# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction G                              | uide explains how     | to complete this form.   | 1 Filer ID (Ethics Comm    | nission Filers)         | 2 Total pages f                        | led: (2D)                               |
|---|-----------------------|--|----------------------------|-------------------------|--|---|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS / MRS MR           | ASHUH  | N                          | И                       | OFFICE                                 | USE ONLY                                |
| NAME  | NICKNAME              | AUGA WA  |                            | SUFFIX                  | Daler R. cerv d                        | 2 2 2021                                |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | -                     | APT / SUITE #;   | CITY; STATE; Z             | ZIP CODE                | BY: GC                                 | 2 3 2021                                |
| Change of Address                                   | Suco                  | ix land,   | 1 > 77479                  |                         |  |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE (832) 7     | PHONE NUMBER 86 - 9138   | EXTENSION                  |                         |  | d or Date Postmarked                    |
| 6 CAMPAIGN<br>TREASURER<br>NAME                     | MS /MR9 / MR          | ALM A  | A                          | и!                      | Receipt #                              | Amount \$                               |
|   | NICKNAME              | Merieu   |                            | SUFFIX                  | Date Imaged                            |   |
| 7 CAMPAIGN<br>TREASURER                             |                       | NO PO BOX PLEASE); APT / S   | SUITE #; CITY;             |                         | STATE;                                 | ZIP CODE                                |
| ADDRESS (Residence or Business)                     | DEW                   | BRIDGE G   | Sular                      | LAND                    | TX                                     | 77479                                   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE             | PHONE NUMBER - 24 - 45   | EXTENSION                  |                         |  |   |
|   | (201) 2               | 7 -1)  | 41                         |                         |  |   |
| 9 REPORT TYPE                                       | January 15            | 30th day before  | election Runoff            |                         |  | fter campaign<br>ppointment<br>er Only) |
|   | July 15               | 8th day before el  | ection Exceeds<br>Reportin | ed Modified<br>ng Limit | Final Repo                             | ort (Attach C/OH - FR)                  |
| 10 PERIOD<br>COVERED                                | 03                    | Day Year / 24 / 20 2-1   | THROUGH                    | 04/                     | Day Yes / 22 / 24                      |   |
| 11 ELECTION   | Month Day             | Year Primary   | Runoff EL                  | Other<br>Description    | сноог В                                | OARD                                    |
| 12 OFFICE   | OFFICE HELD (if any)  |  | 13 OFFICE SOU              |                         |  | ON #2                                   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)               | THE CANDIDATE / OFFIC | E OF POLITICAL CONTRIBUTIONS<br>EHOLDER. THESE EXPENDITURE<br>AND OFFICEHOLDERS ARE REQU | S MAY HAVE BEEN MADE WITH  | HOUT THE CAND           | IDATE'S OR OFFICEHO                    | LDER'S KNOWLEDGE OR                     |
| COMMITTEE(S)  | COMMITTEE TYPE        | COMMITTEE NAME   |                            |                         |  |   |
| Additional Pages                                    | GENERAL               | COMMITTEE ADDRESS  |                            |                         | ************************************** |   |
|   | SPECIFIC              | COMMITTEE CAMPAIGN TR  | EASURER NAME               |                         |  |   |
| 9   |                       | COMMITTEE CAMPAIGN TR  | REASURER ADDRESS           |                         |  |   |
|   | 3                     | GO ТО  | PAGE 2                     |                         |  |   |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 15 C/OH NAME                           | MSH AGRAWAL  | 16 Filer ID (Ethics Commission          | Filers)    |
|--|--|---|------------|
| 17 CONTRIBUTION<br>TOTALS              | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)          | than \$                                 | 100        |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | s 11,719                                |            |
| EXPENDITURE<br>TOTALS                  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ Ø                                    |            |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$14,639.                               | 23         |
| CONTRIBUTION<br>BALANCE                | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH<br>OF REPORTING PERIOD   | 5 / / 1.00                              |            |
| OUTSTANDING<br>LOAN TOTALS             | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD   | AS OF THE \$ 11, 582.                   | 50         |
|  | swear, or affirm, under penalty of perjury, that the accompanying report is guired to be reported by me under Title 15, Election Code. | is true and correct and includes all in | nformation |
| 160                                    | Quired to be reported by the dilder title 15, Election code.   | 2                                       |            |
|  |  |   |            |
|  | Signature  | of Candidate or Officeholder            |            |
|  |  |   |            |
|  |  |   |            |
|  |  |   |            |
|  | Please complete either option be   | elow:                                   |            |
| ************************************** |  |   |            |
| }                                      | GARRETT DUANE ROSIER &   |   |            |
| 8                                      | 132267296  |   |            |
| 8                                      | MY COMMISSION EXPIRES  |   |            |
| (1) Affidavit                          | NOVEMBER 25, 2023 \$   |   |            |
| 6                                      | TO POST TO THE POST POST POST POST POST POST POST POST   |   |            |
| NOTARY STAMP/SEA                       |  |   |            |
| Sworn to and subscribed                | before me by Ashish Agrawal this   | s the 23 day of April                   |            |
| 20,21 to certify                       | which, witness my hand and seal of office.   |   |            |
| Sanett Duane K                         | osu Garrett Duone Kusier Executiv  | e Assistant to the Bot                  |            |
| Signature of officer administr         | ering oath Printed name of officer administering oath  | Title of officer administ               | ering oath |
|  | OR   |   |            |
| (0) Unessee Deal                       |  |   |            |
| (2) Unsworn Declarat                   | ION  |   |            |
| My name is                             | , and my date of b   | irth is                                 |            |
|  | 1  |   |            |
|  | (street) (city)  | (state) (zip code) (count               | ry)        |
| Executed in                            | 1  |   |            |
| LACCULCU III                           | County, State of , on the day of (   | (month) (year)                          |            |
|  | Signature of (   | Candidate/Officeholder (Declarant)      |            |
| 1                                      |  |   |            |

# SUBTOTALS - C/OH

| 19  | FILER NAME 20  | Filer ID (Ethics Commission Filers)  |
|-----|--|--------------------------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                   | SUBTOTAL<br>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 CONTI            | \$ 4,000/~<br>RIBUTIONS \$ 14,639.23 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 | \$                                   |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO              | NTRIBUTIONS \$                       |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            | \$                                   |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              | \$                                   |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU            | JSINESS OF C/OH \$                   |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT          | RIBUTIONS \$                         |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER | NS RETURNED \$                       |

# SCHEDULE A1

| If the reques                          | ted information is not applicable, DO NOT Incl                                   | lude this page in the h     | eport.                                  |
|--|--|-----------------------------|---|
| The                                    | Instruction Guide explains how to complete this f                                | form.                       | 1 Total pages Schedule A1:              |
| FILER NAME                             | ASHISH AGRAWAL   |                             | 3 Filer ID (Ethics Commission Filers)   |
|  |  | State; Zip Code             | 7 Amount of contribution (\$)  \$50/-   |
| Principal occup                        | pation / Job title (See Instructions)  | 9 Employer (See Instruction | ons)                                    |
| Date                                   | ~  | (ID#:)                      | Amount of contribution (\$)             |
| 1/24/21                                |  | State; Zip Code             | \$300/-                                 |
|  | Sugarland  |                             |   |
| Principal occup                        | pation / Job title (See Instructions)  | Employer (See Instructi     | ons)                                    |
| Date    24   24   25   Principal occup | KIRAN RAJATA   | State; Zip Code             | Amount of contribution (\$)  \$100/-    |
| Date 8/26/21                           | Full name of contributor out-of-state PAC RAMBSH SHAH Contributor address; City; | (ID#:)  State; Zip Code     | Amount of contribution (\$)  \$\\$500/- |
| Principal occup                        | pation / Job title (See Instructions)  | Employer (See Instruct      | ions)                                   |
|  | ATTACH ADDITIONAL COPIES O   | DF THIS SCHEDULE AS N       | EEDED                                   |

### SCHEDULE A1

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

|                  |  | REC.                                  |
|------------------|--|---------------------------------------|
| The              | Instruction Guide explains how to complete this form.          | 1 Total pages Schedule A1:            |
| 2 FILER NAME     | ASHISH AGRAWAL   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date           | 5 Full name of contributor                                     | 7 Amount of contribution (\$)         |
| 3/28/21          | 6 Contributor address; City; State; Zip Code                   | \$100/-                               |
| Nest             | RICHMOND TX 77407  | ,                                     |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employer (See Instruc | ctions)                               |
| Date             | Full name of contributor out-of-state PAC (ID#:)               | Amount of contribution (\$)           |
| 3/30/21          | Contributor address; City; State; Zip Code                     | \$101/-                               |
|                  | SUGAR LAND Fx 77479  | 1                                     |
| Principal occup  | pation / Job title (See Instructions) Employer (See Instruc    |                                       |
| Date             | Full name of contributor                                       | Amount of contribution (\$)           |
| . 1 1            | HARUH KANSAL   |                                       |
| 4/1/21           | Contributor address; City; State; Zip Code                     | \$25/-                                |
|                  | RICHMOND TX 77407  |                                       |
| Principal occu   | pation / Job title (See Instructions) Employer (See Instruc    | ctions)                               |
| Date             | Full name of contributor                                       | Amount of contribution (\$)           |
|                  | ARIG MAKNOSTA  | GI C. I                               |
| 4/2/21           | Contributor address; City; State; Zip Code                     | \$1,500/-                             |
|                  | SUGAR LAND Tr 77479  |                                       |
| Principal occu   | pation / Job title (See Instructions) Employer (See Instruc    | ctions)                               |
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|                  | A TARANIA PRITONIA I CONTO OF THE COLUMN TARA                  | WEEDED                                |
|                  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS                   | NEEDED                                |

### SCHEDULE A1

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| The   | Instruction Guide explains how to complete this form.                | 1 Total pages Schedule A1:            |  |
|---|--|---------------------------------------|--|
| 2 FILER NAME  | ASHISH AGRAWAL   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#:                    | 7 Amount of contribution (\$)         |  |
| . 1. 1  | FORT BEND UNITED   |                                       |  |
| 4/4/21  | 6 Contributor address; City; State; Zip Code                         | 21000/-                               |  |
|   | P.O. Box 420811 Houston TE 77  | 24.2                                  |  |
| 8 Principal occu                                    | pation / Job title (See Instructions)  9 Employer (See               | Instructions)                         |  |
| Date  | Full name of contributor out-of-state PAC (ID#:                      | Amount of contribution (\$)           |  |
|   | PADMA SRINIVASAN   |                                       |  |
| 4/4/21  | Contributor address; City; State; Zip Code                           | \$50/-                                |  |
| • •   | SUGAR LAND TX 774  | 79                                    |  |
| Principal occup                                     | pation / Job title (See Instructions) Employer (See                  | Instructions)                         |  |
|   |  | 2                                     |  |
| Date  | Full name of contributor out-of-state PAC (ID#:                      | Amount of contribution (\$)           |  |
| *   | AREHA ALI  |                                       |  |
| 4/4/21  | Contributor address; City; State; Zip Code                           | \$500/-                               |  |
| , ,   | SUGAR LAND TX 7747   | /                                     |  |
| Principal occu                                      | pation / Job title (See Instructions) Employer (See                  |                                       |  |
|   |  |                                       |  |
| Date  | Full name of contributor out-of-state PAC (ID#:                      | ) Amount of contribution (\$)         |  |
| 93  | MARK ALAN HARRISON CAMPAG  | W                                     |  |
| 4/4/21  | Contributor address; City; State; Zip Code                           | \$250/-                               |  |
| 7.7   | HOUGOON TX 770   | /                                     |  |
| Principal occur                                     | Dation / Job title (See Instructions)  Housing 1x 770  Employer (See |                                       |  |
| i illopar occu                                      | Employer (ose  | ,                                     |  |
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### SCHEDULE A1

|                      | **************************************   | 201 NO.                           |                                       |
|----------------------|--|-----------------------------------|---------------------------------------|
| The                  | Instruction Guide explains how to complete this                                | form.                             | 1 Total pages Schedule A1:            |
| 2 FILER NAME         | ASHISH AGRAWAL   |                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date               | OSCAR M TELFAIR  | (ID#:)  State; Zip Code  1× 77454 | 7 Amount of contribution (\$)         |
| 8 Principal occu     | pation / Job title (See Instructions)  | 9 Employer (See Instructi         | ons)                                  |
| Date                 | Dans 1 May 2 100   | (ID#:)                            | Amount of contribution (\$)           |
| 4/4/21               | Contributor address; City;   | State; Zip Code                   | \$250/-                               |
| 50<br>60<br>11<br>11 | 41861 DEQUINDER, TROY  | M1 48085                          | *                                     |
| Principal occup      | pation / Job title (See Instructions)  | Employer (See Instructi           | ons)                                  |
| Date                 |  | (ID#:)                            | Amount of contribution (\$)           |
| 4/4/21               | Soupable SanduJA  Contributor address; City;  Suute land                       | State; Zip Code  5 77479          | \$250/-                               |
| Principal occu       | pation / Job title (See Instructions)  | Employer (See Instructi           | ons)                                  |
| Date                 | Full name of contributor out-of-state PAC                                      | (ID#:)                            | Amount of contribution (\$)           |
| 4/4/21               | Contributor address; City;   | State; Zip Code  Tx: 77496        | \$200/-                               |
| Principal occu       | pation / Job title (See Instructions)  | Employer (See Instructi           | ons)                                  |
|                      | 11   |                                   |                                       |
|                      | ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instru |                                   |                                       |

SCHEDULE A1

|                  |  | **                                    |
|------------------|--|---------------------------------------|
| The              | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |
| 2 FILER NAME     | ASHISH AGRAWAL   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date           | 5 Full name of contributor out-of-state PAC (ID#:)  KRT SHAH   | 7 Amount of contribution (\$)         |
| 4/4/21           | 6 Contributor address; City; State; Zip Code  Sught Lawp 1× 77479  | \$150/-                               |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                |
| Date             | Full name of contributor   out-of-state PAC (ID#:)  TOMMY PHILIPS  | Amount of contribution (\$)           |
| 4/5/21           | Contributor address; City; State; Zip Code   | 2500/-                                |
| Principal occup  | Sugge Lang Tx 77479  ation / Job title (See Instructions)  Employer (See Instructions)   | ions)                                 |
| Date             | Full name of contributor Out-of-state PAC (ID#:)  SURAT SINGH  | Amount of contribution (\$)           |
| 4/5/21           | Contributor address; City; State; Zip Code   | \$500/-                               |
|                  | Sugar long Tr 77479  |                                       |
| Principal occup  | pation / Job title (See Instructions) Employer (See Instruct   | ions)                                 |
| Date             | Full name of contributor out-of-state PAC (ID#:)  RAMA KRUH NA SARABU  | Amount of contribution (\$)           |
| 4/5/21           | Contributor address; City; State; Zip Code   | \$10/-                                |
| Principal occup  | ation / Job title (See Instructions)  LINCOLNSHIRE, IL  Employer (See Instructions)  | ions)                                 |
|                  | ×  |                                       |
|                  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re |                                       |

## SCHEDULE A1

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| The                  | Instruction Guide explains how to complete this form.                | 1 Total pages Schedule A1:            |  |
|----------------------|--|---------------------------------------|--|
| 2 FILER NAME         | ASHISH AGRAWAL   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date               | 5 Full name of contributor out-of-state PAC (ID#:                    | 7 Amount of contribution (\$)         |  |
|                      | MURAU MARATUI  |                                       |  |
| 4/5/21               | 6 Contributor address; City; State; Zip Code                         |                                       |  |
| 1 /-                 |  | S10/-                                 |  |
|                      | PLAMO TX   |                                       |  |
| 8 Principal occu     | pation / Job title (See Instructions)  9 Employer (See Instructions) | structions)                           |  |
| Date                 | Full name of contributor out-of-state PAC (ID#:                      | Amount of contribution (\$)           |  |
|                      | MAILEKISHAN KORYKONDA  |                                       |  |
| 4/5/21               | Contributor address; City; State; Zip Code                           | S10/-                                 |  |
| .1- / .              | SANDA CLARA, CA  | 4.7                                   |  |
| Bringing cour        |  | tructions)                            |  |
| Principal occus      | pation / Job title (See Instructions) Employer (See Ins              | au detoris)                           |  |
| Date                 | Full name of contributor out-of-state PAC (ID#:                      | ) Amount of contribution (\$)         |  |
|                      | NAVEON SAJJA   |                                       |  |
| 4/6/21               | Contributor address; City; State; Zip Code                           | S100/-                                |  |
| 79                   | C (  |                                       |  |
| Sucar Long, Dr 77479 |  |                                       |  |
| Principal occu       | pation / Job title (See Instructions) Employer (See Ins              | structions)                           |  |
| Date                 | Full name of contributor out-of-state PAC (ID#:                      | Amount of contribution (\$)           |  |
|                      | FERREL BONNER  |                                       |  |
| 4/1/21               | Contributor address; City; State; Zip Code                           | \$26/                                 |  |
| 4/1/00               |  | 4-0)                                  |  |
|                      | MICROUPY CUTY TX 77450   | }                                     |  |
| Principal occu       | pation / Job title (See Instructions) Employer (See Ins              | structions)                           |  |
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| The              | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |
|------------------|---|---------------------------------------|
| 2 FILER NAME     | ASHISH AGRAWAL  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/7/2     | 5 Full name of contributor out-of-state PAC (ID#:)  PANITEE CHAPDEN PATTANARUK 6 Contributor address; City; State; Zip Code  SUGAL GND 1× 77479 | 7 Amount of contribution (\$)         |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employer (See Instructions)  | ilons)                                |
| Date             | Full name of contributor  | Amount of contribution (\$)           |
| 4/7/21           | Contributor address; City; State; Zip Code  | \$100/-                               |
| Principal occup  | Such Lamb [x 77479] pation / Job title (See Instructions)  Employer (See Instruct   | ions)                                 |
| Date             | Full name of contributor  | Amount of contribution (\$)           |
| 4/8/21           | Contributor address; City; State; Zip Code  Houston Ty  | \$250/-                               |
| Principal occu   | pation / Job title (See Instructions) Employer (See Instructions)   | tions)                                |
| Date             | Full name of contributor  | Amount of contribution (\$)           |
| 4/8/21           | Contributor address; City; State; Zip Code  12621 WARRORT SUGAR LAND, TX 77478  | \$3,000/-                             |
| Principal occup  | pation / Job title (See Instructions) Employer (See Instructions)   | itions)                               |
|                  |   |                                       |
|                  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N  | EEDED                                 |

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| The  | Instruction Guide explains how to complete this form.              | 1 Total pages Schedule A1:            |  |  |
|--|--|---------------------------------------|--|--|
| 2 FILER NAME   | ASHISH AGRAWAL   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date   | 5 Full name of contributor   | 7 Amount of contribution (\$)         |  |  |
| 4/11/21  | 6 Contributor address; City; State; Zip Code                       | \$25/-                                |  |  |
| 7,4  |  | . ,                                   |  |  |
| <b>6</b> 5: 1-1  | MUSORIA CITY TO 77459  |                                       |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See Instruc     | tions)                                |  |  |
| Date   | Full name of contributor   | A                                     |  |  |
| Date   | PRADBUR AGRAMAL  | Amount of contribution (\$)           |  |  |
| 4/12/21  | Contributor address; City; State; Zip Code                         | \$250/-                               |  |  |
| 4/1-/21  | CYPRESS TX 77429   | 4                                     |  |  |
| Principal occur  | pation / Job title (See Instructions) Employer (See Instructions)  | tions)                                |  |  |
|  |  | ,                                     |  |  |
| Date   | Full name of contributor   | Amount of contribution (\$)           |  |  |
|  | ASWIN MEHTA  |                                       |  |  |
| 4/13/21  | Contributor address; City; State; Zip Code                         | 350/                                  |  |  |
| 7/13/21  | SugAR LAND TX 77479  | 4 /                                   |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                                       |  |  |
|  |  |                                       |  |  |
| Date   | Full name of contributor   | Amount of contribution (\$)           |  |  |
| X 75 (17 (87 )   | NOD- PAM   | Amount of contribution (4)            |  |  |
| 4/13/21  | Contributor address; City; State; Zip Code                         | 3250/                                 |  |  |
| 1,.,   | PEARLAND TX 77584  | 4/                                    |  |  |
| Principal occup  | pation / Job title (See Instructions)  Employer (See Instructions) | tions)                                |  |  |
|  |  |                                       |  |  |
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# SCHEDULE A1

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| The  | Instruction Guide explains how to complete this form.          | 1 Total pages Schedule A1:            |  |
|--|--|---------------------------------------|--|
| 2 FILER NAME   | ASHISH AGRAWAL   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date   | 5 Full name of contributor                                     | 7 Amount of contribution (\$)         |  |
| 200  | AMBRISH KAMDAR   | 21                                    |  |
| 4/13/21  | 6 Contributor address; City; State; Zip Code                   | \$500/-                               |  |
| 10/21  |  | •                                     |  |
|  | SUGAR LAND, TX 77479   |                                       |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See Instruc | tions)                                |  |
| Date   | Full name of contributor                                       | Amount of contribution (\$)           |  |
|  | NEBRO SANB   | Amount of Sommodion (4)               |  |
| 4/13/21  |  | 51.0-1                                |  |
| 4/13/01  | Contributor address; City; State; Zip Code                     | \$100/-                               |  |
|  | MISSOURI CITY, TX77459   | ,                                     |  |
| Principal occup  | eation / Job title (See Instructions) Employer (See Instruc    | tions)                                |  |
|  |  |                                       |  |
| D-4-   | Full paper of contributor                                      | Page No Color Challe Hill Medical     |  |
| Date   | Full name of contributor                                       | Amount of contribution (\$)           |  |
|  | PARTHA CHATTER-JEB   |                                       |  |
| 4/13/21  | Contributor address; City; State; Zip Code                     | \$101/-                               |  |
|  | Houston, De 77077  | ,                                     |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                                       |  |
|  |  | •                                     |  |
|  |  |                                       |  |
| Date   | Full name of contributor                                       | Amount of contribution (\$)           |  |
|  | ABHINAU BANBOSEE   |                                       |  |
| Lelapla  | Contributor address; City; State; Zip Code                     | \$301/-                               |  |
| -112/00  | Sugar Jana Tso 77479   | , ,                                   |  |
| 0.1-1-1  |  | M                                     |  |
| Principal occup  | pation / Job title (See Instructions) Employer (See Instruc    | tions)                                |  |
|  |  |                                       |  |
| 9  |  |                                       |  |
|  |  |                                       |  |
|  |  |                                       |  |
|  |  |                                       |  |
|  |  |                                       |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N                 | IEEDED                                |  |

## SCHEDULE A1

| The   | Instruction Guide explains how to complete thi | s form.                 | 1 Total pages Schedule A1:            |  |
|---|--|-------------------------|---------------------------------------|--|
| 2 FILER NAME  | ASHISH AGRAWAL                                 |                         | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date  |  | .C (ID#:)               | 7 Amount of contribution (\$)         |  |
|   | JOHN DOMON                                     | 3                       |                                       |  |
| 1/20/20   | 6 Contributor address; City;                   | State; Zip Code         | F200/                                 |  |
| 4/2/01  |  |                         | \$200/-                               |  |
|   | SULARLANDE                                     | Tx 77479                |                                       |  |
| 8 Principal occu  | pation / Job title (See Instructions)          | 9 Employer (See Instruc | tions)                                |  |
| Date  | Full name of contributor                       | AC (ID#:)               | Amount of contribution (\$)           |  |
| J.  |  | N SECTION DESCRIPTION   |                                       |  |
|   | Contributor address; City;                     | State; Zip Code         |                                       |  |
|   |  |                         |                                       |  |
|   |  |                         |                                       |  |
| Principal occup   | pation / Job title (See Instructions)          | Employer (See Instruc   | tions)                                |  |
|   |  |                         |                                       |  |
| Date  | Full name of contributor                       | C (ID#:)                | Amount of contribution (\$)           |  |
|   |  |                         |                                       |  |
|   | Contributor address; City;                     | State; Zip Code         |                                       |  |
|   |  |                         |                                       |  |
|   |  |                         |                                       |  |
| Principal occu  | pation / Job title (See Instructions)          | Employer (See Instruc   | tions)                                |  |
|   |  |                         |                                       |  |
| 5   |  |                         |                                       |  |
| Date  | Full name of contributor out-of-state PA       | (C (ID#:)               | Amount of contribution (\$)           |  |
|   |  |                         |                                       |  |
|   | Contributor address; City;                     | State; Zip Code         | =                                     |  |
|   |  |                         |                                       |  |
|   |  |                         |                                       |  |
| Principal occu  | pation / Job title (See Instructions)          | Employer (See Instruc   | tions)                                |  |
|   |  |                         |                                       |  |
|   |  |                         |                                       |  |
|   |  |                         |                                       |  |
|   |  |                         |                                       |  |
|   |  |                         |                                       |  |
|   |  |                         |                                       |  |
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|   |  |                         |                                       |  |
|   | ATTACH ADDITIONAL COPIES                       | OF THIS SCHEDULE AS N   | KEEDED                                |  |
| If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                         |                                       |  |

## LOANS

# SCHEDULE E

| lf          | If the requested information is not applicable, DO NOT include this page in the report. |   |  |  |  |  |
|-------------|---|---|--|--|--|--|
|             | The I   | nstruction Guide explains how to comple | ete this form.   | 1 Total pages Schedule E:              |  |  |
| 2 FI        | LER NAME<br>AS  | HISH AGRAWAL                            |  | 3 Filer ID (Ethics Commission Filers)  |  |  |
| 4 T         | OTAL OF UN  | ITEMIZED LOANS                          |  | \$                                     |  |  |
| 5 D         | ate of loan   | 7 Name of lender out-of-state P         | PAC (ID#:)   | 9 Loan Amount (\$)<br>\$4,000/—        |  |  |
| а           | lender<br>financial<br>stitution?   | 8 Lender address; City;                 | State; Zip Code  | 10 Interest rate  11 Maturity date     |  |  |
| <b>12</b> P | rincipal occupation   | on / Job title (See Instructions)       | 13 Employer (See Instructions)                                   |  |  |  |
| 14 D        | escription of Colla   | ateral                                  | Check if personal fundaccount (See Instruction                   | ds were deposited into political ions) |  |  |
|             | SUARANTOR<br>NFORMATION   | 17 Name of guarantor                    |  | 19 Amount Guaranteed (\$)              |  |  |
|             | not applicable  | 18 Guarantor address; City;             | State; Zip Code  |  |  |  |
| <b>20</b> P | Principal Occupat   | ion (See Instructions)                  | 21 Employer (See Instructions)                                   |  |  |  |
| D           | ate of loan   | Name of lender                          | PAC (ID#:)   | Loan Amount (\$)                       |  |  |
| а           | lender<br>financial<br>astitution?  | Lender address; City;                   | State; Zip Code  | Interest rate                          |  |  |
|             | / N   |   |  | Maturity date                          |  |  |
| Р           | rincipal occupatio  | on / Job title (See Instructions)       | Employer (See Instructions)                                      |  |  |  |
| D           | escription of Colla   | ateral                                  | Check if personal fund account (See Instruct                     | ds were deposited into political ions) |  |  |
|             | SUARANTOR<br>NFORMATION   | Name of guarantor                       |  | Amount Guaranteed (\$)                 |  |  |
|             | not applicable  | Guarantor address; City;                | State; Zip Code  |  |  |  |
| P           |   | on (See Instructions)                   | Employer (See Instructions)                                      |  |  |  |
|             | If le   | ATTACH ADDITIONAL COP                   | IES OF THIS SCHEDULE AS NEE<br>struction guide for additional re |  |  |  |

# SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

| Candidate/Officeholder/Political<br>redit Card Payment | Committee Legal Services Salaries/V The Instruction Guide explains how to d |  | jory not listed above) |
|--|---|--|------------------------|
| Total pages Schedule F1:                               | 2 FILER NAME ASHISH AGRAN   | WAL 3 Filer ID (Ethic                    | cs Commission Filers)  |
| 3/24/21  | 5 Payee name MR. JI CONNEC  | Luci                                     |                        |
| Amount (\$)  | 7 Payee address;  | City; State;                             | Zip Code               |
| \$48/-   | P-0-Box 2082 1  | 11ssouri City TX                         | 77459                  |
|  | (a) Category (See Categories listed at the top of this schedule)            | (b) Description                          | 0                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | CONSULTING EXP  | CAMPAIGN AT                              | NON                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                  | Check if Austin, TX, officeholder living | ng expense             |
| Complete ONLY if direct expenditure to benefit C/OF    | Candidate / Officeholder name   | Office sought                            | Office held            |
| Date   | Payee name  |  |                        |
| 3/29/21  | MR. JI CONNECTIONS  |  | <u> </u>               |
| Amount (\$)  | Payee address;  | City; State;                             | Zip Code               |
| \$120.72   | P-0. Box 2082 M   | WOULD CUTY TX                            | 77459                  |
|  | Category (See Categories listed at the top of this schedule)                | Description                              |                        |
| PURPOSE<br>OF<br>EXPENDITURE                           | AOV- BA   | MEDIA                                    |                        |
|  | Check if travel outside of Texas. Complete Schedule T.                      | Check if Austin, TX, officeholder livi   | ng expense             |
| Complete ONLY if direct expenditure to benefit C/Oh    | Candidate / Officeholder name   | Office sought                            | Office held            |
| Date   | Payee name  |  |                        |
| 3/30/21  | Me. JI CONNECTION   | 3  |                        |
| Amount (\$)  | Payee address;  | City; State;                             | Zip Code               |
| \$33.27  | P-0-BDx 2082 MI   | BOUR CITY TX                             | 77459                  |
|  | Category (See Categories listed at the top of this schedule)                | Description                              |                        |
| PURPOSE<br>OF<br>EXPENDITURE                           | AOU. ETP  | MEDIA                                    |                        |
|  | Check if travel outside of Texas. Complete Schedule T.                      | Check if Austin, TX, officeholder livi   | ng expense             |
| Complete ONLY if direct expenditure to benefit C/O     | Candidate / Officeholder name<br>H  | Office sought                            | Office held            |
|  | ATTACH ADDITIONAL COPIES OF THIS  | S SCHEDULE AS NEEDED                     |                        |

# SCHEDULE F1

| if the requested init   | offiation is not applicable, bo Not include the   | no page in the re  | Porti  |                        |
|---|---|--|--|------------------------|
|   | EXPENDITURE CATEGORIES F  | OR BOX 8(a)  |  |                        |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp | pense<br>ages/Contract Labor   | Solicitation/Fundraisir<br>Transportation Equipr<br>Travel In District<br>Travel Out Of District<br>Other (enter a categor | nent & Related Expense |
| 1 Total pages Schedule F1:  | ASHISH AGARA  |  | 3 Filer ID (Ethics   | Commission Filers)     |
| 3/10/21   | 5 Payee name JAMES THOMAS   | ß  |  |                        |
| 6 Amount (\$)   | 7 Payee address;  | City;  | State;   | Zip Code               |
| \$25/-  | Miss  | OUR CITY   | Tk   | 77459                  |
| 8   | (a) Category (See Categories listed at the top of this schedule)                              | (b) Description  |  |                        |
| PURPOSE<br>OF<br>EXPENDITURE  | Fass  | NOTAR  | -4   |                        |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                                    | Check if Aust  | in, TX, officeholder living  | expense                |
| 9 Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officeholder name   | Office sought  |  | Office held            |
| 4/1/21  | BANK OF AMERI   | CA   |  |                        |
| Amount (\$)   | Payee address;  | City;  | State;   | Zip Code               |
| \$16/-  | Suca  | ATR LAWS   | TX   | 77478                  |
|   | Category (See Categories listed at the top of this schedule)                                  | Description  |  |                        |
| PURPOSE<br>OF<br>EXPENDITURE  | ACCOUNTING / BANKING  | BANK   | = FOOS   |                        |
|   | Check if travel outside of Texas. Complete Schedule T.  | Check if Aust  | tin, TX, officeholder living   | expense                |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name   | Office sought  |  | Office held            |
| Date 4/2/21   | BANK CARD, BOG  | A  |  |                        |
| Amount (\$)   | Payee address;  | City;  | State;   | Zip Code               |
| 346.95  |   | Sugarlas   | VI) Th   | 7747P                  |
| PURPOSE<br>OF<br>EXPENDITURE  | Accounting banking  | Description FE   | ८८   | ``                     |
|   | Check if travel outside of Texas. Complete Schedule T.  | Check if Aus   | tin, TX, officeholder living   | expense                |
| Complete ONLY if direct   | Candidate / Officeholder name   | Office sought  |  | Office held            |
| expenditure to benefit C/C  |   | the section of the se |  |                        |

# SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment |  | Vages/Contract Labor Othe | er (enter a category not listed above) |
|--|--|---------------------------|--|
| 1 Total pages Schedule F1:                             | 2 FILER NAME ASHISH AGRAS  | WAL 3F                    | iler ID (Ethics Commission Filers)     |
| 4 Date 4/4/21  | 5 Payee name  Itor COFFEE DIGHT                                  | MAL MARKE                 | TING                                   |
| 6 Amount (\$)  | 7 Payee address;   | City;                     | State; Zip Code                        |
| \$150/-  | Mi   | SSOUR GITT                | Tx                                     |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description           |  |
| PURPOSE<br>OF<br>EXPENDITURE                           | ADV EXP  | CAMP AIGH                 | MATORIAL                               |
|  | (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<br>H                               | Office sought             | Office held                            |
| Date   | Payee name   |                           |  |
| 4/4/21   | HOME DEPOT   |                           |  |
| Amount (\$)  | Payee address;   | City;                     | State; Zip Code                        |
| \$140.36   | Suc  | ar land                   | Tx 77458                               |
|  | Category (See Categories listed at the top of this schedule)     | Description               | 8                                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | AOV EXP  | CAMPAICA                  | V (SIGN) MATDEM                        |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX,      | officeholder living expense            |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate / Officeholder name                                    | Office sought             | Office held                            |
| Date   | Payee name   |                           |  |
| 4/5/21   | MINUTEMAN PRE  | M                         |  |
| Amount (\$)  | Payee address;   | City;                     | State; Zip Code                        |
| \$7,050/-  | 1324 PIN DAR RD  | KATY                      | Tx 77494                               |
|  | Category (See Categories listed at the top of this schedule)     | Description               |  |
| PURPOSE<br>OF<br>EXPENDITURE                           | PRINTING EXP   | CAMPAICAN                 | MATERIAL                               |
|  | Chack if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX,      | officeholder living expense            |
| Complete ONLY if direct expenditure to benefit C/O     | Candidate / Officeholder name                                    | Office sought             | Office held                            |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | S SCHEDULE AS NEEDE       | D                                      |

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gft/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME AGRAWAL 5 Payee name Zip Code 7 Payee address; 17022 QUALLBUND MIRROUR CITY (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE () WTRBACH **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH BOND INDEPENDENT State; Zip Code Amount (\$ Su GAR LAW P.O. BOX 623 PURPOSE MEDIA OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Homes DEPOT Amount (\$) Payee address; Zip Code 8161-10 Sugar LAND Description Category (See Categories listed at the top of this schedule) CAMPMUN (SIGN) MATERIAL PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Accounting/Banking **Event Expense** Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District **Printing Expense** Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME AGRAWAL 5 Payee name 7 Payee address; 4107 INKBERRY VALLEY LN, HOUSTO 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name CAM PAIGNS City; State: Zip Code 9600 GLENFIELD CT Housoon 77041 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVUOR CONSULTING BAP EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 4/12/21 MR. JI CONNECTIONS Payee address; State: Zip Code City; Amount (\$) BUX 2082 MISSOURI GTY \$300/-TX Description PURPOSE ADVIDE CONJULTING EXF OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

| Contributions/Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Wages/Contract Labor C | ravel Out Of Distriction (enter a categor) | ct<br>ory not listed above) |
|---|--|------------------------|--|-----------------------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME ASHISH AGRA   | WAL 3                  | Filer ID (Ethic                            | s Commission Filers)        |
| 4 Date<br>4/14/2\   | MINUTEMAN PRES   | 2                      |  |                             |
| 6 Amount (\$)   | 7 Payee address;   | City;                  | State;                                     | Zip Code                    |
| \$3,500/-   | 1324 PIN DAK RO  | KATY                   | TX   | 77494                       |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description        |  |                             |
| PURPOSE<br>OF<br>EXPENDITURE  | PRINTIME EXP   | CAMPAIG                | N MA                                       | TBRIAL                      |
|   | (c) Check if travel outside of Texas, Complete Schedule T.       | Check if Austin, T     | X, officeholder livin                      | g expense                   |
| 9 Complete ONLY if direct expenditure to benefit C/Oh                                     | Candidate / Officeholder name                                    | Office sought          |  | Office held                 |
| Date  | Payee name   |                        |  |                             |
| 4/20/21   | HOME DEPOT   |                        |  |                             |
| Amount (\$)   | Payee address;   | City;                  | State;                                     | Zip Code                    |
| 557-83  |  | Sucartland             | Tx   | 77478                       |
|   | Category (See Categories listed at the top of this schedule)     | Description            |  |                             |
| PURPOSE<br>OF<br>EXPENDITURE  | ADV EMP  | CAMPAIGN               | CSIGN                                      | MATBRIAL                    |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, 7     | TX, officeholder living                    | ng expense                  |
| Complete ONLY if direct expenditure to benefit C/Ol                                       | Candidate / Officeholder name<br>H                               | Office sought          |  | Office held                 |
| Date  | Payee name   |                        |  |                             |
| 4/20/21   | TEYAS COMPAIGN   | L                      |  |                             |
| Amount (\$)   | Payee address;   | City;                  | State;                                     | Zip Code                    |
| \$125/-   | 9600 GUENFIELD CT  | Howaran                | T*   | 77096                       |
|   | Category (See Categories listed at the top of this schedule)     | Description            |  |                             |
| PURPOSE<br>OF<br>EXPENDITURE  | ADV EXP  | ComPAIG                | MM   | ATBRIAL                     |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,       | TX, officeholder livir                     | ng expense                  |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name                                    | Office sought          |  | Office held                 |
|   | ATTACH ADDITIONAL COPIES OF THI                                  | S SCHEDULE AS NEED     | ED   |                             |

# SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Contributions/Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Wages/Contract Labor C | ravel Out Of Distric<br>Other (enter a categ | ct<br>ory not listed above) |
|---|--|------------------------|--|-----------------------------|
| Total pages Somegule F1:  | 2 FILER NAME ASHISH AGRA   | WAL 3                  | Filer ID (Ethic                              | s Commission Filers)        |
| Date 4/20/21  | 5 Payee name GEETANJAU RAS                                       | OlO                    |  |                             |
| Amount (\$)   | 7 Payee address;   | City;                  | State;                                       | Zip Code                    |
| \$100/-   |  | Houston                | TX   | 77056                       |
| •   | (a) Category (See Categories listed at the top of this schedule) | (b) Description        |  |                             |
| PURPOSE<br>OF<br>EXPENDITURE  | ADU EXP  | MEDIA                  |  |                             |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, 7     | TX, officeholder livin                       | g expense                   |
| Complete ONLY if direct expenditure to benefit C/Oh                                       | Candidate / Officeholder name                                    | Office sought          |  | Office held                 |
| Date  | Payee name   | 25                     |  |                             |
| 4/22/21   | DATT PERFORMIN   | 14 ARTS                |  |                             |
| Amount (\$)   | Payee address;   | City;                  | State;                                       | Zip Code                    |
| \$200/-   | J  | touston                | TY   | 77063                       |
|   | Category (See Categories listed at the top of this schedule)     | Description            |  |                             |
| PURPOSE<br>OF<br>EXPENDITURE  | ADV BYP  | WBOI                   | A  |                             |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,       | TX, officeholder livin                       | ng expense                  |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name                                    | Office sought          |  | Office held                 |
| Date  | Payee name   |                        |  |                             |
| Amount (\$)   | Payee address;   | City;                  | State;                                       | Zip Code                    |
| PURPOSE<br>OF   | Category (See Categories listed at the top of this schedule)     | Description            |  |                             |
| EXPENDITURE   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,       | TX, officeholder living                      | ng expense                  |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name                                    | Office sought          |  | Office held                 |
|   | ATTACH ADDITIONAL COPIES OF TH                                   | IS SCHEDULE AS NEED    | ED   |                             |

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MI FIRST 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY S **OFFICEHOLDER** Mr. Rehan NAME Date Received SUFFIX LAST NICKNAME APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** 18331 NEWMACHAR WAY MAILING **ADDRESS** ✓ Change of Address EXTENSION AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (832) 759-8715 PHONE Receipt # Amount \$ MI MS / MRS / MR FIRST CAMPAIGN **MARTHA TREASURER** Ms Date Processed NAME SUFFIX NICKNAME LAST Date Imaged LISLE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY; 7 CAMPAIGN **TREASURER** Richmond TX 77407 8718 Grasswren **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER CAMPAIGN **TREASURER** PHONE 213-6668 (713 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year Month Day 10 PERIOD Day Year Month COVERED 2021 23 02 15 2021 THROUGH 04 **ELECTION TYPE** ELECTION DATE 11 ELECTION Other Description Primary Month Day Year General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE FBISD Board of Trustee Position 2 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 15 C/OH NAME               |   | 16 Filer ID (Ethics Commission Filers)                    |
|----------------------------|---|---|
| 17 CONTRIBUTION<br>TOTALS  | 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<br>TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 8896.53  |
|                            | 4. TOTAL POLITICAL EXPENDITURES   | \$ 8896.53  |
| CONTRIBUTION<br>BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD   | \$ 8125   |
| OUTSTANDING<br>LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | FTHE \$ 0   |
|                            | Signature of Ca   | andidate or Officeholder                                  |
|                            | Please complete either option below   | v:  |
| (1) Affidavit              | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES  NOVEMBER 25, 2023   |   |
| NOTARY STAMP/SEA           | before me by Rehan Ahmed this the   | 23 day of April   |
| 20 dl , to certify         | which, witness my hand and seal of office.  which, witness my hand and seal of office.  Execution   | Assistant to the BOT  Title of officer administering oath |
|                            | OR  |   |
| (2) Unsworn Declarati      | on  |   |
| My name is                 | , and my date of birth is   |   |
| My address is              | (alta)  | otata) /rin and all / country                             |
| Executed in                | (street) (city) | state) (zip code) (country)  , 20 (year)                  |
|                            | Signature of Candid   | date/Officeholder (Declarant)                             |

## **SUBTOTALS - C/OH**

| 19  | FILER NAME 20 Filer ID (Ethics Con  |   |                | mmission Filers)   |
|-----|---|---|----------------|--------------------|
| 21  | SCHEDULE SUBTOTAL<br>NAME OF SCHEDULE                                       | S   |                | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULEA   | 1: MONETARY POLITICAL CONTRIBUTIONS                             |                | \$8125             |
| 2.  | SCHEDULE  | 2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |                | <sup>\$</sup> 1000 |
| 3.  | SCHEDULE  | : PLEDGED CONTRIBUTIONS   |                | \$                 |
| 4.  | 4. SCHEDULE E: LOANS  |   |                | \$                 |
| 5.  | 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    |   |                | \$                 |
| 6.  | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 |   |                | \$                 |
| 7.  | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS   |   |                | \$                 |
| 8.  | 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |   |                | \$ 516.53          |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                 |   |                | \$ 8380            |
| 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 I  | C: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT<br>TO FILER | TIONS RETURNED | \$                 |

## SCHEDULE A1

| If the reques   | sted information is not applicable  | e, DO NOT ir    | iclude th                     | is page in the       | report.                               |
|---|---|-----------------|-------------------------------|----------------------|---------------------------------------|
| The   | Instruction Guide explains how to   | complete thi    | s form.                       |                      | 1 Total pages Schedule A1:            |
| 2 FILER NAME  |   |                 | 88                            |                      | 3 Filer ID (Ethics Commission Filers) |
| REHAN AHM   | ED  |                 |                               |                      |                                       |
| 4 Date<br>Feb 22, 2021  | J Full Hallie of Contributor   Lout-of-state DAC (ID4)  |                 | 7 Amount of contribution (\$) |                      |                                       |
|   | 6 Contributor address;  | City;           | State;                        | Zip Code             | \$200                                 |
|   | HELDEL JOHN AS AN ONE MANY WITH A VEHICLE STREET, THE | Richmond        | TX                            | 77407                |                                       |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc |   |                 | loyer (See Instruct           | tions)               |                                       |
| Director of Op  | erations  |                 | Lisle Vi                      | olin Shop            |                                       |
| Date Full name of contributor out-of-state PAC (ID#:) Feb 22, 2021            |   |                 | Amount of contribution (\$)   |                      |                                       |
| ,,  | Baseer Pirzada  |                 |                               |                      |                                       |
|   | Contributor address;  | City;           | State;                        | Zip Code             | \$100                                 |
|   |   | Houston,        | TX                            | 77024                |                                       |
| Principal occupation / Job title (See Instructions)                           |   |                 | Employer (See Instructions)   |                      |                                       |
| Realtor   |   | 5th Stre        | eam Realty                    |                      |                                       |
| Date<br>Feb 23, 2021  | O1 76 Notice 40   | out-of-state PA | C (ID#:                       | )                    | Amount of contribution (\$)           |
| Mar 07 0004   | Laique Rehman   |                 |                               |                      | \$400                                 |
| Mar 27, 2021  | Contributor address;  | City;           | State;                        |                      | 150                                   |
|   | 5075 Westheimer Rd Suite 6  | 75, Housto      | n, TX 77                      | 056                  |                                       |
| Principal occup   | pation / Job title (See Instructions)   |                 | Empl                          | oyer (See Instruct   | ions)                                 |
| Date<br>Mar 9, 2021   | Shahla Wahid  | out-of-state PA |                               |                      | Amount of contribution (\$)           |
|   | Contributor address;  | City;           |                               | Zip Code             | \$25                                  |
|   | 2601 S Braeswood Blvd Apt   | 1404, Hous      | ston, TX                      | 77025                |                                       |
| Principal occup   | eation / Job title (See Instructions)   |                 | Employer (See Instructions)   |                      | ions)                                 |
|   | 2 Pages attach  |                 |                               |                      |                                       |
|   | ATTACH ADDITION<br>If contributor is out-of-state PAC, pl   | lease see Instr | or THIS S<br>uction guid      | de for additional re | EEDED  porting requirements.          |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

### SCHEDULE A1

| The  | Instruction Guide explains how                          | to complete thi       | s form.                           | 1 Total pages Schedule A1:  |
|--|---|-----------------------|-----------------------------------|---|
| 2 FILER NAME   |   |                       |                                   | 3 Filer ID (Ethics Commission Filers)   |
| REHAN AHI  | MED   |                       |                                   | A STATE OF THE ADMINISTRATION ASSESSMENT OF THE ADMINISTRATION OF |
| 4 Date<br>Mar 9, 2021  | G Full Hairie of Contributor     out-of-state PAC (ID#) |                       | 7 Amount of contribution (\$)     |   |
|  | 6 Contributor address;                                  | City;                 | State; Zip Code                   | \$5000  |
|  | 4 Ellicot Way   | Sugarland             | TX 77479                          |   |
| anne ven   | pation / Job title (See Instructions)                   |                       | 9 Employer (See Instruc           | etions)   |
| Businessman  |   |                       | Self Employed                     |   |
| Date<br>Mar 27, 2021   | Full name of contributor Zahoor Gire                    | out-of-state PA       | C (ID#:)                          | Amount of contribution (\$)   |
|  | Contributor address;                                    | City;                 | State; Zip Code                   | \$750   |
|  | 1606 Potomac  | Houston               | TX 77057                          |   |
|  |   | Employer (See Instruc | tions)                            |   |
| Businessman Self Employed  |   | Self Employed         |                                   |   |
| Date<br>Mar 27, 2021   | Full name of contributor                                |                       | Amount of contribution (\$) \$400 |   |
|  | Contributor address;                                    | City;                 | State; Zip Code                   |   |
|  | 11 Laurel Wreath Trail Sug                              | ar Land TX 7          | 7498                              |   |
| Principal occup  | pation / Job title (See Instructions)                   |                       | Employer (See Instruc             | tions)  |
| Businessman  |   |                       | Self Employed                     |   |
| Date<br>Mar 27, 2021   | Full name of contributor<br>Salman Razzaqi              | out-of-state PAC      | C (ID#:)                          | Amount of contribution (\$)   |
|  | Contributor address;                                    | City;                 | State; Zip Code                   | 4000  |
|  | 12555 S Dairy Ashford Rd                                | Houston, TX           |                                   |   |
|  | pation / Job title (See Instructions)                   |                       | Employer (See Instruct            | tions)  |
| Businessman  |   | Self Employed         |                                   |   |
| 3  |   |                       |                                   |   |
| 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  |                  | 1 Total pages Schedule A1:  |                   |                                       |
|--|---|------------------|-----------------------------|-------------------|---------------------------------------|
| 2 FILER NAME   |   |                  |                             |                   | 3 Filer ID (Ethics Commission Filers) |
| REHAN AHI  | MED   |                  |                             |                   |                                       |
| 4 Date   | 5 Full name of contributor  | out-of-state PA  | C (ID#:                     |                   | 7 Amount of contribution (\$)         |
| Mar 27, 2021   | Asif Malik  |                  |                             |                   |                                       |
|  | 6 Contributor address;  | City;            | State;                      | Zip Code          |                                       |
|  | 18946 Elrington Creek Ct  | Richmond         | TX                          | 77407             |                                       |
| 8 Principal occu   | pation / Job title (See Instructions)   |                  | 9 Empl                      | oyer (See Instruc | ctions)                               |
| IT - Engineer  |   |                  | NCR                         |                   |                                       |
|  | Full name of contributor  |                  |                             |                   |                                       |
| Date<br>Mar 27, 2021   |   | out-of-state PA  | ) (ID#:                     |                   | Amount of contribution (\$)           |
|  | Qamrus Salam  |                  | ******                      |                   |                                       |
|  | Contributor address; City; State; Zip Code  |                  | \$150                       |                   |                                       |
| 2614 Night Song Dr Pearland TX 77584   |   |                  |                             |                   |                                       |
| Principal occupation / Job title (See Instructions)  |   |                  | Empl                        | oyer (See Instruc | itions)                               |
| Retired  |   | n/a              |                             |                   |                                       |
| Date   | Full name of contributor  | out-of-state PAG | C (ID#:                     | )                 | Amount of contribution (\$)           |
| Mar 27, 2021   | Ilyas Choudry   |                  |                             |                   | Amount of contribution (\$)           |
|  | Contributor address;  | City;            | State;                      | Zip Code          | \$100                                 |
| 8  | 5822 Catherwood Lane  | Houston          | TX                          | 77084             |                                       |
| Principal occup  | pation / Job title (See Instructions)   |                  | Employer (See Instructions) |                   | tions)                                |
| Businessman  |   |                  | Self En                     | nployed           |                                       |
| Date   | Full name of contributor  |                  |                             |                   |                                       |
| Mar 27, 2021   | Khalid R Malik  | Out-of-state PAC | ; (ID#;                     | )                 | Amount of contribution (\$)           |
|  | Contributor address;  | City;            | State;                      | Zip Code          | \$100                                 |
|  | 11414 Rock Bridge Ln  | Sugarland        | TX                          | 77498             |                                       |
| Principal occup  | pation / Job title (See Instructions)   |                  | Empl                        | oyer (See Instruc | itions)                               |
| Businessman  |   |                  | Self Em                     | nployed           |                                       |
|  |   |                  |                             |                   |                                       |
|  |   |                  |                             |                   |                                       |
|  |   |                  |                             |                   |                                       |
|  |   |                  |                             |                   |                                       |
|  |   |                  |                             |                   |                                       |
|  | XXIII-TOXINO CONTROL OF THE CONTROL |                  |                             |                   |                                       |
| 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   | The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: |                  |                                       |                               |  |  |  |  |
|---|---|------------------|---------------------------------------|-------------------------------|--|--|--|--|
| 2 FILER NAME  |   |                  | 3 Filer ID (Ethics Commission Filers) |                               |  |  |  |  |
| REHAN AHM   | 1ED   |                  |                                       |                               |  |  |  |  |
| 4 Date<br>Apr 20, 2021  | 5 Full name of contributor  |                  |                                       | 7 Amount of contribution (\$) |  |  |  |  |
|   | 6 Contributor address;  | City;            | State; Zip Code                       | \$500                         |  |  |  |  |
|   | 4003 Thistle Hill Court   | Sugarland        | TX 77479                              |                               |  |  |  |  |
| 8 Principal occu  | pation / Job title (See Instructions)   |                  | 9 Employer (See Instruc               | tions)                        |  |  |  |  |
| Business  | man   |                  | Self Employed                         |                               |  |  |  |  |
| Date  | Full name of contributor  | out-of-state PAC | (ID#:)                                | Amount of contribution (\$)   |  |  |  |  |
|   | Contributor address;  | City;            | State; Zip Code                       |                               |  |  |  |  |
| Principal occup   | pation / Job title (See Instructions)   |                  | Employer (See Instruc                 | tions)                        |  |  |  |  |
| Date  | Full name of contributor  | out-of-state PAC | (ID#:)                                | Amount of contribution (\$)   |  |  |  |  |
|   | Contributor address;  | City;            | State; Zip Code                       |                               |  |  |  |  |
| Principal occup   | pation / Job title (See Instructions)   |                  | Employer (See Instruc                 | itions)                       |  |  |  |  |
| Date  | Full name of contributor  | out-of-state PAC | C (ID#:)                              | Amount of contribution (\$)   |  |  |  |  |
|   | Contributor address;  | City;            | State; Zip Code                       |                               |  |  |  |  |
| Principal occu  | pation / Job title (See Instructions)   |                  | Employer (See Instruc                 | tions)                        |  |  |  |  |
|   |   |                  | OF THIS SCHEDULE AS I                 |                               |  |  |  |  |
| If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |                  |                                       |                               |  |  |  |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|                          |   |                                    | The report.                                       |  |
|--------------------------|---|------------------------------------|---|--|
| т                        | he Instruction Guide explains how to complete this for  | m.                                 | 1 Total pages Schedule A2:                        |  |
| 2 FILER NAM<br>REHAN A   | HMED  |                                    | 3 Filer ID (Ethics Commission Filers)             |  |
| 4 TOTAL O                | F UNITEMIZED IN-KIND POLITICAL CONTRI   | BUTIONS                            | \$  |  |
| Directo 12 Contributor's | MOHAMMED N ABDULHAMEED  7 Contributor address; City; State; 8718 Grasswren Richmond TX 7  Cupation / Job title (FOR NON-JUDICIAL) (See Instructions) or of Operations a principal occupation (FOR JUDICIAL) | 11 Employe Lisle \( \) 13 Contribu | 8 Amount of Contribution \$\                      |  |
|                          | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   | 15 Law firm                        | n of contributor's spouse (if any) (FOR JUDICIAL) |  |
| Date                     | Full name of contributor  | Zip Code                           | Amount of In-kind contribution description        |  |
| Principal occ            | cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  | Employe                            | or (FOR NON-JUDICIAL)(See Instructions)           |  |
|                          | principal occupation (FOR JUDICIAL)   | Contribu                           | tor's job title (FOR JUDICIAL) (See Instructions) |  |
|                          | employer/law firm (FOR JUDICIAL)  | Law firm                           | of contributor's spouse (if any) (FOR JUDICIAL)   |  |
| If contributor           | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |                                    |   |  |
|                          |   |                                    |   |  |
| 1:                       | ATTACH ADDITIONAL COPIES OF TI<br>f contributor is out-of-state PAC, please see Instruction   | HIS SCHEDU                         | LE AS NEEDED                                      |  |

