2 FILER NAME Jim Rice	3 Filer ID (Ethics Commission Filers)
--	--------------------------	---------------------------------------

4 Date 2/2/21	5 Payee name Fort Bend Republican Women
------------------	--

6 Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 26 Charleston St. North Sugar Land, Tx. 77478
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation	(b) Description Associate Membership
	(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 Jim Rice	Office sought FBISD Trustee	Office held Position 3
---	---	--------------------------------	---------------------------

Date 2/13/21	Payee name Fort Bend Republican Women
-----------------	--

Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 26 Charleston St. North Sugar Land, Tx. 77478
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation	Description Website sponsorship.
	<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 Jim Rice	Office sought FBISD Trustee	Office held Position 3
---	---	--------------------------------	---------------------------

Date 6/3/21	Payee name Icenhower Consulting, LLC
----------------	---

Amount (\$) \$73.99 <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 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jim Rice	Office sought FBISD Trustee	Office held Position 3
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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: p. 2 of 2	2 FILER NAME Jim Rice	3 Filer ID (Ethics Commission Filers)
4 Date 6/6/21	5 Payee name Fort Bend Independent	
6 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 623 Sugar Land, Tx. 77487	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Jim Rice FBISD Trustee Position 3	
Date 6/10/21	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 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper Ad
	<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 Jim Rice FBISD Trustee Position 3	
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

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: 1.2em;">1 of 10</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. Monica </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Riley </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</div> <div style="font-size: 2em; color: blue; text-align: center;">RECEIVED</div> <div style="color: red; font-weight: bold; text-align: center;">JUL 29 2021</div> <div style="color: blue; font-weight: bold; text-align: center;">BY: <u>CDK</u></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> Receipt # Amount \$ </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date Processed</div> <div style="border-bottom: 1px solid black;">Date Imaged</div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> PO Box 2082 </div> <div style="display: flex; justify-content: space-between;"> Missouri City, Texas 77459 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (281) 410-5719 </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;"> Ms. Cerina </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Riley </div>										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> P O Box 2082 </div> <div style="display: flex; justify-content: space-between;"> Missouri City, Texas 77459 </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (281) 410-5719 </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 Modified Reporting Limit</div> <div style="width: 50%;"><input checked="" 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 4 / 25 / 19 </div> <div>THROUGH</div> <div> Month Day Year 12 / 9 / 19 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year 5 / 4 / 20 </div> <div style="width: 60%;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> Primary Runoff Other Description </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> General Special </div> </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;">OFFICE HELD (if any)</div> <div style="width: 50%;">13 OFFICE SOUGHT (if known)</div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; margin-top: 5px;">Fort Bend ISD Board of Trustee Pos 7</div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; text-align: center;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Additional Pages</div>											

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Monica Riley

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)

\$ 264.64

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

\$ 674.64

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,712.02

CONTRIBUTION
BALANCE

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

\$ 1,189.70

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

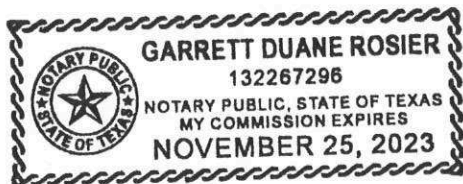
18 SIGNATURE

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

Monica Riley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Monica Riley this the 29 day of July.

20 21, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Monica Riley***20 Filer ID (Ethics Commission Filers)**