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

| Advertising Expense   | EXPENDITURE CATEG  | GORIES FOR BOX 10(a)  Loan Repayment/Reimbursement  |  |  |  |  |
|---|--|---|--|--|--|--|
| Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica | Fees Food/Beverage Expense y Gift/Awards/Memorials Expense   | 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 explain  | s how to complete this form.  |  |  |  |  |
| 1 Total pages Schedule F4:  | 2 FILER NAME<br>REHAN AHMED  | 3   | 3 Filer ID (Ethics Commission Filers)  |  |  |  |
| 4 TOTAL OF UNITEM   | IZED EXPENDITURES CHARGED  | TO A CREDIT CARD  | \$ 513.53  |  |  |  |
| 5 Date  | 6 Payee name   |   | James and the state of the stat |  |  |  |
| 03/20/2021  | Home Depot   |   |  |  |  |  |
| 7 Amount (\$)<br>513.53   | 8 Payee address;<br>10419 Highway 6 South  | City;<br>Sugar Land   | State; Zip Code<br>TX 77407  |  |  |  |
| 9 TYPE OF EXPENDITURE   | Political  | Non-Political   |  |  |  |  |
| 10  | (a) Category (See Categories listed at the top of this s   | schedule) (b) Description   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Solicitation Expenditure   | Banner / S<br>stake drive   | ign Stakes, zip ties and<br>ers  |  |  |  |
| ******************  | (c) Check if travel outside of Texas. Complete S   | Schedule T. Check if Au   | stin, TX, officeholder living expense  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office sought Office held  REHAN AHMED FBISD Board of Trustee Position 2 |   |  |  |  |  |
| Date  | Payee name   |   |  |  |  |  |
| Amount (\$)   | Payee address;   | City;   | State; Zip Code  |  |  |  |
| TYPE OF<br>EXPENDITURE  | Political  | Non-Political   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this   | schedule) Description   |  |  |  |  |
|   | Check if travel outside of Texas. Complete S   | Schedule T. Check if Au   | istin, 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  | F THIS SCHEDULE AS NE   | EDED   |  |  |  |
|   |  |   |  |  |  |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

|  |   | EXPENDITURE CATE   | CODIES   | EOP POY 9(a)                                     |                                       |                        |                   |
|--|---|--|--|--|---------------------------------------|------------------------|-------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain   | Loan Rep<br>Office Ov<br>Polling E:<br>Printing E<br>Salaries/ | Repayment/Reimbursement to Overhead/Rental Expense greense ng Expense ng Expense les/Wages/Contract Labor  Solicitation/Fundraising Expense Transportation Equipment & Relater Travel In District Travel Out Of District Other (enter a category not listed at |  |                                       | ment & Related Expense |                   |
| 1 Total pages Schedule G:  | 2 FILER NA  | ME   |  |  | 3 Filer ID (Ethics Commission Filers) |                        |                   |
|  | REHAN   | AHMED  |  | 77.50-   |                                       | 18 m/24 mm             |                   |
| 4 Date   | 5 Payee nar   | ne   |  |  |                                       |                        |                   |
| Feb 22, 2021   | Mauricio I  | Marin  |  |  |                                       |                        |                   |
| 6 Amount (\$) \$1200 Reimbursement from political contributions intended   | 7 Payee ad  | dress;   |  | City;<br>Richmon                                 | d                                     | State;<br>TX           | Zip Code<br>77407 |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Advertisement Expense  (b) Description  Website Development/ Photocards, yard sign, banner desi |  |  |  |                                       |                        |                   |
|  | (c)   | Check if travel outside of Texas. Complete Sch                 | hedule T.  | Check if Austin                                  | , TX, officer                         | nolder living e        | xpense            |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |   | ate / Officeholder name  |  | Office sought                                    |                                       |                        | Office held       |
| Date   | Payee nar   | me   |  |  |                                       |                        |                   |
| Feb 25, 2021   | Uzair   | Ahmed  |  |  |                                       |                        |                   |
| Amount (\$)  | Payee address;  |  |  | City;  |                                       | State;                 | Zip Code          |
| \$1000  Reimbursement from political contributions intended  |   |  |  | Houston  |                                       | TX                     |                   |
| DUPPOSE  | Category  | (See Categories listed at the top of this se                   | chedule)   | Description                                      |                                       |                        |                   |
| PURPOSE<br>OF<br>EXPENDITURE   | Solicitation Expenditure  |  |  | Facebook Page Dev. and maintainence              |                                       |                        |                   |
|  | Check if travel outside of Texas. Complete Schedule T.  |  |  | Check if Austin, TX, officeholder living expense |                                       |                        | expense           |
| Complete ONLY if direct expenditure to benefit C/  |   | ate / Officeholder name  |  | Office sought                                    |                                       |                        | Office held       |
| Date   | Payee nar   | me   |  |  |                                       |                        |                   |
| Mar 10, 2021   | Nasir Al  | lied Signs   |  |  |                                       |                        |                   |
| Amount (\$)  | Payee ad  | dress;   |  | City;  |                                       | State;                 | Zip Code          |
| \$3600 Reimbursement from political contributions intended   | 6820 Ha   | arwin Dr.  |  | 90 MA 2040 Medical Proc                          |                                       | 77036                  |                   |
| PURPOSE<br>OF  |   | (See Categories listed at the top of this so                   | chedule)   | Description                                      | 0:                                    |                        |                   |
| EXPENDITURE  |   | isement Expense  | e virini   | Yard Signs, 4x4                                  |                                       |                        |                   |
|  |   | Check if travel outside of Texas. Complete Sci                 | hedule T.  | Check if Austin                                  | , TX, officeh                         | older living e         |                   |
| Complete ONLY if direct expenditure to benefit C/OH  |   | late / Officeholder name                                       |  | Office sought                                    |                                       |                        | Office held       |
|  | ATTA  | CH ADDITIONAL COPIES OF  | F THIS S   | CHEDULE AS NEED                                  | ED                                    | 1 More                 | Sheet Attached    |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

|   | EXPENDITUR   | RE CATEGOR   | IES FOR BOX 8(a)                           |   |                      |  |
|---|--|--|--|---|----------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment | Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials I cal Committee Legal Services | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Food/Beverage Exp |  | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |                      |  |
| 1 Total pages Schedule G:   | 2 FILER NAME   |  |  | 3 Filer ID (Ethic   | s Commission Filers) |  |
|   | REHAN AHMED  |  |  | NO. ID (EURO  | S Commission Filers) |  |
| 4 Date  | 5 Payee name   |  |  |   |                      |  |
| Mar 14, 2021  | NTM  |  |  |   |                      |  |
| 6 Amount (\$)<br>\$200  | City:  |  |  | State;  | Zip Code             |  |
| Reimbursement from political contributions intended   |  |  | Houston                                    | n TX  | 77036                |  |
| 8<br>PURPOSE  | (a) Category (See Categories listed at th  | e top of this schedule   | (b) Description                            |   |                      |  |
| OF<br>EXPENDITURE   | Advertisement Expense TV One Usa -   |  |  | TV show fee   |                      |  |
|   | (c) Check if travel outside of Texas   | . Complete Schedule T.   | Check if Austin,                           | n, TX, officeholder living expense  |                      |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder na  | me   | Office sought                              |   | Office held          |  |
| Date  | Payee name   |  |  |   |                      |  |
| Mar 16, 2021  | Syed Shahzad   |  |  |   |                      |  |
| Amount (\$)   | Payee address;   |  | City;                                      | State;  | Zip Code             |  |
| \$930 Reimbursement from political contributions intended   | 9440 Harwin Dr. Suite  | ¥Ε   | Houstor                                    | TX  | 77036                |  |
| 0   | Category (See Categories listed at the   | e top of this schedule)  | Description                                |   |                      |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Advartisement Francis  |  |  | rt Printing and   | Business cards       |  |
|   | Check if travel outside of Texas.  | stin, TX, officeholder living expense  |  |   |                      |  |
| Complete ONLY if direct expenditure to benefit C/0  | Candidate / Officeholder nar   | me   | Office sought                              |   | Office held          |  |
| Date  | Payee name   |  |  |   |                      |  |
| Mar 20, 2021  | Home Depot   |  |  |   |                      |  |
| Amount (\$)  \$516.53 Reimbursement from political contributions intended   | Payee address;<br>10419 Highway 6 South  |  | City;<br>Sugar Land                        | State;<br>TX  | Zip Code<br>77407    |  |
| PURPOSE<br>OF   | Category (See Categories listed at the   | top of this schedule)  | Description                                |   |                      |  |
| EXPENDITURE   | Advertisement Expense  |  | Stakes - Zip ties                          | Stakes - Zip ties - Stakes Driver   |                      |  |
|   | Check if travel outside of Texas.  | Complete Schedule T.   | Check if Austin, TX, officeholder living e |   | xpense               |  |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH                             |  |  |  |   |                      |  |
|   | ATTACH ADDITIONAL CO   | OPIES OF THIS  | SCHEDULE AS NEEDE                          | D   |                      |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

|   |  | EXPENDITURE CATE   | GORIES    | FOR BOX 8(a)  |   |             |  |
|---|--|--|-----------|---|---|-------------|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Politi<br>Credit Card Payment |  | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Foiling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.   |           | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |   |             |  |
| 1 Total pages Schedule G:   | 2 FILER NAME<br>REHAN AHMED  |  |           | 3 Filer ID (Ethics  | Commission Filers)                      |             |  |
| 4 Date  | 5 Payee nar  |  |           |   |   |             |  |
| Apr 5, 2021   | Uzair Ahmed  |  |           |   |   |             |  |
| 6 Amount (\$) \$1000  Reimbursement from political contributions intended   | 7 Payee address; City; Houston                                     |  |           |   | State;<br>TX                            | Zip Code    |  |
| 8 PURPOSE OF EXPENDITURE  | 50 VA 3  | (See Categories listed at the top of this son Expenditure  | chedule)  | (b) Description Social Media Marketing  |   |             |  |
|   | (c)  | Check if travel outside of Texas. Complete Sci   | hedule T. | Check if Austin   | , TX, officeholder living ex            | pense       |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  | Candid   | ate / Officeholder name  |           | Office sought   |   | Office held |  |
| Date<br>Apr 11, 2021  | Payee nar  | Control of the Contro |           |   |   |             |  |
| Amount (\$)   | Payee ad   | dress;   |           | City;   | State;                                  | Zip Code    |  |
| \$200  Reimbursement from political contributions intended  |  |  |           | Richmond  | TX                                      | 77407       |  |
|   | Category   | (See Categories listed at the top of this s  | chedule)  | Description   |   |             |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Solicitation Expenditure Newspape                                  |  |           |   | Add                                     |             |  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Au |  |           |   | n, TX, officeholder living ex           | kpense      |  |
| Complete ONLY if direct expenditure to benefit C/   |  | ate / Officeholder name  |           | Office sought   |   | Office held |  |
| Date<br>Apr 22, 2021  | Payee nar  | ne<br>Shahzad  |           |   |   |             |  |
| Amount (\$)   | Payee ad   | dress;   |           | City;   | State;                                  | Zip Code    |  |
| \$250  Reimbursement from political contributions intended  | 9440 H   | arwin Dr Suite#E   |           | Houston   | TX                                      | 77036       |  |
|   | Category   | (See Categories listed at the top of this s  | chedule)  | Description   |   |             |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Advertisement Expenditure Flyer printing                           |  |           |   |   |             |  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if A  |  |           | Check if Austin   | sustin, TX, officeholder living expense |             |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  |  |           |   |   |             |  |
|   | ΔΤΤΔ   | CHADDITIONAL COPIES O  | F THIS S  | CHEDULE AS NEED   | ED                                      |             |  |

# 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 Re   | eport" ••                              |  |  |  |  |  |  |
| 1  | C/OH NAME 2 Filer ID (Ethics Commission Filers)  |   |  |  |  |  |  |  |  |
| RE | HAN /  | AHMED   |  |  |  |  |  |  |  |
| 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 o   | of Candidate / Officeholder            |  |  |  |  |  |  |
|    |  |   |  |  |  |  |  |  |  |
| 4  |  | WHO IS NOT AN OFFICEHOLDER  uplete A & B below only if you are not an officeholder. ••  |  |  |  |  |  |  |  |
|    | A.   | CAMPAIGN FUNDS  |  |  |  |  |  |  |  |
|    | Checl  | k only one:   |  |  |  |  |  |  |  |
|    |  | I do not have unexpended contributions or unexpended interest or income earned from p   | 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  |  |  |  |  |  |  |  |
|    | Chec   | k only one:   |  |  |  |  |  |  |  |
|    |  | I do not retain assets purchased with political contributions or interest or other income fr  | rom political contributions.           |  |  |  |  |  |  |
|    | $\checkmark$   | I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other in personal use. I also understand that I must dispose of assets purchased with political correquirements of Election Code, § 254.204.   | ncome from political contributions to  |  |  |  |  |  |  |
|    |  | Sign  | nature of Candidate                    |  |  |  |  |  |  |
| 5  |  | CEHOLDER  Inplete this section only if you are an officeholder ••   |  |  |  |  |  |  |  |
|    |  | I am aware that I remain subject to filing requirements applicable to an officeholder who does file. I am also aware that I will be required to file reports of unexpended contributions if, aft an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | ter filing the last required report as |  |  |  |  |  |  |
|    |  | Sign  | ature of Officeholder                  |  |  |  |  |  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction G                              | uide explains how t   | to complete this form.         | 1 Filer ID (Eth      | ics Commission Filers)               | 2 Total pages file                           | ed:                  |
|---|-----------------------|--------------------------------|----------------------|--------------------------------------|--|----------------------|
| 3 CANDIDATE/  | MS / MRS / MR         | FIRST                          |                      | MI                                   | OFFICE                                       | UCE CALLY            |
| OFFICEHOLDER  |                       | Ctanhania                      |                      | A.                                   | OFFICE                                       | USEONLY              |
| NAME  | Mrs.                  | Stephanie                      |                      |                                      | Date Received                                |                      |
|   | NICKNAME              | LAST                           |                      | SUFFIX                               |  | Et .                 |
|   |                       | Brown                          |                      |                                      |  |                      |
| . CANDIDATE /                                       | ADDRESS / PO BOX;     |                                | CITY; STA            | TE: ZIP CODE                         | AFC  | EIVEN                |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX,     | AFT / SUITE #,                 | on, on               | TE, ZIF GOOL                         | APR  | 2 3 2021             |
| Change of Address                                   | 1206 Blue Di          | amond Dr. M                    | issouri City, T      | X 77489                              | 6DI  |                      |
| 5 CANDIDATE/<br>OFFICEHOLDER                        | AREA CODE             | PHONE NUMBER                   |                      | ENSION                               | Date Hand-delivered                          | or Date Postmarked   |
| PHONE   | ( 832 )               | 390-9297                       |                      |                                      | Receipt #                                    | Amount \$            |
| 6 CAMPAIGN  | MS / MRS / MR         | FIRST                          |                      | MI                                   |  |                      |
| TREASURER   | N.4-                  | Alexandria                     |                      | N.                                   | Date Processed                               | 1                    |
| NAME  |                       | Alexandria                     | <b>3</b>             |                                      | Date Flocessed                               |                      |
|   | NICKNAME              | LAST                           |                      | SUFFIX                               | Date Imaged                                  |                      |
|   |                       | Brown                          |                      |                                      |  |                      |
|   | OTDEET ADDDESS (      | NO PO BOX PLEASE); APT / S     | CUITE #: (           | CITY;                                | STATE;                                       | ZIP CODE             |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS (I     | NO PO BOX PLEASE), APT 7       | SUITE #,             | 5111,                                | STATE,                                       | Ziii GGGE            |
| (Residence or Business)                             | 1206 Blue             | Diamond Dr.                    | N                    | Aissouri City                        | TX   | 77489                |
| 8 CAMPAIGN  | AREA CODE             | PHONE NUMBER                   |                      | ENSION                               |  |                      |
| TREASURER   |                       |                                |                      |                                      |  |                      |
| PHONE   | ( 832 ) 39            | 90-9297                        |                      |                                      |  |                      |
|   | ( 002 / 00            | 30 3231                        |                      |                                      |  |                      |
| 9 REPORT TYPE                                       | January 15            | 30th day before                | election             | Runoff                               | 15th day aft<br>treasurer ap<br>(Officeholde |                      |
|   | July 15               | 8th day before e               | lection              | Exceeded Modified<br>Reporting Limit | Final Repor                                  | t (Attach C/OH - FR) |
| 10 PERIOD   | Month                 | Day Year                       |                      | Month                                | Day Year                                     |                      |
| COVERED   |                       | 1 1                            |                      |                                      | 1 1  |                      |
|   | 3 /                   | 24 / 21                        | THROUGH              | 4/                                   | 22 /21                                       |                      |
| 44 54 5051014                                       | ELECTION DA           |                                |                      | ELECTION TYPE                        |  |                      |
| 11 ELECTION   | ELECTION BA           |                                |                      |                                      |  |                      |
|   | Month Day             | Year Primary                   | Runoff               | Other Description                    |  |                      |
|   | /                     | / General                      | Special              | 70                                   |  |                      |
|   | 5/1/                  | 21                             |                      |                                      |  |                      |
|   | V I                   | 41                             | 40                   | 10F 00U0 IT                          |  |                      |
| 12 OFFICE   | OFFICE HELD (if any)  |                                |                      | ICE SOUGHT (if knowr                 | 5  |                      |
|   |                       |                                | Fo                   | rt Bend ISD Bo                       | oard of Trustees                             | s Position 6         |
|   | THE POY IS FOR NOTIC  | E OF POLITICAL CONTRIBUTIONS   | S ACCEPTED OF POLIT  | TO AL EXPENDITURES N                 | IADE BY POLITICAL COM                        | MITTERS TO SUPPORT   |
| 14 NOTICE FROM POLITICAL                            | THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITURE     | ES MAY HAVE BEEN M.  | ADE WITHOUT THE CAN                  | DIDATE'S OR OFFICEHOL                        | DER'S KNOWLEDGE OR   |
| COMMITTEE(S)  | CONSENT. CANDIDATES   | AND OFFICEHOLDERS ARE REQU     | JIRED TO REPORT THIS | INFORMATION ONLY IF                  | THEY RECEIVE NOTICE OF                       | - SUCH EXPENDITURES. |
| COMMITTEE(G)  | COMMITTEE TYPE        | COMMITTEE NAME                 |                      |                                      |  |                      |
|   |                       |                                |                      |                                      |  |                      |
|   | CENEDAL               | COMMITTEE ADDRESS              |                      |                                      |  |                      |
| Additional Pages                                    | GENERAL               | and distributed and the second |                      |                                      |  |                      |
|   | П                     | COMMITTEE CAMPAIGN TR          | FASURER NAME         |                                      |  |                      |
|   | SPECIFIC              | CONTINUE CANTAIGN IN           | LADORER NAME         |                                      |  |                      |
|   |                       |                                |                      |                                      |  |                      |
|   |                       | COMMITTEE CAMPAIGN T           | REASURER ADDRES      | SS                                   |  |                      |
|   |                       |                                | t.«                  |                                      |  |                      |
|   |                       |                                |                      |                                      |  |                      |
| GO TO PAGE 2  |                       |                                |                      |                                      |  |                      |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 15 C/OH NAME  |   | 16 Filer ID (Ethics Commission Filers)   |  |  |  |  |
|---|---|--|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS   | \$  |  |  |  |  |  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 2171.34   |  |  |  |  |
| EXPENDITURE<br>TOTALS   | \$  |  |  |  |  |  |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1526.94   |  |  |  |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD   | T DAY \$ 1933.86   |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | THE \$   |  |  |  |  |
| Signature of Candidate or Officeholder  |   |  |  |  |  |  |
|   | Please complete either option below   | :  |  |  |  |  |
| (1) Affidavit   | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  |  |  |  |  |  |
| Sworn to and subscribed   |   | 23 day of April,   |  |  |  |  |
| 20 21, to certify   | Property of the second | J3 day of April ,  Low Assistant to the BOT  Title of officer administering oath |  |  |  |  |
| 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   |  |  |  |  |  |
| With the second |   |  |  |  |  |  |
|   |   | tate) (zip code) (country)   |  |  |  |  |
| Executed in   | County, State of , on the day of<br>(month  | , 20<br>(year)   |  |  |  |  |
|   | Signature of Candid   | ate/Officeholder (Declarant)   |  |  |  |  |

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME 20 Filer   | ID (Ethics Commission Filers) |
|-----|---|-------------------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT            |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 2171.34                    |
| 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 CONTRIBUTION          | ons \$ 1171.34                |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$                            |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU             | SNOITU                        |
| 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           | S OF C/OH \$                  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION       | ONS \$                        |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET TO FILER | URNED \$                      |

#### 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  | 5 Full name of contributor            | out-of-state PAC | (ID#:              | )                | 7       | Amount of contribution (\$)         |  |  |  |
|   | 4/9/21  | Elizabeth Ross                        |                  |                    |                  |         |                                     |  |  |  |
|   |   | 6 Contributor address;                | City;            | State;             |                  |         |                                     |  |  |  |
|   |   | 1020 Brand Lane #18202                | . Staf           | ford,              | TX 774           | 477     | 50.00                               |  |  |  |
| 8 | Principal occup   | pation / Job title (See Instructions) |                  | 9 Empl             | oyer (See Instru | ctions) |                                     |  |  |  |
|   |   | Student                               |                  | - Warner (1971)    | Alief School     | ol Dis  | trict                               |  |  |  |
|   | Date  | Full name of contributor              | out-of-state PAC | (ID#:              | )                |         | Amount of contribution (\$)         |  |  |  |
|   | 4/10/21   | Michael Hearn                         |                  |                    |                  |         |                                     |  |  |  |
|   |   | Contributor address;                  | City;            | State;             | Zip Code         |         |                                     |  |  |  |
|   |   | 510 Foxglove Dr                       | Missouri City    |                    | 77489            |         | 100.00                              |  |  |  |
|   | Principal occup   | ation / Job title (See Instructions)  |                  | Empl               | oyer (See Instru | ctions) |                                     |  |  |  |
|   |   | Engineering/Sales                     |                  | ı                  | MWHQuest E       | nterp   | rise                                |  |  |  |
|   | Date  | Full name of contributor              | out-of-state PAC | (ID#:              |                  |         | Amount of contribution (\$)         |  |  |  |
|   | 4/11/21   | Sheila Jackson                        |                  | water and a second |                  |         |                                     |  |  |  |
|   | Applier for sundicidence (2)  | Contributor address;                  | City;            | State;             | Zip Code         |         |                                     |  |  |  |
|   |   | 1702 Northshore Dr.                   | Missouri City    | , TX               | 77459            |         | 115.00                              |  |  |  |
|   | Principal occup   | ation / Job title (See Instructions)  |                  |                    | oyer (See Instru | ctions) | <del></del>                         |  |  |  |
|   |   | Sr. Coordinator                       |                  |                    | H-E-B            |         |                                     |  |  |  |
|   | Date  | Full name of contributor              | out-of-state PAC | (ID#:              | )                |         | Amount of contribution (\$)         |  |  |  |
|   | 4/11/21   | Gail Johnson                          |                  |                    |                  |         |                                     |  |  |  |
|   | 4/11/21   | Contributor address;                  | City;            | State;             | Zip Code         |         |                                     |  |  |  |
|   |   | 602 Saberwood                         | Missouri City,   | TX                 | 77489            |         | 150.00                              |  |  |  |
|   | Principal occup   | ation / Job title (See Instructions)  |                  | Empl               | oyer (See Instru | ctions) |                                     |  |  |  |
|   |   |                                       |                  |                    |                  |         |                                     |  |  |  |
|   |   |                                       |                  |                    |                  |         |                                     |  |  |  |
|   |   |                                       |                  |                    |                  |         |                                     |  |  |  |
|   |   |                                       |                  |                    |                  |         |                                     |  |  |  |
|   |   |                                       |                  |                    |                  |         |                                     |  |  |  |
|   |   |                                       |                  |                    |                  |         |                                     |  |  |  |

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

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

| The   | Instruction Guide explains how to complete thi      | s form.                 | 1 Total pages Schedule A1:            |
|---|---|-------------------------|---------------------------------------|
| 2 FILER NAME  |   |                         | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | <b>5</b> Full name of contributor ☐ out-of-state PA | AC (ID#:)               | 7 Amount of contribution (\$)         |
| 3/26/21   | Jade Cowans   |                         |                                       |
|   | 6 Contributor address; City;                        | State; Zip Code         |                                       |
|   | 4939 Birchwood Bluff Rosharor                       | n, TX 77583             | 100.00                                |
| 8 Principal occup   | pation / Job title (See Instructions)               | 9 Employer (See Instruc | tions)                                |
|   | Customer Solutions Supervisor                       | Brenntag Lubri          | cants                                 |
| Date  | Full name of contributor                            | AC (ID#:)               | Amount of contribution (\$)           |
| 0.10.0.10.4   | Audrey Byrd   |                         |                                       |
| 3/30/21   | Contributor address; City;                          | State; Zip Code         |                                       |
|   | 3214 Confederate Dr. Missouri                       | City, TX 77459          | 75.00                                 |
| Principal occup   | pation / Job title (See Instructions)               | Employer (See Instruct  | tions)                                |
| 731125330 VASC \$ 20000 VASC VASC VASC VASC VASC VASC VASC VASC | Retired   | Ver 00000 - 30          |                                       |
| Date  | Full name of contributor  ut-of-state P/            | AC (ID#:)               | Amount of contribution (\$)           |
|   | Velma Pete  |                         |                                       |
| 3/30/21   | Contributor address; City;                          | State; Zip Code         |                                       |
|   |   |                         |                                       |
|   |   | ty, TX 77489            | 75.00                                 |
| Principal occup   | pation / Job title (See Instructions)               | Employer (See Instruc   | tions)                                |
|   | Nurse   | Harris Health           |                                       |
| Date  | Full name of contributor                            | AC (ID#:)               | Amount of contribution (\$)           |
| 4/5/21  | Blake Simon   |                         |                                       |
| 101001-009-0000000 201  | Contributor address; City;                          | State; Zip Code         |                                       |
|   | P.O. Box 1513 Missouri City                         | v. TX 77459             | 100.00                                |
| Principal occup   | pation / Job title (See Instructions)               | Employer (See Instruc   |                                       |
|   | Professor   | Houston Comm            | nunity 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 4/9/21   | 5 Full name of contributor  Sylvia Franklin 6 Contributor address; | out-of-state PAC |        |                   | 7 Amount of contribution (\$)         |  |  |  |  |
|  |   | 5410 Canterway   | Houston          | TX     | 77048             | 500.00                                |  |  |  |  |
| 8  | Principal occup   | pation / Job title (See Instructions)                              |                  | 9 Empl | oyer (See Instruc | tions)                                |  |  |  |  |
|  | F   | Postal Worker  |                  | L      | Jnited States F   | Postal Service                        |  |  |  |  |
|  | Date 4/14/21  | Full name of contributor  Brian Clark  Contributor address;        | out-of-state PAC |        |                   | Amount of contribution (\$)           |  |  |  |  |
|  |   | 2818 Green Creek   | Missouri City    | , TX   | 77489             | 100.00                                |  |  |  |  |
|  | Principal occup   | tions)<br>ociates  |                  |        |                   |                                       |  |  |  |  |
| _  |   | Financial Consultant   | ociales          |        |                   |                                       |  |  |  |  |
|  | Date  | Full name of contributor   | 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 occup   | pation / Job title (See Instructions)                              |                  | Empl   | oyer (See Instruc | tions)                                |  |  |  |  |
|  | At  | torney   |                  | N      | MLJ, Inc.         |                                       |  |  |  |  |
|  | 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 ADDIT  If contributor is out-of-state PAC                   | IONAL COPIES (   |        |                   |                                       |  |  |  |  |

#### 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 F | ILER NAME       |  |                  |         | a stan           | 3       | Filer ID (Ethics Commission Filers) |
|     | Date<br>4/9/21  | <ul><li>5 Full name of contributor</li><li>Elizabeth Ross</li><li>6 Contributor address;</li></ul> | out-of-state PAC |         |                  |         | Amount of contribution (\$)         |
|     |                 | 1020 Brand Lane #18202   | 2 Staf           | ford,   | TX 77            | 477     | 50.00                               |
| 8 F | Principal occup | pation / Job title (See Instructions)  |                  | 9 Emple | oyer (See Instru | ctions  | 5)                                  |
|     |                 | Student  |                  |         | Alief School     | ol Di   | strict                              |
| D   | Pate            | Full name of contributor   | 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                              |
| P   | rincipal occup  | ation / Job title (See Instructions)   |                  | Emplo   | oyer (See Instru | ctions  | 3)                                  |
|     |                 | Engineering/Sales  |                  | 1       | MWHQuest E       | Inter   | prise                               |
| C   | Date            | Full name of contributor   | out-of-state PAC | (ID#:   |                  |         | Amount of contribution (\$)         |
| 2   | 1/11/21         | Sheila Jackson Contributor address;  | City;            | State;  | Zip Code         |         |                                     |
|     |                 | 1702 Northshore Dr.  | Missouri City    | , TX    | 77459            |         | 115.00                              |
| P   | rincipal occup  | eation / Job title (See Instructions)  |                  | Empl    | oyer (See Instru | ictions | s)                                  |
|     |                 | Sr. Coordinator  |                  |         | H-E-B            |         |                                     |
| [   | Date            | Full name of contributor   | out-of-state PAC | (ID#:   |                  |         | Amount of contribution (\$)         |
|     | 4/11/21         | Gail Johnson<br>Contributor address;   | City;            | State;  | Zip Code         |         |                                     |
|     |                 | 602 Saberwood  | Missouri City,   | TX      | 77489            |         | 150.00                              |
| F   | Principal occup | pation / Job title (See Instructions)  | ,                |         | oyer (See Instru | ıction  | s)                                  |
|     |                 |  |                  |         |                  |         |                                     |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

| Amount (\$)  7 Payee address;  City; State; Zip Code  No Physical Address  (a) Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Polling Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Office sought Office sought   | Contributions/Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment | Gift/Awards/Memorials Expense Printing Ex<br>I Committee Legal Services Salaries/M<br>The Instruction Guide explains how to c  | ages/Contract Labor   | Travel Out Of District<br>Other (enter a catego |                    |
|---|--|--|---|---|--------------------|
| ### Advertising Expense    Alignment   Call Hub   | Total pages Schedule F1:   | 2 FILER NAME   |   | 3 Filer ID (Ethics                              | Commission Filers) |
| Amount (\$) 7 Payee address; City; State; Zip Code  No Physical Address  (a) Category (See Categories listed at the top of this schedule)  PURPOSE OF CATEGORY  (b) Description  Phone Bank Calling System  Complete ONLY if direct or Categories listed at the top of this schedule)  Payee name  4/22/21 Call Hub  Amount (\$) Payee address; City; State; Zip Code  Pulpose OF Category (See Categories listed at the top of this schedule)  Pulpose OF Polling Expense  Polling Expense  Polling Expense  Candidate / Office hold of this schedule)  Police sought  City; State; Zip Code  Pulpose OF Polling Expense  Phone Bank System  Complete ONLY if direct  Complete ONLY if direct  State (City; State; Zip Code  Polling Expense  Phone Bank System  City; State; Zip Code  Polling Expense  Phone Bank System  City: State; Zip Code  Polling Expense  Concluded / Office hold of the schedule of Texas, Complete Schedule T. Check if Austin, TX, Officeholder living expense  Complete ONLY if direct  State (City: State; Zip Code  Pulpose  Office sought  Category (See Categories listed at the top of this schedule)  Pulpose  Office Sought  City: State; Zip Code  Advertising Expense  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Pulpose  Office Sought  City: State; Zip Code  Category (See Categories listed at the top of this schedule)  Pulpose  Office Sought  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Categories listed at the top of this schedule)  Category (See Cate  | Date   | 5 Payee name   | 4   |   |                    |
| Amount (\$)   | 4/3/21   | Call Hub   |   |   |                    |
| PURPOSE EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Phone Bank Calling System  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Category (See Categories listed at the top of this schedule)  Purpose Office Category (See Categories listed at the top of this schedule)  Date  Purpose Category (See Categories listed at the top of this schedule)  Date  Purpose Category (See Categories listed at the top of this schedule)  Date  Polling Expense  Phone Bank System  Candidate / Officeholder name  Office sought  Candidate / Officeholder name  Office sought  Office sought  Office held  Payee name  Payee name  Payee name  Payee name  Payee address;  City: State: Zip Code  Category (See Categories listed at the top of this schedule)  Date  Payee name  Payee name  Payee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories     | Amount (\$)  | 7 Payee address;   | City;   | State;  | Zip Code           |
| PURPOSE OF EXPENDITURE  Polling Expense Phone Bank Calling System Complete QNLY if direct expenditure to benefit C/OH  Payee name  4/22/21 Call Hub Amount (\$) Payee address; Category (See Categories listed at the top of this schedule)  Polling Expense Candidate / Officeholder name Office sought Office sought Office held  Advertising Expense Campaign Sign design Check if Austin. TX, officeholder living expense Campaign Sign design Check if Austin. TX, officeholder living expense Campaign Sign design Check if Austin. TX, officeholder living expense Office sought Office held   | 100.00   | No Physical Address  |   |   |                    |
| Polling Expense Phone Bank Calling System  (c) Check if saveloutiside of Toxas. Complete Schedule T. Check if Austin. TX, officeholder living expense  Complete QNLY if direct expenditure to benefit C/OH  Date Payee name  4/22/21 Call Hub  Amount (\$) Payee address; City; State; Zip Code  Polling Expense Phone Bank System  Category (See Categories listed at the top of this schedule)  Polling Expense Phone Bank System  Polling Expense Phone Bank System  Complete QNLY if direct expenditure to benefit C/OH  Date Payee name  3/18/21 Fiverr  Amount (\$) Payee address; City; State; Zip Code  Payee name  3/18/21 Fiverr  Amount (\$) Payee address; City: State; Zip Code  Polling Expense Phone Bank System  Candidate / Officeholder name  Office sought Office held  Office sought Office held  Avertising Expense Categories listed at the top of this schedule)  Complete QNLY if direct Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this s |  | (a) Category (See Categories listed at the top of this schedule)   | (b) Description   |   |                    |
| Polling Expense   Priorite Baria Calling System   |  |  |   |   |                    |
| Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Call Hub  Amount (\$)  Payee address;  Category (See Categories listed at the top of this schedule)  Date  Polling Expense  Candidate / Office holder name  Office sought  Category (See Categories listed at the top of this schedule)  Description  Phone Bank System  Phone Bank System  Candidate / Office holder name  Office sought  Office sought  Office held  Office held  Candidate / Office holder name  Office sought  Office held  Candidate / Office held  Description  Date  Payee name  3/18/21  Fiverr  Amount (\$)  Payee address;  City: State; Zip Code  Office held  Candidate / Office held  Date  Office sought  Office held  Candidate / Office held  Date  Advertising Expense  Category (See Categories listed at the top of this schedule)  Candidate / Office held  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct  Complete ONLY if direct  Complete ONLY if direct  Category (See Categories listed at the top of this schedule)  Complete ONLY if d  |  | Polling Expense  | Phone Ban   | k Calling Syste                                 | m                  |
| Camplete ONLY if direct expenditure to benefit C/OH  Payee name  A/22/21  |  | (c) Check if travel outside of Texas. Complete Schedule T.   | Check if Austi  | n, TX, officeholder living                      | expense            |
| Amount (\$) Payee address; City; State; Zip Code  100.00 No Physical Address  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Date  Payee name  3/18/21 Fiverr  Amount (\$) Payee address; City; State; Zip Code  Poffice held  Category (See Categories listed at the top of this schedule)  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  City; State; Zip Code  Advertising Expense  Campaign Sign design  Check if raveloustice of Texas. Complete Schedule T.  Camplete ONLY if direct  Campaign Sign design  Check if raveloustice of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held   | Complete ONLY if direct expenditure to benefit C/O   |  | Office sought   |   | Office held        |
| Amount (\$) Payee address; City; State; Zip Code    100.00 No Physical Address   Description  | Date   | Payee name   |   |   |                    |
| Amount (\$) Payee address; City; State; Zip Code    100.00 No Physical Address   Description  |  |  |   |   |                    |
| Amount (\$)  Payee address;  No Physical Address  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Polling Expense  Complete QNLY if direct expenditure to benefit C/OH  Date  Payee name  3/18/21  Fiverr  Amount (\$)  Payee address;  Candidate / Officeholder name  Office sought  Office sought  Office held  Payee name  City: State; Zip Code  Advertising Expense  Category (See Categories listed at the top of this schedule)  Date  Payee name  City: State; Zip Code  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office sought  Office held   | 4/22/21  |  | City  | State:  | Zip Code           |
| PURPOSE OF EXPENDITURE  Polling Expense  Check if traveloutside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held  Payee name  Payee name  Singlete Schedule T.  City:  State:  Zip Code  Purpose OF EXPENDITURE  Advertising Expense  Campaign Sign design  Check if Austin, TX, officeholder living expense  Campaign Sign design  Check if Austin, TX, officeholder living expense  Office sought  Office held   | Amount (\$)  | Payee address;   | City,   | Oldio,  |                    |
| PURPOSE OF EXPENDITURE  Polling Expense  Check if traveloutside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held  Payee name  Payee name  Singlete Schedule T.  City:  State:  Zip Code  Purpose OF EXPENDITURE  Advertising Expense  Campaign Sign design  Check if Austin, TX, officeholder living expense  Campaign Sign design  Check if Austin, TX, officeholder living expense  Office sought  Office held   |  |  |   |   |                    |
| PURPOSE OF EXPENDITURE  Polling Expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Payee name  Fiverr  Amount (\$) Payee address;  City; State; Zip Code  Only if direct expenditure to benefit C/OH  Payee address;  City; State; Zip Code  Advertising Expense  Campaign Sign design  Check if Austin, TX, officeholder living expense  Campaign Sign design  Check if Austin, TX, officeholder living expense  Campaign Sign design  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held  | 100.00   |  | Description   |   |                    |
| Polling Expense    Check if traveloutside of Texas, Complete Schedule T.   Check if Austin, TX, officeholder living expense   |  | Category (See Categories listed at the top of this schedule)   | Besonption  |   |                    |
| Polling Expense  Check if traveloutside of Texas, Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Payee name  Fiverr  Amount (\$) Payee address;  City: State; Zip Code  No Physical Address  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Advertising Expense  Campaign Sign design  Check if traveloutside of Texas, Complete Schedule T.  Complete ONLY if direct  Candidate / Office held  |  | Disc (1992)  | Dhana Di  | ant Cuatam                                      |                    |
| Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  3/18/21 Fiverr  Amount (\$) Payee address; City; State; Zip Code  No Physical Address  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Advertising Expense  Campaign Sign design  Check if traveloutside of Texas, Complete Schedule T.  Complete ONLY if direct  Candidate / Office held  Candidate / Office held   |  | Polling Expense  | 110 A 200 A |   |                    |
| Complete QNLY if direct expenditure to benefit C/OH  Date Payee name  3/18/21 Fiverr  Amount (\$) Payee address; City; State; Zip Code  No Physical Address  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Advertising Expense  Campaign Sign design  Check if traveloutside of Texas, Complete Schedule T.  Complete QNLY if direct  Candidate / Office holder living expense  Candidate / Office held   |  | Check if travel outside of Texas, Complete Schedule T.   |   | in, TX, officeholder livin                      |                    |
| 3/18/21 Fiverr  Amount (\$) Payee address; City; State; Zip Code  60.34 No Physical Address  Category (See Categories listed at the top of this schedule) Description  PURPOSE OF EXPENDITURE  Advertising Expense Campaign Sign design  Check if traveloutside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct Candidate / Officeholder name Office sought Office held  | Complete ONLY if direct expenditure to benefit C/O   | COPPORTED TO SELECT SERVICE SE | Office sought   |   | Office held        |
| Amount (\$) Payee address; City; State; Zip Code    Record  | Date   | Payee name   |   |   |                    |
| Amount (\$) Payee address; City; State; Zip Code  No Physical Address  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Advertising Expense  Check if traveloutside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Office holder name  City; State; Zip Code  City: State; Zip Code  City: State; Zip Code  City: State; Zip Code  Check if Austin: TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Complete Schedule T.  City: State; Zip Code  City: State; Zip Code  | 3/18/21  | Fiverr   |   |   |                    |
| PURPOSE OF EXPENDITURE  Advertising Expense Check if traveloutside of Texas, Complete Schedule T.  Complete ONLY if direct Candidate / Office holder name  Category (See Categories listed at the top of this schedule)  Campaign Sign design  Check if Austin, TX, officeholder living expense  Office sought  Office held   | 2016 O16101  |  | City;   | State;  | Zip Code           |
| PURPOSE OF EXPENDITURE  Advertising Expense Check if traveloutside of Texas, Complete Schedule T.  Complete ONLY if direct Candidate / Office holder name  Category (See Categories listed at the top of this schedule)  Campaign Sign design  Check if Austin, TX, officeholder living expense  Office sought  Office held   | 00.04  | No Dhysical Address  |   |   |                    |
| PURPOSE OF EXPENDITURE  Advertising Expense  Campaign Sign design  Check if traveloutside of Texas, Complete Schedule T.  Complete ONLY if direct  Candidate / Office holder name  Candidate / Office holder name   | 60.34  | ·  | Description   |   |                    |
| Advertising Expense  Campaign Sign design  Check if traveloutside of Texas, Complete Schedule T.  Complete ONLY if direct  Campaign Sign design  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held   | DURROSE  |  |   |   |                    |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held   | OF   | Advertising Expense  | Campaig   | ın Sign design                                  |                    |
| Complete ONLY if direct Candidate / Officeholder harne  |  | Check if travel outside of Texas, Complete Schedule T.   | Check if Aus  | tin, TX, officeholder livin                     | ng expense         |
|   | Complete ONLY if direct expenditure to benefit C/C   |  | Office sought   |   | Office held        |

# 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)

| Credit Card Payment                                   | The Instruction Guide explains how to c                          | complete this form. |                                      |   |
|---|--|---------------------|--------------------------------------|---|
| 1 Total pages Schedule F1:                            | 2 FILER NAME   |                     | 3 Filer ID (Ethics Commission Filers | ) |
| 4 Date  | 5 Payee name   |                     | <u> </u>                             |   |
| 3/27/21   | Fiverr   |                     |                                      |   |
| 6 Amount (\$)   | 7 Payee address;   | City;               | State; Zip Code                      |   |
| 25.00   | No Physical Address  | T                   |                                      |   |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                                      |   |
| PURPOSE<br>OF   |  |                     |                                      |   |
| EXPENDITURE   | Advertising Expense  | Campaign            | Sign Design                          |   |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust       | tin, TX, officeholder living expense |   |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought       | Office held                          |   |
| Date  | Payee name   |                     |                                      |   |
| 40-20   |  | City;               | State; Zip Code                      |   |
| Amount (\$)   | Payee address;   | Oity,               | State, Zip Godo                      |   |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                                      |   |
| PURPOSE   |  |                     |                                      |   |
| OF<br>EXPENDITURE                                     |  |                     |                                      |   |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Ausl       | tin, TX, officeholder living expense |   |
| Complete ONLY if direct expenditure to benefit C/OI   | Candidate / Officeholder name                                    | Office sought       | Office held                          |   |
| Date  | Payee name   |                     |                                      |   |
|   |  |                     |                                      |   |
| Amount (\$)   | Payee address;   | City;               | State; Zip Code                      |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)     | Description         |                                      |   |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Aus        | tin, TX, officeholder living expense |   |
| Complete ONLY if direct expenditure to benefit C/O    | Candidate / Officeholder name<br>H                               | Office sought       | Office held                          |   |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | S SCHEDULE AS NE    | EDED                                 |   |

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment     | I Committee Legal Services Salaries/V  The Instruction Guide explains how to o | Vages/Contract Labor complete this form. | Other (enter a catego        | ory not listed above) |
|--|--|--|------------------------------|-----------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME   |  | 3 Filer ID (Ethics           | s Commission Filers)  |
| 4 Date   | 5 Payee name   |  |                              |                       |
| 4/5/21   | 3MGraphics   |  |                              |                       |
| 6 Amount (\$)  | 7 Payee address;   | City;                                    | State;                       | Zip Code              |
| 636.00   | 11730 S. Wilcrest Dr.  | Houston                                  | TX                           | 77099                 |
| 8  | (a) Category (See Categories listed at the top of this schedule)               | (b) Description                          |                              |                       |
| PURPOSE  |  |  |                              |                       |
| OF<br>EXPENDITURE  | Advertising Expense  | Push Cards                               | and Yard Sign                | s                     |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                     | Check if Aust                            | tin, TX, officeholder living | g expense             |
| 9 Complete ONLY 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                 |
|  | Category (See Categories listed at the top of this schedule)                   | Description                              |                              |                       |
| PURPOSE  |  |  |                              |                       |
| OF<br>EXPENDITURE  | Advertising Expense  | Yard Sig                                 | ns                           |                       |
|  | Check if travel outside of Texas. Complete Schedule T.                         | Check if Aust                            | tin, TX, officeholder living | g expense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate / Officeholder name  | Office sought                            |                              | Office held           |
| Date   | Payee name   |  |                              | 7                     |
| 4/2/21   | Malasta O Martin Statesia  |  |                              |                       |
|  | Malcolm & Martin Strategies  Payee address;                                    | City;                                    | State;                       | Zip Code              |
| Amount (\$)  | Payee address,   | Oity,                                    | otato,                       | Zip odd               |
| 250.00   | 7105 old Katy Rd # 2114  | Houston                                  | TX                           | 77024                 |
|  | Category (See Categories listed at the top of this schedule)                   | Description                              |                              |                       |
| PURPOSE  |  |  |                              |                       |
| OF<br>EXPENDITURE  | Consulting Expense   | Van Sys                                  | stem                         |                       |
|  | Check if travel outside of Texas. Complete Schedule T.                         | Check if Aust                            | tin, TX, officeholder livin  | g expense             |
| Complete ONLY if direct expenditure to benefit C/O         | Candidate / Officeholder name<br>H   | Office sought                            |                              | Office held           |
|  |  |  |                              |                       |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                           | EDED                         |                       |

## **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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule F2:

| 4 TOTAL OF UNITER   | MIZED UNPAID INCURRED OBLIGA                                  | TIONS         |              | <b>\$</b>                               | 78.26           |          |  |  |  |
|---|---|---------------|--------------|---|-----------------|----------|--|--|--|
| 5 Date  | 6 Payee name  |               |              |   |                 |          |  |  |  |
| 4/5/21  | 3MGraphics  | 3MGraphics    |              |   |                 |          |  |  |  |
| 7 Amount (\$)   | 8 Payee address;  |               | City;        |   | State;          | Zip Code |  |  |  |
|   | 11730 S. Wilcrest Dr.   |               | Houston,     |   | TX              | 77099    |  |  |  |
| 9 TYPE OF<br>EXPENDITURE  | ✓ Political   | Non-Political |              |   |                 |          |  |  |  |
| 10  | (a) Category (See Categories listed at the top of this school | edule) (b)    | Description  |   |                 |          |  |  |  |
| PURPOSE<br>OF   |   |               | V            | mana di manana                          | F               |          |  |  |  |
| EXPENDITURE   | Advertising Expense   |               | Yard signs   | and pus                                 | in cards        |          |  |  |  |
|   | (c) Check if travel outside of Texas. Complete Sched          | lule T.       | Check if Aus | tin, TX, office                         | holder living e | expense  |  |  |  |
| 11 Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H                            | Office        | sought       |   | Office he       | ld       |  |  |  |
| Date  | Payee name  |               |              |   |                 | ā        |  |  |  |
| Amount (\$)   | Payee address;  |               | City;        | *************************************** | State;          | Zip Code |  |  |  |
| TYPE OF<br>EXPENDITURE  | Political   | Non-Political | l            |   |                 |          |  |  |  |
| Category (See Categories listed at the top of this schedule)  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/O  | Candidate / Officeholder name<br>H                            | Office        | sought       |   | Office he       | ıld      |  |  |  |
|   |   |               |              |   |                 |          |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF                                   | THIS SCHE     | EDULE AS NE  | EDED                                    |                 |          |  |  |  |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

|   |              | The Instruction Guide explains how to complete this for  |  |
|---|--------------|--|--|
|   |              | ◆ Complete only if "Report Type" on page 1 is marked "Final  | n Report" ••   |
| 1 | C/OH N       | AME  | 2 Filer ID (Ethics Commission Filers)  |
|   |              | nanie A. Brown   |  |
| 3 | designa      | EXPECT Any further political contributions or political expenditures in connection with ming a report as a final report terminates my campaign treasurer appointment. I also un contributions or make any campaign expenditures without a campaign treasurer ap  | nderstand that I may not accept any  |
|   |              | Signatur   | re of Candidate / Officeholder   |
| 4 |              | WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••  |  |
|   | A.           | CAMPAIGN FUNDS   |  |
|   | Checl        | only one:  |  |
|   |              | I do not have unexpended contributions or unexpended interest or income earned from  | om political contributions.  |
|   |              | I have unexpended contributions or unexpended interest or income earned from political name of convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement. | me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended |
|   | В.           | ASSETS   |  |
|   | Chec         | only one:  |  |
|   | $\checkmark$ | I do not retain assets purchased with political contributions or interest or other incom   | ne from political contributions.   |
|   |              | I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.  | er income from political contributions to  |
|   |              |  | Signature of Candidate   |
| 5 |              | EHOLDER  |  |
|   | •• Com       | plete this section <i>only</i> if you are an officeholder ••   |  |
|   |              | I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.  | f, after filing the last required report as  |
|   |              | s  | ignature of Officeholder   |