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 410.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,712.02
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 1
2 FILER NAME Monica Riley		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2019	5 Full name of contributor out-of-state PAC (ID#: _____) Larry Riley 6 Contributor address; City; State; Zip Code 1706 Foxwood Ct. Missouri City, TX 77489	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/03/2019	Full name of contributor out-of-state PAC (ID#: _____) Cynthia Turner Contributor address; City; State; Zip Code 5402 Pecan Spring Lane, Missouri City, TX 77459	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2019	Full name of contributor out-of-state PAC (ID#: _____) Ron Reynolds Contributor address; City; State; Zip Code 6140 Highway 6, Missouri City, TX 77459	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 1	2 FILER NAME Monica Riley	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2019	5 Payee name Facebook	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, California 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Ad	
	(b) Description	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/29/2019	Payee name Facebook	
Amount (\$) 50.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Ad	
	Description	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/30/2019	Payee name Minuteman Press	
Amount (\$) 168.87	Payee address; City; State; Zip Code 614 Texas Parkway, Suite 600 Missouri City, Texas 77489	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Material	
	Description	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Monica Riley		3 Filer ID (Ethics Commission Filers)	
4 Date 04/30/2019		5 Payee name Sam's Club			
6 Amount (\$) 185.51		7 Payee address; City; State; Zip Code 351 Highway 6 Sugar Land, Texas 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 04/30/2019		Payee name Poll Workers			
Amount (\$) 300.00		Payee address; City; State; Zip Code 5410 Highway 6 Missouri City, Texas 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Expense & Refreshments		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 04/30/2019		Payee name Walmart			
Amount (\$) 90.14		Payee address; City; State; Zip Code 5501 Highway 6 Missouri City			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Monica Riley		3 Filer ID (Ethics Commission Filers)	
4 Date 04/30/2019		5 Payee name Sam's Club			
6 Amount (\$) 45.96		7 Payee address; City; State; Zip Code 351 Highway 6 Sugar Land, Texas 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/30/2019		Payee name H-E-B			
Amount (\$) 15.20		Payee address; City; State; Zip Code 8900 Highway 6 Missouri City, 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 05/03/2019		Payee name Minuteman Press			
Amount (\$) 373.46		Payee address; City; State; Zip Code 614 Texas Parkway, Suite 600 Missouri City, Texas 77489			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Materials		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Monica Riley	3 Filer ID (Ethics Commission Filers)
4 Date 05/06/2019	5 Payee name Facebook	
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, California 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Ad	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2019	Candidate / Officeholder name The Crawfishmans Boiling Point	
Amount (\$) 125.27	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Event	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/13/2019	Candidate / Officeholder name Facebook	
Amount (\$) 27.61	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Ad	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 5	2 FILER NAME Monica Riley	3 Filer ID (Ethics Commission Filers)
4 Date 06/11/2019	5 Payee name Campaign of Nita Sane	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, California 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	
	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/08/2019	Candidate / Officeholder name Campaign of Ron Reynolds	
Amount (\$) 100.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 2440 Texas Parkway Missouri City, Texas 77489	
	Category (See Categories listed at the top of this schedule) Donation	
	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/09/2019	Candidate / Officeholder name Campaign of Nyanza Moore	
Amount (\$) 70.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144-0031	
	Category (See Categories listed at the top of this schedule) Donation	
	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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	MS / MRS / MR FIRST MI Mr. David		OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 5px 0;">JUL 30 2021</div> <div style="color: blue; font-weight: bold; margin: 5px 0;">BY: GDR</div>
	NICKNAME LAST SUFFIX Dave Rosenthal		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6910 Oak Bay Cir, Missouri City, TX 77459		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 685-1081		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Joan b		Date Hand-delivered or Date Postmarked
	NICKNAME LAST SUFFIX Rosenthal		Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Same as above		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 384-6739		
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 checked="" 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>		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 21 THROUGH 7 / 30 / 21		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General Special		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) FBISD Trustee Pos. 7		
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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
David Rosenthal

16 Filer ID (Ethics Commission Filers)

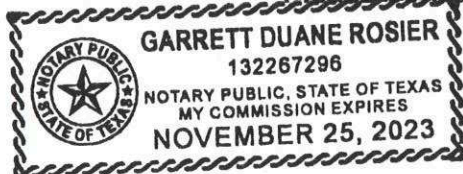
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 150.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 150.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,368.74
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.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by David Rosenthal this the 30 day of July,

20 21, 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 the BOT

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

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

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 David Rosenthal		3 Filer ID (Ethics Commission Filers)	
4 Date 04/29/2021		5 Payee name Judy Dae Campaign			
6 Amount (\$) 150.00		7 Payee address; 34 Hessenford St, Sugar Land, TX 77479			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) campaign donation		(b) Description	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <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					