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 8 MS / MRS / MR FIRST CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** JUDY MRS NAME Date Received NICKNAME LAST SUFFIX DAE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** 34 HESSENFORD ST SUGAR LAND TX 77479 MAILING **ADDRESS** Change of Address PHONE NUMBER AREA CODE **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (609)216-4016 PHONE Receipt # Amount \$ FIRST MI CAMPAIGN MS / MRS / MR **TREASURER** Date Processed NAME NICKNAME LAST SLIFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN **TREASURER** 1110 PASSON FLOWER WAY RICHMOND TX 77406 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 956 821-6879 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election X Reporting Limit 10 PERIOD Day Month Day Year Year COVERED 21 ⁄ 21 3 31 21 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE FORT BEND ISD BOARD POSITION 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS  1. SURPRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. SURPRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 0.000  1. SIGNATURE  1. 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.  1. Signature of Candidate or Officeholder  Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by  | 15 C/OH NAME<br>JUDY DAE       |              |                                   |                           | 16 File                                 | er ID (Ethics | Commission Filers)      |
|---|--------------------------------|--------------|-----------------------------------|---------------------------|---|---------------|-------------------------|
| CONTRIBUTION  TOTAL POLITICAL EXPENDITURE.  \$ 405.96  4. TOTAL POLITICAL EXPENDITURE.  \$ 3,849.4′  CONTRIBUTION BALANCE OF REPORTING PERIOD  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF 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.    Judy Dae   |                                | 1.           | PLEDGES, LOANS, OR GUARA          | ANTEES OF LOANS, OR       | IAN                                     | \$            | 170.00                  |
| TOTAL STANDING LOAN TOTAL POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURE.  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE STORY OF REPORTING PERIOD  18 SIGNATURE  1 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.  19 SIGNATURE  1 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.  10 Judy Dae  Signature of Candidate or Officeholder  Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by | DEIVEN                         | 2.           |                                   |                           | NS)                                     | \$ 3          | ,323.42                 |
| CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS  1 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  Swom to and subscribed before me by  |                                | △ 3.         | TOTAL UNITEMIZED POLITICA         | L EXPENDITURE.            |   | \$ 4          | 405.96                  |
| SIgnature of officer administering oath  NOTARY STAMP/SEAL  Swom to and subscribed before me by, to certify which, witness my hand and seal of office.  Signature of officer administering oath  Printed name of officer administering oath  OR  (2) Unsworn Declaration  My name is OSCAR SAENZ  My address is 1110 PASSON FLOWER WAY  (street)   Standard of TEXAS  OR OND  Standard Name of ALL OUTSTANDING LOANS AS OF THE STAND OF THE LAST DAY OF THE REPORTING PERIOD  \$ 5,857.12  \$ 0.00  \$ 0.00  \$ 0.00  \$ 0.00  Signature of Candidate or Office and includes all information required to be reported by me under Title 15, Election Code.    Judy Dae   |                                | 448          | TOTAL POLITICAL EXPEND            | ITURES                    |   | \$            | 3,849.41                |
| Issuar, 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   |                                | 5.           |                                   | IONS MAINTAINED AS OF THE | LAST DAY                                | \$            | 5,857.12                |
| 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  Swom to and subscribed before me by   |                                | 6.           |                                   |                           | OF THE                                  | \$            | 0.00                    |
| Judy Dae  Signature of Candidate or Officeholder  Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by   |                                |              |                                   |                           | true and c                              | orrect and ir | ncludes all information |
| Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by   | 164                            | quired to be | reported by the under fille 15, L | -                         | Dad                                     | `             |                         |
| Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by   |                                |              |                                   |                           | 1965 SASSE SASS                         |               | Mor                     |
| (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by   |                                |              |                                   | Oignature of              | Carididate                              | or Omceric    | older                   |
| (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by   |                                |              |                                   |                           |   |               |                         |
| (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by   |                                |              | Please comp                       | lete either option bel    | ow:                                     |               |                         |
| NOTARY STAMP/SEAL  Sworn to and subscribed before me by   |                                |              |                                   |                           | • |               |                         |
| NOTARY STAMP/SEAL  Swom to and subscribed before me by  |                                |              |                                   |                           |   |               |                         |
| Sworn to and subscribed before me by  | (1) Affidavit                  |              |                                   |                           |   |               |                         |
| 20, to certify which, witness my hand and seal of office.  Signature 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  | NOTARY STAMP/SEA               | L            |                                   |                           |   |               |                         |
| Signature of officer administering oath  OR  (2) Unsworn Declaration  My name is OSCAR SAENZ  My address is 1110 PASSON FLOWER WAY  (street)  (street)  County, State of TEXAS  OR  Title of officer administering oath  OR  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  (city)  (state)  (state)  (city)  (state)  (country)  Executed in FORT BEND  County, State of TEXAS  (on the 31 day of MARCH (month) 2021  (year)   | Sworn to and subscribed        | before me    | e by                              | this t                    | he                                      | day of_       | ,                       |
| (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, on the 31, day of MARCH, 20 21, (year)   | 20, to certify                 | which, witr  | ness my hand and seal of office.  |                           |   |               |                         |
| (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)   | Signature of officer administe | ering oath   | Printed name of off               | icer administering oath   |   | Title of offi | icer administering oath |
| My name is OSCAR SAENZ, and my date of birth is OCTOBER 11, 1977  My address is 1110 PASSON FLOWER WAY  | 學是重要的                          |              |                                   | OR                        |   |               | <b>在</b> 经验第二个          |
| 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 , 20 21 .  (wonth) (year)   | (2) Unsworn Declarati          | on           |                                   |                           |   |               |                         |
| 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 , 20 21 .  (wonth) (year)   | My name is OSCAR S             | AENZ         |                                   | , and my date of birtl    | n is OCT                                | OBER 11,      | 1977                    |
| Executed in FORT BEND County, State of TEXAS , on the 31 day of MARCH (month), 20 21 (year)   |                                |              | OWER WAY                          |                           |   |               |                         |
| (month) (year)  | Evecuted in FORT BEN           | ND           |                                   |                           |   |               | (country)               |
|   | LACCULEU III                   |              | County, State of                  | (m                        | onth)                                   |               | <del>)</del> .          |
| Oscar Saenz Signature of Candidate/Officeholder (Declarant)   |                                |              |                                   |                           |   | iceholder (D  | eclarant)               |

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

| 19 FILE                | R NAME 20 Filer ID (Ethics Co  | ommission Filers)  |  |  |  |
|------------------------|--|--------------------|--|--|--|
| PERSONAL AND PROPERTY. | EDULE SUBTOTALS<br>IE OF SCHEDULE  | SUBTOTAL<br>AMOUNT |  |  |  |
| 1.                     | SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ 3,153.42        |  |  |  |
| 2.                     | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                     |                    |  |  |  |
| 3.                     | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                 |  |  |  |
| 4.                     | 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.                    | 1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS        |                    |  |  |  |
| 12.                    | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |  |  |  |

#### SCHEDULE A1

| If the reques  | sted 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<br>OSCAR SA   | AENZ   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date   | Full name of contributor out-of-state PAC (ID#:)  Jiahui Wan                       | 7 Amount of contribution (\$)         |  |  |
| 04/02/2021   | 6 Contributor address; City; State; Zip Code<br>4903 Keneshaw, Sugar Land, TX      | 200.00                                |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See Instruc                     | tions)                                |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:)  Randall Curry                    | Amount of contribution (\$)           |  |  |
| 04/06/2021   | Contributor address; City; State; Zip Code   | 1,000.00                              |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                                       |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:)  Mourhaf Linda Sabouni            | Amount of contribution (\$)           |  |  |
| 04/07/2021   | Contributor address; City; State; Zip Code  23 Palm Blvd., Missouri City, TX 77459 | 500.00                                |  |  |
| Principal occup  | pation / Job title (See Instructions)  Employer (See Instruc                       | tions)                                |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:)  Domalapalli Kmar                 | Amount of contribution (\$)           |  |  |
| 04/14/2021 Contributor address; City; State; Zip Code                            |  | 100.00                                |  |  |
| 3702 Springhill Ln, Sugar Land, TX 77479   |  |                                       |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                                       |  |  |
|  |  |                                       |  |  |
|  |  |                                       |  |  |
|  | "  |                                       |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### 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<br>OSCAR SA        | ENZ   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date 04/14/2021               | 5 Full name of contributor out-of-state PAC (ID#:   | 100.00   |
| 8 Principal occu                | pation / Job title (See Instructions)  9 Employer (See  | Instructions)  |
| Date 04/14/2021                 | Prithvipal and Manmeet Likhari  Contributor address; City; State; Zip Code  4450 Palm Royale Blvd., Sugar Land, TX 7747 | 250.00   |
| Principal occup                 | eation / Job title (See Instructions) Employer (See I   | Instructions)  |
| Date 04/14/2021 Principal occur | Full name of contributor out-of-state PAC (ID#:   | 400.00   |
| Date 04/19/2021                 | Full name of contributor  Michael Gibson  Contributor address;  City: State; Zip Code  911 Millpond Dr, Sugar Land      |  |
| Principal occup                 | pation / Job title (See Instructions) Employer (See   | Instructions)  |
|                                 | ATTACH ADDITIONAL COPIES OF THIS SCHEDUL  | The state of the s |

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

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries A  The Instruction Guide explains how to | Vages/Contract Labor                                     | Other (enter a category not listed above) |
|--|--|--|---|
| Total pages Schedule F1:                               | 2 FILER NAME<br>OSCAR SAENZ  |  | 3 Filer ID (Ethics Commission Filers      |
| 1 Date   | 5 Payee name   |  |   |
| 04/01/2021   | Gabbie Mock  |  |   |
| 200.00   | 7 Payee address;   | City;  | State; Zip Code                           |
| 3  | (a) Category (See Categories listed at the top of this schedule)             | (b) Description  |   |
| PURPOSE<br>OF<br>EXPENDITURE                           | ADVERTISING EXPENSE  | Student Show   | /case                                     |
|  | (c) Check if travel outside of Texas, Complete Schedule T.                   | Check if Aust  | in, TX, officeholder living expense       |
| Omplete ONLY if direct expenditure to benefit C/OF     | Candidate / Officeholder name  | Office sought  | Office held                               |
| Date   | Payee name   |  |   |
| 04/05/2021   | Jesse Torres   |  |   |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                           |
| 600.00   |  |  |   |
|  | Category (See Categories listed at the top of this schedule)                 | Description  |   |
| PURPOSE<br>OF<br>EXPENDITURE                           | ADVERTISING EXPENSE  | Signs  |   |
|  | Check if travel outside of Texas. Complete Schedule T.                       | tule T. Check if Austin, TX. officeholder living expense |   |
| Complete ONLY if direct expenditure to benefit C/OF    | Candidate / Officeholder name  | Office sought  | Office held                               |
| Date   | Payee name   |  |   |
| 04/07/2021   | M3 GRAPHICS INC  |  |   |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                           |
| 1,071.68   | _  |  |   |
|  | Category (See Categories listed at the top of this schedule)                 | Description  |   |
| PURPOSE<br>OF<br>EXPENDITURE                           | ADVERTISING EXPENSE  | Signs  |   |
|  | Check if travel outside of Texas, Complete Schedule T,                       | Check if Aust  | in, TX. officeholder living expense       |
| Complete ONLY if direct                                | Candidate / Officeholder name  | Office sought  | Office held                               |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries N  The Instruction Guide explains how to a | Vages/Contract Labor | Other (enter a catego      | ory not listed above) |
|--|--|----------------------|----------------------------|-----------------------|
| 1 Total pages Schedule F1:                             | 2 FILER NAME<br>OSCAR SAENZ  |                      | 3 Filer ID (Ethic          | s Commission Filers)  |
| 4 Date   | 5 Payee name   |                      |                            |                       |
| 04/12/2021   | Southern Chinese Daily   |                      |                            |                       |
| 6 Amount (\$)  | 7 Payee address;   | City;                | State;                     | Zip Code              |
| 720.00   |  |                      |                            |                       |
| 8  | (a) Category (See Categories listed at the top of this schedule)               | (b) Description      |                            |                       |
| PURPOSE<br>OF<br>EXPENDITURE                           | ADVERTISING EXPENSE  | Advertisement        |                            |                       |
|  | (c) Check if travel outside of Texas, Complete Schedule T.                     | Check if Austin      | n, TX, officeholder living | g expense             |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br>H   | Office sought        |                            | Office held           |
| Date   | Payee name   |                      | 4                          | 1.7                   |
| 04/19/2021   | CORREDOR CONCEPTS  |                      |                            |                       |
| Amount (\$)  | Payee address;   | City;                | State;                     | Zip Code              |
| 380.00   |  |                      |                            |                       |
|  | Category (See Categories listed at the top of this schedule)                   | Description          |                            |                       |
| PURPOSE  | ADVERTISING EXPENSE  | Advertisement        | <u> </u>                   |                       |
| OF<br>EXPENDITURE                                      |  |                      |                            |                       |
|  | Check if travel outside of Texas. Complete Schedule T.                         | Check if Austin      | ı, TX. officeholder livin  | g expense             |
| Complete ONLY if direct expenditure to benefit C/Oł    | Candidate / Officeholder name<br>H   | Office sought        | 1.8                        | Office held           |
| Date   | Payee name   |                      |                            | 2020                  |
| 04/21/2021   | FBISD  |                      |                            |                       |
| Amount (\$)  | Payee address;   | City;                | State;                     | Zip Code              |
| 250.00   |  |                      |                            |                       |
|  | Category (See Categories listed at the top of this schedule)                   | Description          |                            |                       |
| PURPOSE<br>OF<br>EXPENDITURE                           | SOLICITAION/FUNDRAISING EXPENSE  | Fee                  |                            |                       |
|  | Check if travel outside of Texas, Complete Schedule T,                         | Check if Austin      | n, TX. officeholder livin  | g expense             |
| Complete ONLY if direct expenditure to benefit C/O     | Candidate / Officeholder name<br>H   | Office sought        |                            | Office held           |
| 1  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE      | DED                        |                       |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (only a set of a power)

| Credit Card Payment                                   | The Instruction Guide explains how to                            | complete this form.                                 |                              |                      |
|---|--|---|------------------------------|----------------------|
| Total pages Schedule F1: 3                            | 2 FILER NAME<br>OSCAR SAENZ                                      | 7.7   | 3 Filer ID (Ethic            | s Commission Filers) |
| 4 Date  | 5 Payee name   |   |                              |                      |
| 04/21/2021  | MCELVY VASQUEZ INC   |   |                              |                      |
| 6 Amount (\$)<br>200.00                               | 7 Payee address;   | City;   | State;                       | Zip Code             |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                     |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                          | FOOD/BEVERAGE EXPENSE  | Services  |                              |                      |
|   | (c) Check if travel outside of Texas, Complete Schedule T.       | Check if Aus  | tin, TX, officeholder livin  | g 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             |
|   |  |   |                              | 2                    |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)     | Description   |                              |                      |
|   | Check if travel outside of Texas. Complete Schedule T.           | T. Check if Austin, TX. officeholder living expense |                              |                      |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name                                    | Office sought                                       |                              | Office held          |
| Date  | Payee name   |   |                              |                      |
|   | الي  |   |                              |                      |
| Amount (\$)   | Payee address;   | City;   | State;                       | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)     | Description   |                              |                      |
|   | Check if travel outside of Texas, Complete Schedule T,           | Check if Ausl                                       | tin, TX. officeholder living | g expense            |
|   | or south and of calcing of Toxag, complete conteacte it          | Ollowit in Flate                                    |                              |                      |

Signature: Oscar Saung

Email: oscarsaenz.os@gmail.com

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

Email: judy4fbisd@gmail.com

mis estat A

# 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

# 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 /<br>OFFICEHOLDER<br>NAME  | MS / MRS / MR  MLS.  NICKNAME  | FIRST<br>KRISTE<br>LAST<br>MALON                       |                         | MI<br>D.<br>SUFFIX                        | OFFICE USE ONLY  Date Received   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address   |  | SOUTH FOUNT  | 77459                   |   | APR 2 6 2021 BY:   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  |  | 98-9619  | EXTENS                  | SIUN                                      | Date Hand-delivered or Date Postmarked  Receipt #   Amount \$  |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR  MA  NICKNAME  | BAIAN<br>LAST<br>MALONE                                |                         | W.  | Date Processed  Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | 3010   | (NO PO BOX PLEASE): APT<br>VILLA LANG<br>SURI CITY, TX | / SUITE #: CITY         | Y.  | STATE; ZIP CODE  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE ( 2-81 ) 3   | PHONE NUMBER   | EXTENS                  | SION                                      |  |
| 9 REPORT TYPE  | January 15 July 15   | 30th day before  | e election Ex           | inoff<br>ceeded Modified<br>porting Limit | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)                   |
| 10 PERIOD<br>COVERED   | Month 2  | Day Year / 10 / 2021                                   | THROUGH                 | Month 4/                                  | Day Year / 2021  |
| 11 ELECTION  | Month Day  | V 6:   |                         | Olher<br>Description                      |  |
| 12 OFFICE  | OFFICE HELD (if any)   |  |                         | SOUGHT (if known)                         | POSITION #6  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)  | THE CANDIDATE / OFFIC  | CEHOLDER. THESE EXPENDITU                              | IRES MAY HAVE BEEN MADE | WITHOUT THE CANDI                         | DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR SEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
|  | THE PROPERTY OF THE PROPERTY O | COMMITTEE ADDRESS                                      |                         |   |  |
| Additional Pages   | GENERAL  | OOMMITTEE ADDRESS                                      |                         |   |  |
|  | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME   |  |                         |   |  |
|  | 100 mm m  | COMMITTEE CAMPAIGN                                     | TREASURER ADDRESS       |   |  |
| The state of the s |  | GO TO  | O 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<br>TOTALS      | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 2,410.00                            |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$                                     |
|                                | 4. TOTAL POLITICAL EXPENDITURES  | \$ 457.85                              |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAI<br>OF REPORTING PERIOD   | ST DAY \$ 1,953.15                     |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD   | F THE \$                               |
|                                | Signature of Ca  | ndidate or Officeholder                |
|                                | Please complete either option below  | <b>.</b>                               |
| ) Affidavit                    | HERNAN PEREZ Notary ID #132672008 My Commission Expires September 11, 2024   |  |
| NOTARY STAMP/SEAL              |  |  |
| 1                              |  | 26 day of April                        |
| 20 2) to certify               | which witness my hand and seal of office.  Hernan Perez  | Notary Public                          |
| ignature of officer administra |  | Title of officer administering oat     |
| 2) Unsworn Declaration         | on OR  |  |
| y name is                      | , and my date of birth is  |  |
| ly address is                  |  |  |
| xecuted in                     |  | state) (zip code) (country) h) (year)  |
|                                | Signature of Candi   | date/Officeholder (Declarant)          |

#### SUBTOTALS - C/OH

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

TO FILER

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

6.

7.

8.

9.

10.

11.

12.

#### FORM C/OH COVER SHEET PG 3

S

S

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\$

\$

20 Filer ID (Ethics Commission Filers) 19 FILER NAME KRISTEN D. MAZONE SUBTOTAL 21 SCHEDULE SUBTOTALS **AMOUNT** NAME OF SCHEDULE \$ 2,410.00 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS 4. 457.85 \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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

SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE A1

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

| Authoritan | The             | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:                          |
|------------|-----------------|--|---|
| 2          | FILER NAME      | NISTEN D. MALONE   | 3 Filer ID (Ethics Commission Filers)               |
| 4          | J/8/21          | 5 Full name of contributor out-of-state PAC (ID#:)  Khister Malore  6 Contributor address; City; State; Zip Code  2123 SOUTH FOUNTAIN VALLEY  MISSOURI CITY TX, TYS9 | 7 Amount of contribution (\$)  \$\frac{1}{200.80}\$ |
| 8          | Principal occu  | pation / Job title (See Instructions)  9 Employer (See Instruct  | ions)   |
|            | 3/8/21          | Full name of contributor  CATHEN; N.C. PLUMB  Contributor address; 2815 EAST PEBBLE BEACH  Missour: city Tx. 77459   | Amount of contribution (\$)                         |
|            | Principal occup | pation / Job title (See Instructions) Employer (See Instruct   | ions)   |
|            | 3/30/24         | Full name of contributor  Out-of-state PAC (ID#:)  ANGELA KONGEN  Contributor address:  City: State: Zip Code  3951 PLEASANT VALLEY PAIVE  MISSOURI CITY TV. 77459   | Amount of contribution (\$)                         |
|            | Principal occup | pation / Job title (See Instructions) Employer (See Instruct   | ions)   |
|            | Date<br>41, by  | Full name of contributor  out-of-state PAC (ID#:   | Amount of contribution (\$)                         |
|            | Principal occup | pation / Job title (See Instructions) Employer (See Instruct   | ions)   |
|            |                 |  |   |

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 I            | nstruction Guide explains how to complete this form.                                      | 1 Total pages Schedule A1:  |
|------------------|---|---|
| FILER NAME       | LISTEN D. MALONE  | 3 Filer ID (Ethics Commission Filers)                             |
|                  | Full name of contributor  Out-of-state PAC (ID#   | \$ 100.00   |
| Principal occup  | ation / Job title (See Instructions) 9 E  | nployer (See Instructions)  |
| Date 4/8/24      | Full name of contributor  Out-of-state PAC (ID#   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           |
| Principal occupa | tion / Job title (See Instructions)   | nployer (See Instructions)  |
| Date 4/8/21      | Full name of contributor out-of-state PAC (ID#  | \$ 200.00   |
| Principal occup  | ation / Job title (See Instructions)  | mployer (See Instructions)  |
| Date 4/12/21     |   | Amount of contribution (\$)  ### ### ### ######################## |
| Principal occup  | ation / Job title (See Instructions)  | mployer (See Instructions)  |
|                  | ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see Instruction | IS SCHEDULE AS NEEDED   |

#### SCHEDULE A1

| -241- |                 |  |                                       |                                       |
|-------|-----------------|--|---------------------------------------|---------------------------------------|
|       | The             | Instruction Guide explains how to complete thi                                       | s form.                               | 1 Total pages Schedule A1:            |
| 2     | FILER NAME      | KNISTER D. MALONE  | 3 Filer ID (Ethics Commission Filers) |                                       |
| 4     | Date 4/13/21    | CATHERINE ZAUPEL   | State; Zip Code                       | 7 Amount of contribution (\$)         |
| 8     | Principal occu  | pation / Job title (See Instructions)  | 9 Employer (See Instruction           | ons)                                  |
|       | Date 4/13/21    | LAWNERS BELL   | State; Zip Code                       | Amount of contribution (\$)           |
|       | Principal occup | ation / Job title (See Instructions)   | Employer (See Instructi               | ons)                                  |
|       | Date<br>식/13/기  | Full name of contributor out-of-state PA  MELISA GANAWAY  Contributor address; City: |                                       | Amount of contribution (\$)  9 50.00  |
|       | Principal occup | pation / Job title (See Instructions)  | Employer (See Instructi               | ons)                                  |
|       | Date 4/9121     | Full name of contributor  Middleman Messerber,  Contributor address;  City:          | エアC・ State; Zip Code                  | Amount of contribution (\$)  4 500.00 |
|       | Principal occup | pation / Job title (See Instructions)  | Employer (See Instructi               | ons)                                  |
|       | 15              | ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst         |                                       |                                       |
|       |                 | ii continuitor la cut-or-atate i Ao, piedae see mai                                  |                                       |                                       |

#### SCHEDULE A1

|   | The  | Instruction Guide explains how to complete this f                        | 1 Total pages Schedule A1: |   |  |  |
|---|--|--|----------------------------|---|--|--|
| 2 | FILER NAME   | PISTEN D. MALONE   | 8                          | 3 Filer ID (Ethics Commission Filers)   |  |  |
| 4 | Date 4/13/21   | DR. ELISSA WEDEMEYE  | D#)  State; Zip Code       | 7 Amount of contribution (\$)  9 100.00 |  |  |
| 8 | Principal occu   | pation / Job title (See Instructions)                                    | Employer (See Instructi    | ons)                                    |  |  |
|   | Date 4/14/2)   |  | D#) State; Zip Code        | Amount of contribution (\$)  ¶ 200.60   |  |  |
|   | ons)   |  |                            |   |  |  |
|   | Date   | Full name of contributor out-of-state PAC (I  Contributor address; City; |                            | Amount of contribution (\$)             |  |  |
|   | Principal occup  | eation / Job title (See Instructions)                                    | Employer (See Instructi    | ons)                                    |  |  |
|   | Date   | Full name of contributor out-of-state PAC (I  Contributor address; City; | State; Zip Code            | Amount of contribution (\$)             |  |  |
|   | Principal occup  | pation / Job title (See Instructions)                                    | Employer (See Instructi    | ons)                                    |  |  |
|   |  |  |                            |   |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                            |   |  |  |

### SCHEDULE F1

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

10+2

|   | EXPENDITURE CATEGORIES   | FOR BOX 8(a)                   |   |
|---|--|--------------------------------|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office Ov<br>Food/Beverage Expense Polling E.<br>Gift/Awards/Memorials Expense Printing E | xpense<br>Nages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:  | 2 FILER NAME KRISTEN A. MAI  | LONE                           | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 4/5/21   | 5 Payee name Lowes   |                                |   |
| 6 Amount (\$)<br><b>F45.34</b>  | 7 Payee address;   | City                           | State; Zip Code   |
| 8   | (a) Category (See Categories listed at the top of this schedule)                               | (b) Description                |   |
| PURPOSE<br>OF<br>EXPENDITURE  | ADVENTISING  | STAKES P                       | for BANNER  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                                     | Check if Aust                  | in, TX, officeholder living expense   |
| 9 Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name  | Office sought                  | Office held   |
| Date 4/9/24   | Payee name  Thactor SUPPLY   |                                |   |
| Amount (\$)   | Payee address;   | City;                          | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  ANSINISTNE                       | Posts Fa                       | n BANKEN  |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Aus                   | tin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought                  | Office held   |
| Date  | Payee name   |                                |   |
| 4/19/21   | GO DADDY   |                                |   |
| Amount (\$)  ¶ 3/.97  | Payee address:   | City;                          | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)                                   | Description                    | SUPPLIES  |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Aust                  | tin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OI   | Candidate / Officeholder name  | Office sought                  | Office held   |
|   | ATTACH ADDITIONAL CODIES OF THIS   | SCHEDULEASNE                   | EDED  |

SCHEDULE F1

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

2052

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pinnting Expense Salaries/Wages/Contract Labor

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

| Credit Card Payment  | The Instruction Guide explains how to complete this form.                        |  |                    |                    |  |  |
|--|--|--|--------------------|--------------------|--|--|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME KRISTEN D. MALO   | NE   | 3 Filer ID (Ethics | Commission Filers) |  |  |
| 4 Date 4/22/21   | KRISTEN D. MALD 5 Payee name FACEBK NAZYEZSIT                                    |  |                    |                    |  |  |
| 6 Amount (\$)<br>\$10.00                                   | 7 Payee address;   | City;  | State;             | Zip Code           |  |  |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description                                  | SUPPLIE            | ſ                  |  |  |
|  | 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   |  |                    |                    |  |  |
| 4/22/21  | FALSOK NAZYEZSH  |  |                    |                    |  |  |
| Amount (\$)  | Payee address;   | City;  | State;             | Zip Code           |  |  |
|  | Category (See Categories listed at the top of this schedule)                     | Description                                      |                    |                    |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | orition  | 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/OF | Candidate / Officeholder name  | Office sought                                    |                    | Office held        |  |  |
| Date 4/1/21  | Payee name PAY PAL   |  |                    |                    |  |  |
| Amount (\$) 5.29   | Payee address;   | City;  | State;             | Zip Code           |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  ACCOUNTINE BANKING | Description<br>FES                               |                    |                    |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austin, TX. officeholder living expense |                    |                    |  |  |
| Complete ONLY if direct expenditure to benefit C/OF        | Candidate / Officeholder name  | Office sought                                    |                    | Office held        |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE                                  | DED                |                    |  |  |

#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST MI **OFFICEHOLDER** Allison NAME NICKNAME LAST SUFFIX Drew ZIP CODE Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / **OFFICEHOLDER** 77 Sugar Creek Blvd. MAILING Receipt # Amount **ADDRESS** Suite 375 Change of Address Sugar Land, TX 77478 Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST TREASURER** NAME **NICKNAME** LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 8 REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Exceeded modified July 15 8th day before election Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED 03/24/2021 **THROUGH** 04/21/2021 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/01/2021 X General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) 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   |    | W 12-9-                                  |  |
| 20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE  | S  | SUBTOTAL AMOUNT                          |  |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                     | \$ | 800.00                                   |  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ |  |  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ |  |  |
| 4. X SCHEDULE E: LOANS   | \$ | 500.00                                   |  |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                  | \$ | 1,100.13                                 |  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ |  |  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                   | \$ | E KARAL S                                |  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ |  |  |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                            | \$ | 50.00                                    |  |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$ | = 10 m m m m m m m m m m m m m m m m m m |  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$ |  |  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |  |  |
|  |    |  |  |
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/8 3 Filer ID 2 FILER NAME Drew, Allison 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$50.00 04/07/2021 West, Karen 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Clinical Psychologist Self Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 04/09/2021 Yancey, Rick \$50.00 Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$100.00 03/30/2021 Yeung, Bridget Contributor address; City; State; Zip Code 538 Lombardy Drive Sugar Land, TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Sugar Land Retired Council Member Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 04/03/2021 Zhang, Simon Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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Forms provided by Texas Ethics Commission

Version V1.1.eeb5f84f

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pot listed above)

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)   |  |                     |             |   | t<br>egory not listed above) |
|---|--|---|--|---------------------|-------------|---|------------------------------|
| 1   | Total pages Schedule F1:<br>Sch: 1/1 Rpt: 7/8  | 2 FILER NAME<br>Drew, Alliso  |  |                     |             | 3 Filer ID  | 7) I 4.01.4                  |
| 4   | Date 04/15/2021  | 5 Payee name<br>Harrison, D   | ave                                      | 343                 |             |   |                              |
| 6   | Amount (\$)<br>\$180.00  | 7 Payee addre   |  | State; Zip Cod      | le          |   |                              |
| 8   | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (s<br>Printing Ex  | ee Categories listed at the top<br>DENSE | p of this schedule) |             | travel outside of Texas. Comple<br>Austin, TX, officeholder living ex |                              |
| 9   | Complete ONLY if direct expenditure to benefit C/O   |   | iceholder name                           | Office sou          | jht         | Office held   |                              |
|   | Date 04/14/2021  | Payee name<br>Sprint2Prin   | t  | State: 7in Co       | do          |   |                              |
|   | Amount (\$)<br>\$920.13  | Payee addre<br>8748 Clay<br>Houston, T  | Rd                                       | State; Zip Co       | ie.         |   |                              |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Yard Signs |  |                     |             |   |                              |
| Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH |  |   | Office sou                               | ght                 | Office held | I   |                              |
|   |  | 5   |  |                     |             |   |                              |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction   | Guide explains how to complete th                                | is form.                |  | 2 Total pages filed:  |
|--|--|-------------------------|--|---|
| 7  |  |                         |  | 8   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                  | MS / MRS / MR FIR:<br>Allis                                      |                         | MI   | OFFICE USE ONLY  Date Received  |
|  | NICKNAME LAS   |                         | SUFFIX                                       |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS                    | ADDRESS / PO BOX; APT / SUI<br>77 Sugar Creek Blvd.<br>Suite 375 | TE#; CITY;              | ZIP CODE                                     | Date Hand-delivered or Date Postmarked  Receipt # Amount  |
| Change of Address  | Sugar Land, TX 77478   |                         | v =  | Date Processed  |
|  |  |                         |  | Date Imaged   |
| 5 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR FIRS   | ST                      | MI   |   |
| -  | NICKNAME LAS   |                         | SUFFIX                                       | A =   |
| TREASURER ADDRESS  (Residence or Business)  7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NU   | JMBER EXTENSION         |  |   |
| 8 REPORT<br>TYPE   | January 15 3  July 15 X 8  | Oth day before election | Runoff  Exceeded modified                    | 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) |
|  | July 13  | urruay belore election  | reporting limit                              | Timal Report (Attach Cron-11)   |
| 9 PERIOD<br>COVERED  | Month Day Year<br>03/24/2021                                     | THROUGH                 | Month Day<br>04/21/202                       | Year<br>1   |
| 10 ELECTION  | ELECTION DATE Month Day Year 05/01/2021                          | Primary  X General      | ELECTION TYPE Runoff Special                 | Other   |
| 11 OFFICE  | OFFICE HELD (if any)   |                         | 12 OFFICE SOUGHT<br>FBISD Trustee P<br>FBISD | (if known)<br>Position 6 Place Fort Bend District   |
| 11.1.40  |  | GO TO PAGE 2            |  |   |

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

|  |           | 3 of 8          |  |
|--|-----------|-----------------|--|
| 18 FILER NAME Drew, Allison  | er ID     | eng Satisfic    |  |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE   | SUB       | SUBTOTAL AMOUNT |  |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$        | 800.00          |  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                       | \$        |                 |  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$        | 1-4-5           |  |
| 4. X SCHEDULE E: LOANS   | \$        | 500.00          |  |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$        | 1,100.13        |  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$        |                 |  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                 | \$        |                 |  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                     | \$        |                 |  |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                          | \$        | 50.00           |  |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C            | <b>\$</b> |                 |  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$        |                 |  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER | \$        |                 |  |
|  |           |                 |  |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/8 3 Filer ID FILER NAME Drew, Allison 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$50.00 04/07/2021 West, Karen Contributor address; City; State; Zip Code Missouri City, TX 77459 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Clinical Psychologist Self Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 04/09/2021 Yancey, Rick Contributor address; City; State; Zip Code Sugar Land, TX 77479 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 03/30/2021 Yeung, Bridget \$100.00 Contributor address; City; State; Zip Code 538 Lombardy Drive Sugar Land, TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Sugar Land Retired Council Member out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$100.00 04/03/2021 Zhang, Simon Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| 1 | . Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID   |
|   | Sch: 1/1 Rpt: 7/8  | Drew, Allison   |
| 4 | Date   | 5 Payee name  |
| L | 04/15/2021   | Harrison, Dave  |
|   | \$ Amount (\$)<br>\$180.00   | 7 Payee address; City; State; Zip Code  Sugar Land, TX 77479  |
| 1 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| ı | OF<br>EXPENDITURE  | Printing Expense  |
| ı | EXPENDITORE  | Check if Austin, TX, officeholder living expense  |
| ı |  | Push Cards  |
| ı |  |   |
|   | O Complete ONLY if direct expenditure to benefit C/O                                       | Candidate/Officeholder name Office sought Office held   |
| Г | Date   | Payee name  |
|   | 04/14/2021   | Sprint2Print  |
| Γ | Amount (\$)  | Payee address; City; State; Zip Code  |
| ı | \$920.13   | 8748 Clay Rd  |
| l | +3_00  |   |
|   | PURPOSE  | Houston, TX 77080   |
| ı | OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Chapter if the value statistic of Taylor Complete Schedule T |
| ı | EXPENDITURE  | Printing Expense Check if travel outside of Texas. Complete Schedule T.   |
| ١ |  | Check if Austin, TX, officeholder living expense  |
| ı |  | Yard Signs  |
| ı |  |   |
|   | Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held   |
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed: |   |  |  |
|--|---|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER  | MS/MRS/MR Adeola OMI OFFICE USE ONLY  |  |  |
| NAME   | Addie Heyliger Suffix Date Received SUFFIX  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  APR 23 2021  ALICE DUE : CITY; STATE; ZIP CODE  APR 23 2021   |  |  |
| Change of Address  | Missouri City TX 77459 BY: GOK  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked  (832 ) 244 -58 6 1  Receipt #   Amount \$  |  |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | Mrs. Soniah J. Date Processed   |  |  |
| TO WILL  | NICKNAME LAST SUFFIX Date Imaged  |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(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<br>TREASURER<br>PHONE   | AREA CODE PHONE NUMBER EXTENSION $(832)$ $721-1896$   |  |  |
| 9 REPORT TYPE  | January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)  |  |  |
|  | July 15  Sth day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)  |  |  |
| 10 PERIOD<br>COVERED   | 3 /23 / 21 THROUGH $4$ /21 / 21   |  |  |
| 11 ELECTION  | ELECTION DATE ELECTION TYPE  Mostly Day Years Primary Runoff Other  |  |  |
|  | Month Day Year Timery Transcription  5 / 1 / 21 Description  Special Special  |  |  |
| 42 055105  | OFFICE HELD (Family)  |  |  |
| 12 OFFICE  | Fort Bend ISD - Pasition 6  |  |  |
| 14 NOTICE FROM<br>POLITICAL<br>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(C)   | 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

|                               |  | the second secon |  |
|-------------------------------|--|--|--|
| 15 C/OH NAME                  | leola O. Heyliger  | 16 Filer ID (Ethics Commission Filers)   |  |
| 17 CONTRIBUTION<br>TOTALS     | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   | \$ 545,0°  |  |
|                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 11,690.00   |  |
| EXPENDITURE<br>TOTALS         | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 120.00  |  |
|                               | 4. TOTAL POLITICAL EXPENDITURES  | \$ 21,738.27   |  |
| CONTRIBUTION<br>BALANCE       | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>OF REPORTING PERIOD   | 07   |  |
| OUTSTANDING<br>LOAN TOTALS    | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD   | F THE \$   |  |
| THE STANDARD SHOWING THE      | wear, or affirm, under penalty of perjury, that the accompanying report is true  | e and correct and includes all information   |  |
| re                            | quired to be reported by me under Title 15, Election Code.   |  |  |
|                               |  |  |  |
|                               | Signature of Ca  | indidate or Officeholder   |  |
|                               |  |  |  |
| U                             |  |  |  |
|                               | Please complete either option below  | v:   |  |
|                               | THE PROPERTY OF THE PARTY OF TH |  |  |
|                               | GARRETT DUANE ROSIER   |  |  |
| (1) Affidavit                 | 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES  |  |  |
|                               | NOVEMBER 25, 2023  |  |  |
| NOTARY STAMP/SEA              | L  |  |  |
| Sworn to and subscribed       | before me by Adeola O. Heyliger this the   | 23 day of April .  |  |
| 20 <b>2</b> (, to certify     | which, witness my hand and seal of office.   |  |  |
| Sarrett Duane Ro              | our Garrett Duane Rosier Executive Ass   | island to the BOT  |  |
| Signature of officer administ | ering 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  |  |  |
| I and the second              |  |  |  |
|                               |  | state) (zip code) (country)  |  |
| Executed in                   | County, State of, on the day of(month  | , 20<br>h) (year)  |  |
| *                             | Signature of Candi   | date/Officeholder (Declarant)  |  |

#### SUBTOTALS - C/OH

| 19  | Meola O. Heyliger 20 Filer ID (Ethics Com  | nmission Filers)   |
|-----|--|--------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 11, 145,00      |
| 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              | \$ 17,560.60       |
| 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                        | \$ 4,067.          |
| 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 | \$                 |
| -   |  |                    |

#### 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          |
|----------------------------|---|---------------------------------------|
| FILER NAME                 | Adeola O. Heyliger  | 3 Filer ID (Ethics Commission Filers) |
| Date                       | 5 Full name of contributor   out-of-state PAC (ID#)  Fort Bend Employee Federation  6 Contributor address; City; State; Zip Code  12621 W. Airport BIVD Sugar Land TX 77478  pation / Job title (See Instructions)  9 Employer (See Instructions) | 7 Amount of contribution (\$) 3,000.  |
|                            |   |                                       |
| Date 4/1/21                | Marvelyn Narrs  Contributor address; City; State; Zip Code  Missouri City Tx 77459  | Amount of contribution (\$)           |
| Principal occu             | pation / Job title (See Instructions)  Employer (See Instructions)  | tions)                                |
| Date 4/3/2/ Principal occu | Full name of contributor out-of-state PAC (ID#:)  Baig Mohammed  Contributor address; City; State; Zip Code  13112 Haven Falk Ln. Sugarland Tx 17478  Upation / Job title (See Instructions)  Employer (See Instructions)                         | Amount of contribution (\$)  500.00   |
| Date 4/3/21                | Full name of contributor out-of-state PAC (ID#)  Leslie Mack  Contributor address; City; State; Zip Code  2515 Edgedale Missouri City TX 77489  | Amount of contribution (\$)           |
| Principal occ              | upation / Job title (See Instructions) Employer (See Instru   | ctions)                               |
|                            |   |                                       |
|                            | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS  | NEEDED                                |

#### SCHEDULE A1

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

|                | Teathers (Beauthylan companies and P. U. 1. 1.   |                                       |
|----------------|--|---------------------------------------|
| The            | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |
| FILER NAME     | Adeola O. Heyliger   | 3 Filer ID (Ethics Commission Filers) |
| Date           | 5 Full name of contributor   out-of-state PAC (ID#)  Michael J. Siwierka  6 Contributor address; City; State; Zip Code  1368 Lake Pointe Sugar Land TX 77478 | 7 Amount of contribution (\$)         |
| Principal occu | upation / Job title (See Instructions)  9 Employer (See Instructions)  | ctions)                               |
| Date 4/6/21    | Full name of contributor out-of-state PAC (ID#:)  Mourhaf Sabouni  Contributor address; City; State; Zip Code  23 Palm BIVD Missourichy Tx 77459             | Amount of contribution (\$)           |
| Principal occu | upation / Job title (See Instructions) Employer (See Instru  | ctions)                               |
| Date 4 16 2 1  | Full name of contributor out-of-state PAC (ID#:  | Amount of contribution (\$)           |
| Principal occi | upation / Job title (See Instructions) Employer (See Instru  | actions)                              |
| Date<br>4/8/21 | Darry B. Carter  Contributor address; City; State; Zip Code  5651 Willers Way Houston TX 77056   | Amount of contribution (\$)           |
| Principal occ  | supation / Job title (See Instructions) Employer (See Instru   | uctions)                              |
|                |  |                                       |
|                | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS   | NEEDED                                |

#### 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      | Ideola O. Heyliger   | 3 Filer ID (Ethics Commission Filers) |  |
| res reson to 19   | 5 Full name of contributor   out-of-state PAC (ID#:                              | 7 Amount of contribution (\$) 100,00  |  |
| 8 Principal occup | pation / Job title (See Instructions)  9 Employer (See Instructions)             | ructions)                             |  |
| Date 3/25/21      | Full name of contributor   out-of-state PAC (ID#:                                | Amount of contribution (\$)           |  |
| Principal occur   | Kndevrick of earlicom  eation / Job title (See Instructions)  Employer (See Inst | ructions) -                           |  |
| Principal occup   | ation / 300 title (See instructions)   |                                       |  |
| 3/25/21           | Full name of contributor out-of-state PAC (ID#:                                  | Amount of contribution (\$)           |  |
| Principal occup   | pation / Job title (See Instructions)  Employer (See Instructions)               | tructions)                            |  |
| 3/25/21           | Full name of contributor out-of-state PAC (ID#                                   | _) Amount of contribution (\$) 100.00 |  |
| Principal occu    | pation / Job title (See Instructions)  Employer (See Ins                         | tructions)                            |  |
|                   |  |                                       |  |
|                   | ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED                              |                                       |  |

#### 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:                    |
|---|---|
| Adeola O. Heyliger  | 3 Filer ID (Ethics Commission Filers)         |
| 5 Full name of contributor out-of-state PAC (ID#:)  3/25/21 Clouser Clouser  6 Contributor address; City; State; Zip Code  Clousergloria @ gmail; com   | 7 Amount of contribution (\$)                 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)   | tions)  |
| Date Palmer House  Contributor address; City; State; Zip Code  Palmerhouseministry Egmailicom   | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | tions)  |
| Date  Full name of contributor out-of-state PAC (ID#:)  Garelyn Sauls  Contributor address; City; State; Zip Code garelyn Choustonluxuryliving. Com  Principal occupation / Job title (See Instructions)  Employer (See Instructions) | Amount of contribution (\$)  100,000  etions) |
| Date  Full name of contributor   out-of-state PAC (ID#:)  Katrina Hartwell  Contributor address; City; State; Zip Code  Khartwell @inspiredhands. net   | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | ctions)                                       |
| 4   |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Adeola O. Heyliger  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  5 Full name of contributor out-of-state PAC (ID#:  Christopher Floyd.  6 Contributor address; City; State; Zip Code  Chrisfloyd 4 @ gmail. Com   | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru   | uctions)                              |
| Date  Full name of contributor out-of-state PAC (ID#:  State: Zip Code  Cindy Lewis  Contributor address: City: State: Zip Code  Cindylew 98 @ gmail.com | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instru  | uctions)                              |
| Date  Full name of contributor out-of-state PAC (ID#   | Amount of contribution (\$) 100,00    |
| Principal occupation / Job title (See Instructions)  Employer (See Instru  | uctions)                              |
| Date Full name of contributor out-of-state PAC (ID#:    State  | Amount of contribution (\$)  200, 0   |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  | uctions)                              |
|  |                                       |

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#### SCHEDULE A1

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

| ii aic requeet           |   |                                       |
|--------------------------|---|---------------------------------------|
| The I                    | instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |
| 2 FILER NAME             | Adeola O. Heyliger  | 3 Filer ID (Ethics Commission Filers) |
|                          | 5 Full name of contributor   out-of-state PAC (ID#:)  Tames Mattox 6 Contributor address; City; State; Zip Code  Jmattox 37 @ gmail . Com | acc.                                  |
| 8 Principal occup        | pation / Job title (See Instructions)  9 Employer (See Instru   | ctions)                               |
| Date 3/25/21             | Full name of contributor out-of-state PAC (ID#:)  Lynn Clouser  Contributor address; City; State; Zip Code  14nn. Clouser & Yahoo.com     | Amount of contribution (\$)  450,00   |
| Principal occup          | ation / Job title (See Instructions) Employer (See Instru   | ctions)                               |
| Date 3/25/21             | Full name of contributor out-of-state PAC (ID#:)  Brandon Kimmons  Contributor address; City; State; Zip Code  Bkimmons 1 @gmail . Com    | Amount of contribution (\$)           |
| Principal occup          | pation / Job title (See Instructions) Employer (See Instru  | uctions)                              |
| Date<br>3/2 <b>6</b> /21 | Full name of contributor out-of-state PAC (ID#:   | Amount of contribution (\$)           |
| Principal occu           | pation / Job title (See Instructions) Employer (See Instru  | uctions)                              |
|                          |   |                                       |

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#### SCHEDULE A1

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

| If the requested information is not applicable, be not morado and page in the  |                                       |
|--|---------------------------------------|
| 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) |
| 3/26/21 5 Full name of contributor   out-of-state PAC (ID#)  Alexis Rylander  6 Contributor address; City; State; Zip Code  alexis rylander @ gmail: com | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  | ions)                                 |
| Date  Full name of contributor out-of-state PAC (ID#)  Neeta Sane  Contributor address; City; State; Zip Code  neeta e neeta sane.com                    | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | ions)                                 |
| Date  Full name of contributor out-of-state PAC (ID#:)  Werbert Stone III  Contributor address; City; State; Zip Code  has 3+vey e gmail.com             | Amount of contribution (\$)  250;     |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                |
| Date  Full name of contributor out-of-state PAC (ID#)  Frank Farley  Contributor address; City; State; Zip Code  Fraley Frank & hofmail, com             | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                |
|  |                                       |

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#### SCHEDULE A1

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

| If the requested information is not applicable, so not include the page in the reports |   |  |  |  |
|--|---|--|--|--|
| The  | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:                                       |  |  |
| 2 FILER NAME   | Adeola O. Keyliger  | 3 Filer ID (Ethics Commission Filers)                            |  |  |
| *  | 5 Full name of contributor out-of-state PAC (ID#:)  **Rhyan MayS  6 Contributor address; City; State; Zip Code  **The famu 64 @ gmail com | 7 Amount of contribution (\$)                                    |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See Instruc  | tions)   |  |  |
| Date 4/7/21  | Full name of contributor   out-of-state PAC (ID#:)  YVETE Mitchell  Contributor address; City; State; Zip Code  Mitchye 10@ hotmail: Com  | Amount of contribution (\$)  ################################### |  |  |
| Principal occup  | pation / Job title (See Instructions)  Employer (See Instructions)  | tions)   |  |  |
| Date 4/9/21  | Full name of contributor  | Amount of contribution (\$)                                      |  |  |
| Principal occu   | pation / Job title (See Instructions) Employer (See Instruc   | ctions)  |  |  |
| Date 4/14/21   | Full name of contributor out-of-state PAC (ID#)  Lynette Keddix  Contributor address; City; State; Zip Code  Lynetteredix 23 Eyahov. com  | Amount of contribution (\$)                                      |  |  |
| Principal occu   | pation / Job title (See Instructions) Employer (See Instruc   | ctions)  |  |  |
|  |   |  |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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)

| Credit Card Payment                                  | The Instruction Guide explains how to co                         | omplete this form. |                                 |                    |
|--|--|--------------------|---------------------------------|--------------------|
| 1 Total pages Schedule F1:                           | 2 FILER NAME<br>Adesle Heylig                                    |                    | 3 Filer ID (Ethics 0            | Commission Filers) |
| 4 Date 4/10/21                                       | 5 Payeename 3M graphics  |                    |                                 |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;              | State;                          | Zip Code           |
| 7,268.30   | Houston To   |                    |                                 |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description    |                                 |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Advertising Expen  | moilen             |                                 |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust      | tin, TX, officeholder living of | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name                                    | Office sought      | (                               | Office held        |
| Date   | Payee name   |                    |                                 |                    |
| 4/12/21  | Texa Campaigne   | ,                  |                                 |                    |
| Amount (\$)  | Payee address;   | City;              | State;                          | Zip Code           |
| 300.00   | Houstor, IX  |                    |                                 |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description        |                                 |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Consulting Expan   |                    |                                 |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aus       | stin, TX, officeholder living   | expense            |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name                                    | Office sought      |                                 | Office held        |
| Date   | Payee name   |                    |                                 |                    |
| 4/12/21  | Texas Campai   | gn                 |                                 |                    |
| Amount (\$)  | Payee address;   | City;              | State;                          | Zip Code           |
| 165.00   | Houston, tx  |                    |                                 |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description        |                                 |                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Advertising Expose   | Pists              |                                 |                    |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if A         | ustin, TX, officeholder living  |                    |
| Complete ONLY if direct expenditure to benefit C/    | Candidate / Officeholder name OH                                 | Office sought      |                                 | Office held        |
|  | ATTACH ADDITIONAL COPIES OF TH                                   | S SCHEDULE AS N    | EEDED                           |                    |

#### SCHEDULE F1

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Office Overhead/Rental Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District **Printing Expense** Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date Zip Code State: City; 7 Payee address (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE mailon dvertising Experi EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Loung and the Politice Zip Code State: 1,250.W Description PURPOSE pour esty OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

#### 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 Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By 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. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 3 7 Payee address Amount (\$) State; Zip Code 1.00 Reimbursement from political contributions intended (a) Category (See Cate (b) Description ries listed at the top of this schedule) 8 PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Amount (\$) State; Zip Code 545,00 Reimbursement from political contributions Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee address: State: Zip Code Amount (\$) 1251.00 Reimbursement from political contributions intended Description Category (See Cat PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

#### SCHEDULE G

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

|   | EXPENDITURE CATEGO  | ORIES FOR BOX 8(a)  |   |
|---|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Fees Food/Beverage Expense By Gift/Awards/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule G:   | 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date /3 /21   | 5 Payee name Texas Victory                                  | consuling   |   |
| 6 Amount (\$)  Reimbursement from political contributions intended  | 7 Payee address;  Houston, TX                               | City;   | State; Zip Code   |
| 8 PURPOSE OF  | (a) Category (See Categories listed at the top of this sch  | (b) Description   |   |
| EXPENDITURE   | (c) Check If travel outside of Texas. Complete Sche         | dule T. Check if Austin,  | TX, officeholder living expense   |
| 9<br>Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name                               | Office sought   | Office held   |
| Date 4/10 /01   | Payee name Texas Victory                                    | Consultin   |   |
| Amount (\$)  Reimbursement from political contributions intended  | Payee address;  Houston, TX                                 | City;   | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this sci      | nedule) Description   |   |
|   | Check if travel outside of Texas, Complete Sch              | edule T. Check if Austin  | , TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/   |   | Office sought   | Office held   |
| Date 4/11 21  | Payee name 1 e Y as Victory                                 | Consulting  |   |
| Amount (b) 500.00 Reimbursement from political contributions intended   | Payee address;  Houston, Tx                                 | City;   | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this so       |   | ı, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                               | Office sought   | Office held   |

#### SCHEDULE G

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

# Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.

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

| Candidate/Officeholder/Politic<br>Credit Card Payment                    |   | Wages/Contract Labor                | Travel Out Of District<br>Other (enter a category n | ot listed above)    |
|--|---|-------------------------------------|---|---------------------|
| 1 Total pages Schedule G:  | 2 FILER NAME<br>Adeola HeyGo  | re                                  | 3 Filer ID (Ethics Co                               | ommission Filers)   |
| 4 Date 4/21  | 5 Payee name Andrew Johnson   | m                                   |   |                     |
| Amount (\$) 11-7, 00 Reimbursement from political contributions intended | 7 Payee address; Ho ws fm TX  | City;                               | State;  | Zip Code            |
| B PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Polling Expense  (c) Check if travel outside of Texas. Complete Schedule T. | (b) Description  Check if Austin, 1 | TX, officeholder living expe                        | nse                 |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       | Candidate / Officeholder name   | Office sought                       | 0   | ffice held          |
| Date   | Payee name  |                                     |   |                     |
| Amount (\$)  Reimbursement from political contributions intended         | Payee address;  | City;                               | State;  | Zip Code            |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas, Complete Schedule T.                          | Description  Check if Austin        | TX, officeholder living exp                         | ONE O               |
| Complete ONLY if direct expenditure to benefit C/                        | Candidate / Officeholder name   | Office sought                       |   | ffice held          |
| Date   | Payee name  |                                     |   |                     |
| Amount (\$)  Reimbursement from political contributions intended         | Payee address;  | City;                               | State;  | Zip Code            |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  | Description                         |   |                     |
| Complete ONLY if direct expenditure to benefit C/OH                      | Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name   | Check if Austin, Office sought      | TX, officeholder living exp                         | ense<br>Office held |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NEED!                   | ED  |                     |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction G                                       | Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:  |    |
|--|--|----|
| 3 CANDIDATE /<br>OFFICEHOLDER                                | MS / MRS / MR FIRST MI OFFICE USE ONLY  Rafat U  |    |
| NAME   | NICKNAME LAST SUFFIX  Jilani   |    |
| 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  APR 2 3 2021   |    |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                        | AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked  ( 832 ) 277-3230  |    |
| 6 CAMPAIGN<br>TREASURER<br>NAME                              | MS / MRS / MR FIRST MI Receipt # Amount \$  Marium Date Processed  |    |
| TAZ WILL   | NICKNAME LAST SUFFIX Date Imaged   | -  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                           | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  2190 NORTH LOOP WEST #104, HOUSTON TEXAS 77018  |    |
| (Residence or Business)                                      |  |    |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                             | ( 832 ) 715-0733   |    |
| 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<br>COVERED   | Month Day Year Month Day Year 3 / 23 / 21 THROUGH 4 / 23 / 21  |    |
| 11 ELECTION  | ELECTION DATE ELECTION TYPE  | -  |
|  | Month Day Year Primary Runoff Other Description  5 / 1 / 21 General Special  | -  |
| 40 055105  | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)   |    |
| 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 OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES | R  |
|  | COMMITTEE TYPE COMMITTEE NAME  |    |
| Additional Pages   | GENERAL COMMITTEE ADDRESS  |    |
|  | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME   |    |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS   | 17 |
|  | GO TO PAGE 2   |    |

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 15 C/OH NAME<br>RAFAT ULAIN JILANI   |  | 16 Filer ID (Ethics Commission Filers)   |
|--|--|--|
| 17 CONTRIBUTION<br>TOTALS  | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>   | \$ 0.00                                  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 3,050.00                              |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 0.00                                  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 9,463.59                              |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD  | \$ 42.25                                 |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | \$ 500.00                                |
|  | wear, or affirm, under penalty of perjury, that the accompanying report is true  | and correct and includes all information |
| 100  | uned to be reported by the under this 13, Election Code.   | 0  |
|  | Kajale   |  |
|  | Signature of Ca  | ndidate or Officeholder                  |
|  |  |  |
| eo y communicación de la c | Please complete either option below  | r:                                       |
|  | S GARRETT DUANE ROSIER S   |  |
| (1) Affidavit  | 132267296 NOTARY PUBLIC, STATE OF TEXAS 8  |  |
| (1) Amaavit  | NOVEMBER 25, 2023  |  |
| NOTARY STAMP/SEA   | _  |  |
| Sworn to and subscribed  | before me by Rafat Ulain Jilani this the   | frue Assistant to the BOT                |
| $20$ $\frac{21}{110}$ , to certify   | which, witness my hand and seal of office.   | Lea Assel I to the BOT                   |
| Yantt Duant<br>Ignature of officer administe   | 100  | Title of officer administering oath      |
|  | OR   |  |
| (2) Unsworn Declaration  | on   |  |
| My name is   | , and my date of birth is  |  |
| My address is  | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · ·    |
| Executed in  | (street) (city) (street) (city) (street) (on the day of month day of m | state) (zip code) (country), 20 (year)   |
|  |  | late/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)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: Rafat Ulain Jilani 1 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 0.00 6 Payee name 5 Date 04/21/2021 Allied Signs Zip Code City: State: 8 Payee address; 7 Amount (\$) 6820 Harwin Dr. Houston, TX 77036 TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Invoice 1816 - 4mm Yard signs and Stakes PURPOSE Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Zip Code City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Schries Masser/Centrad Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politica<br>Credit Card Payment     | al Committee Legal Services Salaries/V  The Instruction Guide explains how to a                | Vages/Contract Labor                           | Other (enter a catego       | ory not listed above) |
|--|--|--|-----------------------------|-----------------------|
| 1 Total pages Schedule F1: 5                               | 2 FILER NAME<br>Rafat Ulain Jilani   |  | 3 Filer ID (Ethics          | s Commission Filers)  |
| 4 Date 04/13/2021  | 5 Payee name<br>Door Direct  |  |                             |                       |
| 4,350.00   | 7 Payee address; 751 E. Bayou Pines Suite Q Lake Charles, LA 70601                             | City;  | State;                      | Zip Code              |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)  Advertising/Printing Expense | (b) Description Design, Print, Pla Doorhangers | anning/Mapping              | and Delivery of       |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                                     | Check if Austi                                 | in, TX, officeholder living | expense               |
| 9 Complete ONLY if direct expenditure to benefit C/OF      | Candidate / Officeholder name  | Office sought                                  |                             | Office held           |
| Date   | Payee name   |  |                             |                       |
| 04/20/2021   | Ultra Mobile   |  |                             |                       |
| Amount (\$)  | Payee address;   | City;  | State;                      | Zip Code              |
| 20.68  | https://www.ultramobile.com/   |  |                             |                       |
|  | Category (See Categories listed at the top of this schedule)                                   | Description                                    |                             |                       |
| PURPOSE<br>OF<br>EXPENDITURE                               | Office Overhead  | Phone Number/Cel                               | lular Plan for Cam          | oaign Phone Number    |
|  | Check if travel outside of Texas, Complete Schedule T.   | Check if Aust                                  | in, TX, officeholder living | ] expense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name<br>H   | Office sought                                  |                             | Office held           |
| Date   | Payee name   |  |                             |                       |
| 04/20/2021   | Callhub.io   |  |                             |                       |
| Amount (\$)  | Payee address;   | City;  | State;                      | Zip Code              |
| 125.00   | https://callhub.io/  |  |                             |                       |
|  | Category (See Categories listed at the top of this schedule)                                   | Description                                    |                             | ×                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | Advertising  | Campaign Peer<br>Plan                          | to Peer Texting             | g Platform and        |
|  | Check if travel outside of Texas. Complete Schedule T.   | Check if Aust                                  | in, TX, officeholder living | expense               |
| Complete ONLY if direct expenditure to benefit C/O         | Candidate / Officeholder name<br>H   | Office sought                                  |                             | Office held           |
|  | ATTACH ADDITIONAL COPIES OF THIS   |  |                             |                       |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

| Check if travel outside of Texas. Complete Schedule T.  | Check if Austin, TX, officeholder living expense   |   |   |
|---|--|---|---|
| Other/Printing Expense  | Voter Data   | , Street Map, Ft.Ben  | d County Map  |
| Category (See Categories listed at the top of this schedule)  | Description  | A) 1- 1/A   |   |
| Payee address;<br>Fort Bend County Elections<br>4520 Reading Road Suite A - 400<br>Rosenberg, TX 77471-2133 | City;  | State;  | Zip Code  |
| Fort Bend Elections Commission  |  |   |   |
| Payee name  |  |   |   |
| Candidate / Officeholder name   | Office sought  |   | Office held   |
| Check if travel outside of Texas. Complete Schedule T.  | Check if Austin, TX, officeholder living expense   |   | g expense   |
| Food and Beverage Expense   | Campaign Mee   | eting and Volur   | teer coordination   |
| Category (See Categories listed at the top of this schedule)  | Description  |   |   |
| 11797 S Texas 6, Sugar Land, TX 7   | 7498   |   |   |
| Payee address;  | City;  | State;  | Zip Code  |
| DDK KABOB GRILL   |  |   |   |
| Payee name  |  |   |   |
|   | Office sought  |   | Office held   |
| (C) Check if travel outside of Texas. Complete Schedule T.  |  | tin, TX, officeholder living  |   |
| Advertising/Printing  |  |   |   |
| (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |   |   |
| 6820 Harwin Dr. Houston, TX 77036   | 3  |   |   |
| 7 Payee address;  | City;  | State;  | Zip Code  |
| 100 100 100 100 100 100 100 100 100 100   |  |   |   |
| Rafat Ulain Jilani  |  |   | s Commission Filers)  |
|   | Allied Signs 7 Payee address; 6820 Harwin Dr. Houston, TX 77036  (a) Category (See Categories listed at the top of this schedule) Advertising/Printing  (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name  Payee name  DDK KABOB GRILL  Payee address; 11797 S Texas 6, Sugar Land, TX 7  Category (See Categories listed at the top of this schedule)  Food and Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Fort Bend Elections Commission  Payee address; Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133  Category (See Categories listed at the top of this schedule) Other/Printing Expense | 5 Payee name Allied Signs 7 Payee address; City; 6820 Harwin Dr. Houston, TX 77036  (a) Category (See Categories listed at the top of this schedule) Advertising/Printing  (b) Description Invoice 1796 -Banne Push Cards (4th pmt Push Cards (4th pmt Office sought  Payee name  DDK KABOB GRILL  Payee address; City;  11797 S Texas 6, Sugar Land, TX 77498  Category (See Categories listed at the top of this schedule) Food and Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Office sought  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Office sought  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Office sought  Category (See Categories listed at the top of this schedule)  Payee name Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133  Category (See Categories listed at the top of this schedule) Other/Printing Expense  Description Voter Data | Rafat Ulain Jilani 5 Payee name Allied Signs 7 Payee address; City; State; 6820 Harwin Dr. Houston, TX 77036  (a) Category (See Categories listed at the top of this schedule) Advertising/Printing (b) Description Invoice 1796 - Banner, Banner Stand, Can Push Cards (4th pmt) & Invoice # 1805 (\$  (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought  Payee name DDK KABOB GRILL  Payee address; City: State; 11797 S Texas 6, Sugar Land, TX 77498  Category (See Categories listed at the top of this schedule) Food and Beverage Expense Campaign Meeting and Volunt Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving Candidate / Officeholder name Office sought  Payee name Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133  Category (See Categories listed at the top of this schedule) Other/Printing Expense  Description Voter Data, Street Map, Ft.Bend |

#### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other Contract Contracts and Contract Contracts and Con

| Candidate/Officeholder/Politica<br>Credit Card Payment   | The Instruction Guide explains how to c  | vages/Contract Labor omplete this form.  | Other (enter a category not listed above)   |
|--|--|--|---|
| 1 Total pages Schedule F1: 5   | 2 FILER NAME<br>Rafat Ulain Jilani   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 03/29/2021  | 5 Payee name<br>Riaz Ali Rehmatullah   |  |   |
|  |  | Cit  |   |
| 240.00   | 7 Payee address;<br>225 Floor Daniel, Apt # 17103<br>Sugar Land, Tx 77478  | City;  | State; Zip Code   |
| 8  | (a) Category (See Categories listed at the top of this schedule)   | (b) Description  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | event expense  | Sound Equipme meet & greet on  | nt/ event rental and setup for 3/28   |
|  | (c) Check if travel outside of Texas. Complete Schedule T.   | Check if Aust  | tin, TX, officeholder living expense  |
| 9 Complete ONLY if direct expenditure to benefit C/OF  | Candidate / Officeholder name  | Office sought  | Office held   |
| Date   | Payee name   |  |   |
| 03/30/2021   | HAWKTECH SOLUTIONS c/o HAMI  | EED MOHAMM   | MAD   |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code   |
| 300.00   | SH Excel Business Centre, 5th Floor, Satya India (hameed@hawktechsolution.com)   | Colony, Shaikpet, H  | Hyderabad, 500008, Telangana State,   |
|  |  |  |   |
|  | Category (See Categories listed at the top of this schedule)   | Description  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule) Advertising   |  | design, hosting and maintenance;<br>d installment)  |
| OF   | BELLEGIST OF WASTER VENERAL SERVICES SE | campaign website graphic design (2nd   |   |
| OF   | Advertising  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name   | campaign website graphic design (2nd   | d installment)  |
| OF<br>EXPENDITURE  Complete ONLY if direct   | Advertising  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name   | campaign website graphic design (2nd   | d installment) tin, TX, officeholder living expense   |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  | Advertising  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name   | campaign website graphic design (2nd   | d installment) tin, TX, officeholder living expense   |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  | Advertising  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name   | campaign website graphic design (2nd   | d installment) tin, TX, officeholder living expense   |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  03/30/2021                                  | Advertising  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  ALLIED SIGNS   | campaign website graphic design (2nd Check if Aust Office sought   | d installment)  tin, TX, officeholder living expense  Office held   |
| Complete ONLY if direct expenditure to benefit C/OFDate  03/30/2021  Amount (\$)                                       | Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  ALLIED SIGNS  Payee address;  | campaign website graphic design (2nd Check if Aust Office sought   | d installment)  tin, TX, officeholder living expense  Office held   |
| Complete ONLY if direct expenditure to benefit C/OFDate  03/30/2021  Amount (\$)                                       | Advertising  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  ALLIED SIGNS  Payee address;  6820 Harwin Dr. Houston, TX 77036  | campaign website of graphic design (2nd Check if Aust Office sought City;  Description Invoice 1796 -Ba              | d installment)  tin, TX, officeholder living expense  Office held   |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  03/30/2021  Amount (\$)  500.00  PURPOSE OF | Advertising  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  ALLIED SIGNS  Payee address;  6820 Harwin Dr. Houston, TX 77036  Category (See Categories listed at the top of this schedule)  | campaign website graphic design (2nd Check if Aust Office sought  City;  Description  Invoice 1796 -Bayard Signs and | otin, TX, officeholder living expense Office held State; Zip Code   |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  03/30/2021  Amount (\$)  500.00  PURPOSE OF | Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  ALLIED SIGNS  Payee address;  6820 Harwin Dr. Houston, TX 77036  Category (See Categories listed at the top of this schedule)  Advertising and Printing  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  | campaign website graphic design (2nd Check if Aust Office sought  City;  Description  Invoice 1796 -Bayard Signs and | of installment)  tin, TX, officeholder living expense  Office held  State; Zip Code  anner, Banner Stand, Campaign Push Cards (3rd pmt) |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment     | , one management in English to I mining Ex                                     | Vages/Contract Labor                         | Travel Out Of Distric<br>Other (enter a catego |                     |
|--|--|--|--|---------------------|
| 1 Total pages Schedule F1: 5                               | 2 FILER NAME<br>Rafat Ulain Jilani   |  | 3 Filer ID (Ethics                             | Commission Filers)  |
| 4 Date 03/29/2021  | 5 Payee name<br>Allied Signs   |  |  | ×                   |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State;   | Zip Code            |
| 200.00   | 6820 Harwin Dr. Houston, TX 77036  |  |  |                     |
| 8  | (a) Category (See Categories listed at the top of this schedule)               | (b) Description                              |  |                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | Advertising & Printing   | Invoice 1796 -Bai<br>Yard Signs and P        |  |                     |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                     | Check if Austin                              | , TX, officeholder living                      | expense             |
| 9 Complete ONLY if direct expenditure to benefit C/OF      | Candidate / Officeholder name<br>I   | Office sought                                |  | Office held         |
| Date   | Payee name   |  |  |                     |
| 03/29/2021   | HAWKTECH SOLUTIONS c/o HAMI  | EED MOHAMM                                   | AD   |                     |
| Amount (\$)  | Payee address;   | City;  | State;   | Zip Code            |
| 300.00   | SH Excel Business Centre, 5th Floor, Satya India (hameed@hawktechsolution.com) | Colony, Shaikpet, Hy                         | derabad, 500008                                | 3, Telangana State, |
|  | Category (See Categories listed at the top of this schedule)                   | Description                                  |  |                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | advertising  | campaign website de<br>graphic design (1st i |  | maintenance;        |
|  | 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/OF | Candidate / Officeholder name  | Office sought                                | // // // // // // // // // // // // //         | Office held         |
| Date   | Payee name   |  |  |                     |
| 03/27/2021   | Shan Shirts  |  |  |                     |
| Amount (\$)  | Payee address;   | City;  | State;   | Zip Code            |
| 175.00   | 8000 Harwin Drive, Suite 520, Hous   | ton, Texas 7703                              | 86   |                     |
|  | Category (See Categories listed at the top of this schedule)                   | Description                                  |  |                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | Advertising  | Campaign T-Sh                                | nirts  |                     |
|  | Check if travel outside of Texas. Complete Schedule T.                         | Check if Austin                              | TX, officeholder living                        | expense             |
| Complete ONLY if direct expenditure to benefit C/OF        | Candidate / Officeholder name  | Office sought                                |  | Office held         |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE                              | DED  |                     |

#### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | al Committee Legal Services Salaries A  The Instruction Guide explains how to | Nages/Contract Labor complete this form. | Other (enter a categ         | ory not listed above) |
|--|---|--|------------------------------|-----------------------|
| Total pages Schedule F1:                               | 2 FILER NAME<br>Rafat Ulain Jilani  |  | 3 Filer ID (Ethic            | s Commission Filers)  |
| Date 03/24/2021  | 5 Payee name<br>Elite Banquet Hall  |  |                              |                       |
| 5 Amount (\$) 500.00                                   | 7 Payee address;<br>11315 S Texas 6 h, Sugar Land, TX                         | City;<br>77498                           | State;                       | Zip Code              |
| 3  | (a) Category (See Categories listed at the top of this schedule)              | (b) Description                          |                              |                       |
| PURPOSE<br>OF<br>EXPENDITURE                           | Event Expense/Food and Beverage Expense                                       | Candidate Meet                           | t and Greet Eve              | nt (3/20) 3rd Pm      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                    | Check if Aus                             | tin, TX, officeholder living | j expense             |
| Complete ONLY if direct expenditure to benefit C/O     | Candidate / Officeholder name<br>H  | Office sought                            |                              | Office held           |
| Date   | Payee name  |  |                              |                       |
| 03/29/2021   | Elite Banquet Hall  |  |                              |                       |
| Amount (\$)  | Payee address;  | City;                                    | State;                       | Zip Code              |
| 400.00   | 11315 S Texas 6 h, Sugar Land, TX   | 77498                                    |                              |                       |
|  | Category (See Categories listed at the top of this schedule)                  | Description                              |                              |                       |
| PURPOSE<br>OF<br>EXPENDITURE                           | Event Expense/Food and Beverage Expense                                       | Candidate Mee                            | t and Greet Eve              | nt (3/20) 4th Pm      |
|  | Check if travel outside of Texas, Complete Schedule T.                        | Check if Aust                            | tin, TX, officeholder living | j expense             |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate / Officeholder name   | Office sought                            |                              | Office held           |
| Date   | Payee name  |  |                              |                       |
| 03/26/2021   | Allied Signs  |  |                              |                       |
| Amount (\$)  | Payee address;  | City;                                    | State;                       | Zip Code              |
| 500.00   | 6820 Harwin Dr. Houston, TX 77036   |  |                              |                       |
|  | Category (See Categories listed at the top of this schedule)                  | Description                              |                              |                       |
| PURPOSE<br>OF<br>EXPENDITURE                           | Advertising/Printing  | Invoice 1796 -Ba<br>Yard Signs and       |                              |                       |
|  | Check if travel outside of Texas. Complete Schedule T.                        | Check if Aust                            | in, TX, officeholder living  | expense               |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate / Officeholder name   | Office sought                            |                              | Office held           |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE                           | EDED                         |                       |
|  |   |  |                              |                       |

#### SCHEDULE A1

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

| Instruction Guide explains how to complete the | nis form.   | 1 Total pages Schedule A1:   |
|--|---|--|
| AIN JILANI                                     |   | 3 Filer ID (Ethics Commission Filers)  |
| Benjamin Ruemke 6 Contributor address; City;   | State; Zip Code   | 7 Amount of contribution (\$)  150.00  |
| upation / Job title (See Instructions)         | 9 Employer (See Instruct  | ions)  |
| Amna Mahmood                                   |   | Amount of contribution (\$) 300.00   |
| pation / Job title (See Instructions)          | Employer (See Instruct  | ions)  |
|  |   | Amount of contribution (\$)  |
|  |   |  |
| <br>upation / Job title (See Instructions)     | Employer (See Instruc   | tions)   |
| Full name of contributor out-of-state          | PAC (ID#:)  | Amount of contribution (\$)  |
| Contributor address; City;                     | State; Zip Code   |  |
| upation / Job title (See Instructions)         | Employer (See Instruc   | tions)   |
|  |   |  |
|  | AIN JILANI  5 Full name of contributor out-of-state in Benjamin Ruemke  6 Contributor address; City;  3701 Kirby Dr #530, House operation / Job title (See Instructions)  Full name of contributor Amna Mahmood  Contributor address; City;  3 Crown Trl, Sugar Land, TX, 77498  Inpation / Job title (See Instructions)  Full name of contributor out-of-state  Contributor address; City;  Upation / Job title (See Instructions) | AIN JILANI  5 Full name of contributor Benjamin Ruemke  6 Contributor address; City; State; Zip Code  3701 Kirby Dr #530, Houston, TX 77098  upation / Job title (See Instructions)  Full name of contributor Amna Mahmood  Contributor address; City; State; Zip Code  3 Crown Trl, Sugar Land, TX, 77498  pation / Job title (See Instructions)  Full name of contributor  Contributor address; City; State; Zip Code  pation / Job title (See Instructions)  Full name of contributor  Contributor address; City; State; Zip Code  

#### SCHEDULE A1

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

| The I              | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |
|--------------------|---|---------------------------------------|
| Rafat Ulain        | Jilani  | 3 Filer ID (Ethics Commission Filers) |
| Date 03/29/2021    | 5 Full name of contributor out-of-state PAC (ID#  | 100.00                                |
| Principal occup    | pation / Job title (See Instructions)  9 Employer (See In   | estructions)                          |
| Date<br>03/29/2021 | Full name of contributor out-of-state PAC (ID#  | 1,000.00                              |
| Principal occup    | pation / Job title (See Instructions) Employer (See In  | structions)                           |
| Date 03/29/2021    | Full name of contributor out-of-state PAC (ID#:   |                                       |
| Principal occup    | pation / Job title (See Instructions)  Employer (See Instructions)  | nstructions)                          |
| Date 03/29/2021    | Full name of contributor  Anwar Qadeer  Contributor address;  City: State: Zip Code  6134 San Felipe Houston Texas 7705 | 500.00                                |
| Principal occu     | pation / Job title (See Instructions) Employer (See I   | nstructions)                          |
|                    |   |                                       |

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

|  | 19 FILER NAME  RAFAT ULAIN JILANI  20 Filer ID (Ethics Cor                  |             | nissio             | on Filers) |
|--|---|-------------|--------------------|------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE |   |             | SUBTOTAL<br>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 CONTRIBUTIO<br>TO FILER  | NS RETURNED | \$                 | 0.00       |

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE/ ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ (MS / MRS / MR 6 CAMPAIGN TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): STATE: ZIP CODE TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Day Year COVERED THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Day Other Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S REPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 15 C/OH NAME                                    | Edtrina Moss  | 16 Filer ID (Ethics Commission Filers)      |  |  |  |  |
|---|---|---|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS                       | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ O  |  |  |  |  |
|   | TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  |  |  |  |  |
| EXPENDITURE<br>TOTALS                           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 128,21                                   |  |  |  |  |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 128.21                                   |  |  |  |  |
| CONTRIBUTION<br>BALANCE                         | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L. OF REPORTING PERIOD   | AST DAY \$ -                                |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                      | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD   | OF THE \$                                   |  |  |  |  |
| 18 SIGNATURE IS                                 | swear, or affirm, under penalty of perjury, that the accompanying report is tr  | ue and correct and includes all information |  |  |  |  |
|   | quired to be reported by me under Title 15, Election Code.  |   |  |  |  |  |
|   | 5 dt 1  |   |  |  |  |  |
|   | altunal   | VIOST                                       |  |  |  |  |
|   | Signature of C  | candidate or Officeholder                   |  |  |  |  |
|   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
|   | Please complete either option belo  | w:  |  |  |  |  |
|   | SSANDRA Y MOCK  |   |  |  |  |  |
|   | Maria RY PILOS  |   |  |  |  |  |
|   | ACTIVITY OUR TO   |   |  |  |  |  |
| (1) Affidavit                                   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
|   | before me by Edkina Latrice Moss this the   |   |  |  |  |  |
| NOTARY STAMP/SEA                                | L Exp. ANS  | 4   |  |  |  |  |
| Course to and automate of                       | before me by Edfring LAtrice Moss this the  | 23 Rd day of April.                         |  |  |  |  |
| Sworn to and subscribed                         | , and the   | day of //p///                               |  |  |  |  |
| 20 x 1 to certify                               | which, witness my hand and seal of office.  | la  |  |  |  |  |
| (May tout Mor                                   | ('ASSANDRAY MOSS  | Notricy                                     |  |  |  |  |
| Signature of officer administe                  | Printed name of officer administering oath  | Title of officer administering oath         |  |  |  |  |
|   | OR  |   |  |  |  |  |
| (2) Unsworn Declarati                           | on  |   |  |  |  |  |
| (-, -, -, -, -, -, -, -, -, -, -, -, -, -       | •••   |   |  |  |  |  |
| My name is                                      | , and my date of birth  | e e   |  |  |  |  |
| My address is                                   |   | · · · · · · · · · · · · · · · · · · ·       |  |  |  |  |
| ,, addioob is                                   | (street) (city)   | (state) (zip code) (country)                |  |  |  |  |
| Executed in                                     | (00)  |   |  |  |  |  |
| Everated III                                    | County, State of, on the day of(mon   | th) (year)                                  |  |  |  |  |
|   |   |   |  |  |  |  |
| Signature of Candidate/Officeholder (Declarant) |   |   |  |  |  |  |

#### SUBTOTALS - C/OH

| 19  | Edtring Moss 20 Filer ID (Ethics Commission  |                    |  |
|-----|--|--------------------|--|
| 21  | SCHEDULE SUBTOTALS NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |  |
| 1.  | 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 | \$                 |  |

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Consulting Expense Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE 100 Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 202 Amount (\$ Pavee address: City; State: Zip Code Reimburs ment from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State Zip Code 99,21 Reimbursement from political contributions intended Category (See Categories listed at the top of this sche Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY VADEEM **OFFICEHOLDER** NAME Date Received ADDRESS / PO BOX; CANDIDATE / DELBARTON DA OFFICEHOLDER MAILING **ADDRESS** Change of Address AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MICHELLE **TREASURER** Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN 15210 DELBARTON **TREASURER ADDRESS** (Residence or Business) EXTENSION AREA CODE 8 CAMPAIGN TREASURER 876-2398 PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit 10 PERIOD Month COVERED THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Year Month Description X General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 700000 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **EXPENDITURE TOTALS** TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 6. LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code Signature of Candidate or Officeholder Please complete either option below: マントノントノントノントノント GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES (1) Affidavit NOVEMBER 25, 2023 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Garrett Dione Kosier Printed name of officer administering oath Signature of officer administering oath OR (2) Unsworn Declaration \_\_, and my date of birth is \_\_ My name is \_ My address is \_ (country) (zip code) (city) (street) , on the \_\_\_ \_\_\_\_County, State of \_\_\_ (year) (month) Signature of Candidate/Officeholder (Declarant)

#### SUBTOTALS - C/OH

| 19 F | 9 FILER NAME  NATK  20 Filer ID (Ethics Co                            |                  | mmission Filers) . |
|------|---|------------------|--------------------|
|      | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                | 361              | SUBTOTAL<br>AMOUNT |
| 1.   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |                  | \$ 700-60          |
| 2.   | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS        |                  | \$                 |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS                                     | ¥                | \$ 1000.00         |
| 4.   | SCHEDULE E: LOANS   |                  | \$ 322.90          |
| 5.   | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI           | NTRIBUTIONS      | \$                 |
| 6.   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              | P                | \$                 |
| 7.   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (            | CONTRIBUTIONS    | \$                 |
| 8.   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                         |                  | \$ 977.52          |
| 9.   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN             | IDS              | \$                 |
| 10.  | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A            | BUSINESS OF C/OH | \$                 |
| 11.  | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO         | NTRIBUTIONS      | \$                 |
| 12.  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED    | \$                 |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Date 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:\_\_ Full name of contributor Date 20000 Contributor address; Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ Date State; Zip Code City; Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions)

### PLEDGED CONTRIBUTIONS

#### SCHEDULE B

| If the requested information is not applicable, DO NOT include this page                  | in the report.  |  |  |
|---|---|--|--|
|   | <u> </u>  |  |  |
| The Instruction Guide explains how to complete this form.                                 | 1 Total pages Schedule B:                                 |  |  |
| 2 FILER NAME<br>NAMEEM NAIK   | 3 Filer ID (Ethics Commission Filers)                     |  |  |
| 4 TOTAL OF UNITEMIZED PLEDGES   | \$  |  |  |
| 5 Date 6 Full name of pledgor   | 8 Amount   9 In-kind contribution description             |  |  |
| Subuntown TX  | 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  | Amount In-kind contribution description                   |  |  |
|   | L. Check if travel outside of Texas. Complete Schedule T. |  |  |
| Principal occupation / Job title (See Instructions) Employer (See                         | Instructions)   |  |  |
| Date  Full name of pledgor  | Amount of In-kind contribution Pledge \$   description    |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.    |  |  |
| Principal occupation / Job title (See Instructions) Employer (See                         | Instructions)   |  |  |
| Date Full name of pledgor out-of-state PAC (ID#:)  Pledgor address; City; State; Zip Code | Amount of In-kind contribution Pledge \$   description    |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.    |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)          |   |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDU   | II E AS NEEDED  |  |  |
| If contributor is out-of-state PAC, please see Instruction guide for                      |   |  |  |

SCHEDULE F4

| ii iiie requested iiiioiii   | lation is not applicable, 2 s as a  |  | . \   |
|--|---|--|---|
| EXPENDITURE CATEGORIES FOR BOX 10(a)   |   |  |   |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>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 explain   | s now to complete this form.   | 2 511 ID (Ethics Commission Filors)   |
| 1 Total pages Schedule F4:   | 2 FILERNAME<br>NADEZM N   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM  | ZED EXPENDITURES CHARGED  | TO A CREDIT CARD   | \$  |
| 5 Date 3 12 1  | 6 Payee name SHTU STWICK  | STATION  |   |
| 7 Amount (\$)  | 8 Payee address;  | City;  | State; Zip Code   |
| 40.32  | Sulantano   | てメー・   | 1   |
| 9 TYPE OF EXPENDITURE  | Political   | Non-Political  |   |
| 10   | (a) Category (See Categories listed at the top of this  | schedule) (b) Description  |   |
| PURPOSE  |   | ice. SAS   |   |
| OF<br>EXPENDITURE  | POLING EXPEN  | 082  |   |
|  | (c) Check if travel outside of Texas. Complete  | Schedule T. Check if A   | ustin, TX, officeholder living expense  |
| 11 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought  | Office held   |
|  | Payee name  |  |   |
| Date   | T ayes hams   |  |   |
| A  | Payee address;  | City;  | State; Zip Code   |
| Amount (\$)  | ayoo aaaneen  |  |   |
|  |   |  |   |
| TYPE OF  |   | Non-Political  |   |
| EXPENDITURE  | Political   |  |   |
|  | Category (See Categories listed at the top of th  | is schedule) Description   |   |
| PURPOSE  |   | 6  |   |
| OF<br>EXPENDITURE  |   |  |   |
|  | Check if travel outside of Texas. Complet   | e 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 N  | Pavised 9/47/202  |

SCHEDULE F4

| If the requested inform   | autori is not application  |
|---|--|
| T a   | EXPENDITURE CATEGORIES FOR BOX 10(a)  Supplement Solicitation/Fundraising Expense  Loan Repayment/Relimbursement Solicitation/Fundraising Expense  |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Frinting Expe |
|   | 3 Filer ID (Ethics Commission Filers)  |
| 1 Total pages Schedule F4:  | 2 FILER NAME NATIC   |
| 4 TOTAL OF UNITEM   | IZED EXPENDITURES CHARGED TO A CREDIT CARD \$  |
| 5 Date NU   | 6 Payee name Go DANDY. Com   |
| 7 Amount (\$)   | 8 Payee address; City; State; Zip Code   |
| 89.79   | AZ   |
| 9 TYPE OF<br>EXPENDITURE  | Political Non-Political  |
| 10  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| PURPOSE   | AWENTSING EXPENSE ENERSITE   |
| EXPENDITURE   | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |
| 11<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name Office sought Office held  |
| Date  | Payee name   |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| 3   |  |
| TYPE OF EXPENDITURE   | Political Non-Political  |
|   | Category (See Categories listed at the top of this schedule)  Description  |
| PURPOSE<br>OF   |  |
| EXPENDITURE   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name Office sought Office held  |
|   |  |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |
|   | Revised 8/17/202   |

SCHEDULE F4

| If the requested informa   | ation is not applicable, DO NOT include this page in the report.  |
|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | The Instruction Guide explains now to complete the 3 Filer ID (Ethics Commission Filers)  |
| 1 Total pages Schedule F4:   | 2 FILER NAME<br>NADEEM NATK   |
| 4 TOTAL OF UNITEM  | ZED EXPENDITURES CHARGED TO TO THE STATE OF |
| 5 Date   | 8 Payee address; City; State; Zip Code  59 69 Southfull Frug  |
| 9 TYPE OF EXPENDITURE  | Political Non-Political   |
| 10 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the Grant Complete Schedule T.    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, office held  |
| 11 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office sought Office hold   |
| Date   | Payee name  City: State; Zip Code   |
| Amount (\$)  | Payee address; City; State; 2.9 cccs  |
| TYPE OF<br>EXPENDITURE   | Political  Non-Political  Category (See Categories listed at the top of this schedule)  Description   |
| PURPOSE<br>OF<br>EXPENDITURE   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/Oh  | Candidate / Officeholder name Office sought   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

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

| If the requested inform  | ation is not applicable, DO NOT include this page in the report.   |
|--|--|
| 2 H  | EXPENDITURE CATEGORIES FOR BOX 10(a)  Loan Repayment/Reimbursement Solicitation/Fundraising Expense  |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Fees Politice Expense Food/Beverage Expense Foiling Expense Foiling Expense Frinting Expense Frinting Expense Frinting Expense Foiling Expense Frinting Expense |
|  | 3 Filer ID (Fthics Commission Filers)  |
| 1 Total pages Schedule F4:   | 2 FILER NAME NAIK  |
| 4 TOTAL OF UNITEM  | ZED EXPENDITURES CHARGED TO A CREDIT CARD \$   |
| 5 Date 492   | 6 Payee name SHOU SEMILE STATION State: Zip Code   |
| 7 Amount (\$)  | 8 Payee address; City; State; Zip Code   |
| 51.55  | HOUSTON TR.  |
| 9 TYPE OF EXPENDITURE  | Political Non-Political  |
| 10   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |
| PURPOSE  | POLING EXPENSE THS   |
| EXPENDITURE  | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |
| 11<br>Complete ONLY if direct<br>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  |
| EXTENSION S  | Category (See Categories listed at the top of this schedule)  Description  |
| PURPOSE<br>OF  |  |
| EXPENDITURE  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name Office sought Office held  |
|  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |

11. Jh. Tours Ethios Commission

### SCHEDULE F4

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

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics | The Instruction Guide explains how to complete this form.  |
|--|--|
| 1 Total pages Schedule F4:   | 2 FILER NAME  WATER  A SPECIAL CARD  A SPECIAL CARD  |
| 4 TOTAL OF UNITEM  | IZED EXPENDITURES CHARGED TO A CREDIT CARD \$  |
| 5 Date   | 6 Payee name  Thorp  City: State; Zip Code   |
| 7 Amount (\$)  | e Davee address:   |
| 44.08  | Houston Ta.  |
| 9 TYPE OF<br>EXPENDITURE   | Political Non-Political  (b) Description   |
| 10   | (a) Category (See Categories insect and an arrangement of the Categories insect and arrangement of the Categories insec |
| PURPOSE  | FOOD & REVERGE EVENT EXPENSE   |
| EXPENDITURE  | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |
| 11<br>Complete <u>ONLY</u> if direct<br>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  |
|  | Category (See Categories listed at the top of this schedule)  Description  |
| PURPOSE<br>OF  |  |
| EXPENDITURE  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OF  | Candidate / Officeholder name Office sought Office held  |
|  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |

11.1 L. Taura Ethios Commission

SCHEDULE F4

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica | The lectricion Guide explains how to complete this form.   |
|--|--|
| a total Edit   | 3 Filer ID (Ethics Commission Files)   |
| Total pages Schedule F4:   | Nanceu Oak   |
| TOTAL OF UNITEM  | IZED EXPENDITURES CHARGED TO A CREDIT CARD \$  |
| Date AIN   | 6 Payee name  Auth Sulch  City: State; Zip Code  |
| 7 Amount (\$)  | 8 Payee address;   |
| 22.47  | Sulantano Tx   |
| 9 TYPE OF EXPENDITURE  | Political Non-Political  |
| 10   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |
| PURPOSE<br>OF  | FOUR & BENEAURE EVENT SAP.   |
| EXPENDITURE  | (c) 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   | Payee name   |
| Date   |  |
| Date   | City; State; Zip Code  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| Amount (\$)  | CIV  |
| Amount (\$)  | Payee address;  City;  Non-Political   |
| Amount (\$)  TYPE OF EXPENDITURE  PURPOSE  | Payee address;  City;  Political  Non-Political  |
| Amount (\$)  TYPE OF EXPENDITURE   | Payee address:  Political  Non-Political  Category (See Categories listed at the top of this schedule)  Description  |
| Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF   | Payee address:  Political  Non-Political  Category (See Categories listed at the top of this schedule)  Description  |
| Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF   | Payee address;  Political  Non-Political  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 |
| Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE   | Payee address;  Political  Non-Political  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 |

SCHEDULE F4

|  | EXPENDITURE CATEGORIES FOR BOX 10(a)   |
|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Salaries/Wades/Contract Labor Other (enter a category not listed above)                                   |
| Total pages Schedule F4:   | 2 FILERNAME  NATICE  VATIC  3 Filer ID (Ethics Commission Filers)  |
| 1.6  | IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$   |
| TOTAL OF ONTTEN  |  |
| Date 4/3(2/  | 6 Payee name SAVOY RESTURANT City: State; Zip Code   |
| Amount (\$)  | 8 Payee address;   |
| 13-27  | Houston 1x   |
| TYPE OF EXPENDITURE  | Political Non-Political  (b) Description   |
| 10   | (a) Category (See Categories listed at the top of this series of   |
| PURPOSE  | Foun & BENSAABE EVENT SAPENSE  |
| EXPENDITURE  | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought Office held   |
| 11 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officerolds Hams   |
| Date   | Payee name  City: State; Zip Code  |
| Amount (\$)  | Payee address;   |
|  |  |
| TYPE OF  | Political Non-Political  |
| TYPE OF<br>EXPENDITURE   | Political Non-Political  Category (See Categories listed at the top of this schedule) Description  |
| PURPOSE  | Category (See Categories listed at the top of this schedule)  Description  |
| PURPOSE  | Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Layer outside of Texas. Complete Schedule T.  Office held  |
| 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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held |

SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense **Event Expense** Advertising Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME NAPREM NATE 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name Zip Code State: 8 Payee address; 7 Amount (\$) Sul unhary D Non-Political Political TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE DE BENZAMUE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: City; Payee address; Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Political

Non-Political

Description

Office sought

Check if Austin, TX, officeholder living expense

Office held

TYPE OF

EXPENDITURE

PURPOSE OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

SCHEDULE F4

#### If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Advertising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Accounting/Banking Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ CARLOINA GALVAN 8 Payee address; City; Howton TA 6 Payee name Zip Code 7 Amount (\$) Non-Political TYPE OF Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description CONSULTING SXP SOCIAL MEDIA PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City; Payee address; Amount (\$) Non-Political TYPE OF Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F4

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

| If the requested inform   |   |
|---|---|
| ·   | EXPENDITURE CATEGORIES FOR BOX 10(a)  |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense Git/Awards/Memorlals Expense Committee  Event Expense Food/Beverage Expense Git/Awards/Memorlals Expense Legal Services  Legal Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Folling Expense Printing Expense Printing Expense Frinting Expense Printing Expense Salaries/Wages/Contract Labor Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. |
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| 4 TOTAL OF UNITEM   | ZED EXPENDITURES CHARGED TO A CREDIT CARD \$  |
| 5 Date (16) M   | 6 Payee name  Mtc/moor)  City: State; Zip Code  |
| 7 Amount (\$)   | 8 Payee address;  |
| Zoon  | Houstons Ta. 11   |
| 9 TYPE OF EXPENDITURE   | Political Non-Political   |
| 10  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| PURPOSE<br>OF<br>EXPENDITURE  | ADVENTISING EXPENSE NEWSPAPER   |
| EXPENDITOR  | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense   |
| 11<br>Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name Office sought   |
| Date  | Payee name  City: State; Zip Code   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| TYPE OF EXPENDITURE   | Political Non-Political   |
|   | Category (See Categories listed at the top of this schedule)  Description   |
| PURPOSE   |   |
| OF<br>EXPENDITURE   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/Ol   | Candidate / Officeholder name Office sought Office held   |
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|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |

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SCHEDULE F4

| If the requested inform  | ation is not applicable, bo NoT morato the page.   |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | EXPENDITURE CATEGORIES FOR BOX 10(a)  Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee  Legal Services  Expendit Expense Food/Beverage Expense Gift/Awards/Memorials Expense Food/Beverage Expense Gift/Awards/Memorials Expense Frinting Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.   |
| 1 Total pages Schedule F4:   | 2 FILER NAME  NATIO  3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM  | ZED EXPENDITURES CHARGED TO A CREDIT CARD \$   |
| 5 Date 19 7 Amount (\$)  | 6 Payee name  SHU GENICE STATION  8 Payee address;  City; State; Zip Code  |
| J5.58  | Houston 1x.  |
| 9 TYPE OF<br>EXPENDITURE   | Political Non-Political  |
| 10 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  (b) Description  (c) Check if travel outside of Texas. Complete Schedule T.  (b) Description  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<br>EXPENDITURE   | Political Non-Political Description  |
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| EXPENDITURE  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought Office held  |
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SCHEDULE F4

#### If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Advertising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Zip Code State: 8 Payee address; 7 Amount (\$) Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) FUENT EXPENSE PURPOSE BEVERME OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City; Payee address; Amount (\$) Non-Political TYPE OF Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Advertising Expense Travel In District Travel Out Of District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: NADEZM NATIC 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name Mourian TX. 5 Date Zip Code 8 Payee address; 7 Amount (\$) TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 CARSS PRINTING EXP PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; Payee address; Amount (\$) Non-Political TYPE OF Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | EXPENDITURE CATEGORIES FOR BOX 10(a)  Event Expense  |
| 1 Total pages Schedule F4:  | 2 FILER NAME  
| 4 TOTAL OF UNITEM   | ZED EXPENDITURES CHARGED TO A CREDIT CARD \$   |
| 5 Date 4 19 1   | 6 Payee name  Pury State: Zip Code  8 Payee address: City; State: Zip Code   |
| 7 Amount (\$)   | Houstow, Tx.   |
| 9 TYPE OF<br>EXPENDITURE  | Political Non-Political  |
| 10 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  EVENT EXPENS  (c) 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   | Payee name   |
| Date  Amount (\$)   | Payee name  Payee address;  City; State; Zip Code  |
| Date  | Payee address; City; State; Zip Code    Political   Non-Political  |
| Date  Amount (\$)   | Payee address;  City; State; Zip Code    Political   |
| Date  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF  | Payee address;  City; State; Zip Code    Political   |
| Date  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  | Payee address;  City; State; Zip Code    Political   |

SCHEDULE F4

| If the requested inform   | ation is not applicable, DO NOT include this page in the report.   |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | EVENDITURE CATEGORIES FOR BOX 10(a)  Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Committee Legal Services  EXPENDITURE CATEGORIES FOR BOX 10(a)  Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Folling Expense Printing Expense Salaries/Wages/Contract Labor  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  ANGEN  NAIK  3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM   | ZED EXPENDITURES CHARGED TO A CREDIT CARD \$   |
| 5 Date A A A A A A A A A A A A A A A A A A A  | 6 Payee name  Aut Jule  8 Payee address;  City; State; Zip Code  |
| 12.88   | Sugar land   |
| 9 TYPE OF EXPENDITURE   | Political  Non-Political  (a) Category (See Categories listed at the top of this schedule)  (b) Description  |
| 10 PURPOSE OF EXPENDITURE   | From & BSN ZARANT EVANT IXA- 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<br>OF   | Category (See Categories listed at the top of this schedule)  Description  |
| EXPENDITURE   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office polyality  Office hold  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name Office sought  |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

| If the requested inform  | Tation is not applicable, 2  | 5 88   | . 11  |               |
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|  |  |  |   |               |
|  | EXPENDITURE CATEGOR  | RIES FOR BOX 10(a)   |   |               |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica | Fees COMPONIES CONTROL OF CONTROL | can Repayment/Reimbursement<br>ffice Overhead/Rental Expense<br>colling Expense<br>rinting Expense<br>alaries/Wages/Contract Labor | Solicitation/Fundraising Expens<br>Transportation Equipment & Re<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not liste | lated Expense |
|  | The Instruction Guide explains h   | ow to complete this form   | 3 Filer ID (Ethics Commiss  | ion Filers)   |
| 1 Total pages Schedule F4:   | 2 FILER NAME<br>Noncen NA  |  | 3 Filer ID (Euros commiss   |               |
| 4 TOTAL OF UNITEM  | IZED EXPENDITURES CHARGED TO   | O A CREDIT CARD  | \$  |               |
| 5 Date   | 6 Payee name SHU SER   | NICE CAMION  | <b>√</b>  | 0-4-          |
| 7 Amount (\$)  | 8 Payee address;   | City;  | State; Zip (  | Code          |
| 40.0   | Houlton  | 7/.  | 1.1   |               |
| 9 TYPE OF EXPENDITURE  | Political  | Non-Political  |   |               |
| 10  PURPOSE  OF  EXPENDITURE   | (a) Category (See Categories listed at the top of this sch   | 51   | Austin, TX, officeholder living expense   |               |
| 11 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought  | Office held   |               |
| Date   | rayee name   |  | State; Zip  | Code          |
| Amount (\$)  | Payee address;   | City;  | State,  | û             |
| TYPE OF EXPENDITURE  | Political  | Non-Political  |   |               |
| PURPOSE  | Category (See Categories listed at the top of this so  | hedule) Description  |   |               |
| OF<br>EXPENDITURE  |  | Chack i  | f Austin, TX, officeholder living expen   | se .          |
|  | Check if travel outside of Texas. Complete Sc  | Office sought  | Office held   |               |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name  |  |   |               |
|  |  |  |   |               |
|  | ATTACH ADDITIONAL COPIES OF  | THIS SCHEDIII E AS I   | NEEDED  |               |
|  |  | THIS SCHEDOLE AS   | Revis   | ed 8/17/20    |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction (   | Guide explains how   | to complete this form.                                 | 1 Filer ID (Ethics      | Commission Filers)                        | 2 Total pages filed:   |
|--|--|--|-------------------------|---|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME  | MS / MRS / MR  MLS.  NICKNAME  | FIRST<br>KRISTE<br>LAST<br>MALON                       |                         | MI<br>D.<br>SUFFIX                        | OFFICE USE ONLY  Date Received   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address   |  | SOUTH FOUNT  | 77459                   |   | APR 2 6 2021 BY:   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  |  | 98-9619  | EXTENS                  | SIUN                                      | Date Hand-delivered or Date Postmarked  Receipt #   Amount \$  |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR  M/A  NICKNAME   | BAIAN<br>LAST<br>MALONE                                |                         | W.  | Date Processed  Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | 3010   | (NO PO BOX PLEASE): APT<br>VILLA LANG<br>SURI CITY, TX | / SUITE #: CITY         | Y.  | STATE; ZIP CODE  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE ( 2-81 ) 3   | PHONE NUMBER   | EXTENS                  | SION                                      |  |
| 9 REPORT TYPE  | January 15 July 15   | 30th day before  | e election Ex           | inoff<br>ceeded Modified<br>porting Limit | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)                   |
| 10 PERIOD<br>COVERED   | Month 2  | Day Year / 10 / 2021                                   | THROUGH                 | Month 4/                                  | Day Year / 2021  |
| 11 ELECTION  | Month Day  | V 6:   |                         | Olher<br>Description                      |  |
| 12 OFFICE  | OFFICE HELD (if any)   |  |                         | SOUGHT (if known)                         | POSITION #6  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)  | THE CANDIDATE / OFFIC  | CEHOLDER. THESE EXPENDITU                              | IRES MAY HAVE BEEN MADE | WITHOUT THE CANDI                         | DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR SEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
|  | THE PROPERTY OF THE PROPERTY O | COMMITTEE ADDRESS                                      |                         |   |  |
| Additional Pages   | GENERAL  | OOMMITTEE ADDRESS                                      |                         |   |  |
|  | SPECIFIC   | COMMITTEE CAMPAIGN T                                   | FREASURER NAME          |   |  |
|  | 100 mm m  | COMMITTEE CAMPAIGN                                     | TREASURER ADDRESS       |   |  |
| The state of the s |  | GO TO  | O PAGE 2                | -   |  |

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 15 C/OH NAME                   | KRISTEN D. MALONE  | 16 Filer ID (Ethics Commission Filers) |
|--------------------------------|--|--|
| 17 CONTRIBUTION<br>TOTALS      | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 2,410.00                            |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$                                     |
|                                | 4. TOTAL POLITICAL EXPENDITURES  | \$ 457.85                              |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAI<br>OF REPORTING PERIOD   | ST DAY \$ 1,953.15                     |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD   | F THE \$                               |
|                                | Signature of Ca  | ndidate or Officeholder                |
|                                | Please complete either option below  | <b>.</b>                               |
| ) Affidavit                    | HERNAN PEREZ Notary ID #132672008 My Commission Expires September 11, 2024   |  |
| NOTARY STAMP/SEAL              |  |  |
| 1                              |  | 26 day of April                        |
| 20 2) to certify               | which witness my hand and seal of office.  Hernan Perez  | Notary Public                          |
| ignature of officer administra |  | Title of officer administering oat     |
| 2) Unsworn Declaration         | on OR  |  |
| y name is                      | , and my date of birth is  |  |
| ly address is                  |  |  |
| xecuted in                     |  | state) (zip code) (country) h) (year)  |
|                                | Signature of Candi   | date/Officeholder (Declarant)          |

#### SUBTOTALS - C/OH

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

TO FILER

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

6.

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#### FORM C/OH COVER SHEET PG 3

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20 Filer ID (Ethics Commission Filers) 19 FILER NAME KRISTEN D. MAZONE SUBTOTAL 21 SCHEDULE SUBTOTALS **AMOUNT** NAME OF SCHEDULE \$ 2,410.00 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS 4. 457.85 \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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

SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE A1

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

| Automonom | The             | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:                          |
|-----------|-----------------|--|---|
| 2         | FILER NAME      | NISTEN D. MALONE   | 3 Filer ID (Ethics Commission Filers)               |
| 4         | J/8/21          | 5 Full name of contributor out-of-state PAC (ID#:)  Khister Malore  6 Contributor address; City; State; Zip Code  2123 SOUTH FOUNTAIN VALLEY  MISSOURI CITY TX, TYS9 | 7 Amount of contribution (\$)  \$\frac{1}{200.80}\$ |
| 8         | Principal occu  | pation / Job title (See Instructions)  9 Employer (See Instruct  | ions)   |
|           | 3/8/21          | Full name of contributor  CATHEN; N.C. PLUMB  Contributor address; 2815 EAST PEBBLE BEACH  Missour: city Tx. 77459   | Amount of contribution (\$)                         |
|           | Principal occup | pation / Job title (See Instructions) Employer (See Instruct   | ions)   |
|           | 3/30/24         | Full name of contributor  Out-of-state PAC (ID#:)  ANGELA KONGEN  Contributor address: City; State; Zip Code  3951 PLEASANT VALLEY PAINE  MISSOURI CITY TV. 77459    | Amount of contribution (\$)                         |
|           | Principal occup | pation / Job title (See Instructions) Employer (See Instruct   | ions)   |
|           | Date<br>41, by  | Full name of contributor  out-of-state PAC (ID#:   | Amount of contribution (\$)                         |
|           | Principal occup | pation / Job title (See Instructions) Employer (See Instruct   | ions)   |
|           |                 |  |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

| The I            | nstruction Guide explains how to complete this form.                                      | 1 Total pages Schedule A1:  |
|------------------|---|---|
| FILER NAME       | LISTEN D. MALONE  | 3 Filer ID (Ethics Commission Filers)                             |
|                  | Full name of contributor  Out-of-state PAC (ID#   | \$ 100.00   |
| Principal occup  | ation / Job title (See Instructions) 9 E  | nployer (See Instructions)  |
| Date 4/8/24      | Full name of contributor  Out-of-state PAC (ID#   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           |
| Principal occupa | tion / Job title (See Instructions)   | nployer (See Instructions)  |
| Date 4/8/21      | Full name of contributor out-of-state PAC (ID#  | \$ 200.00   |
| Principal occup  | ation / Job title (See Instructions)  | mployer (See Instructions)  |
| Date 4/12/21     |   | Amount of contribution (\$)  ### ### ### ######################## |
| Principal occup  | ation / Job title (See Instructions)  | mployer (See Instructions)  |
|                  | ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see Instruction | IS SCHEDULE AS NEEDED   |

#### SCHEDULE A1

| -241- |                 |  |                                       |                                       |
|-------|-----------------|--|---------------------------------------|---------------------------------------|
|       | The             | Instruction Guide explains how to complete thi                                       | 1 Total pages Schedule A1: 3 of 4     |                                       |
| 2     | FILER NAME      | KNISTER D. MALONE  | 3 Filer ID (Ethics Commission Filers) |                                       |
| 4     | Date 4/13/21    | 5 Full name of contributor  CATHENINE ZAUPSL  6 Contributor address;  City;          | 7 Amount of contribution (\$)         |                                       |
| 8     | Principal occu  | pation / Job title (See Instructions)  | 9 Employer (See Instruction           | ons)                                  |
|       | Date 4/13/21    | LAWNERS BELL   | State; Zip Code                       | Amount of contribution (\$)           |
|       | Principal occup | ation / Job title (See Instructions)   | Employer (See Instructi               | ons)                                  |
|       | Date<br>식/13/기  | Full name of contributor out-of-state PA  MELISA GANAWAY  Contributor address; City: |                                       | Amount of contribution (\$)  9 50.00  |
|       | Principal occup | pation / Job title (See Instructions)  | Employer (See Instructi               | ons)                                  |
|       | Date 4/9121     | Full name of contributor  Middleman Messerber,  Contributor address;  City:          | エアC・ State; Zip Code                  | Amount of contribution (\$)  4 500.00 |
|       | Principal occup | pation / Job title (See Instructions)  | Employer (See Instructi               | ons)                                  |
|       | 15              | ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst         |                                       |                                       |
|       |                 | ii continuitor la cut-or-atate i Ao, piedae see mai                                  | Baine ioi additional i                |                                       |

#### SCHEDULE A1

|   | The  | Instruction Guide explains how to complete this f                        | orm.                                  | 1 Total pages Schedule A1:<br>4 of 4    |  |  |  |
|---|--|--|---------------------------------------|---|--|--|--|
| 2 | FILER NAME   | PISTEN D. MALONE   | 3 Filer ID (Ethics Commission Filers) |   |  |  |  |
| 4 | Date 4/13/21   | DR. ELISSA WEDEMEYE  | D#)  State; Zip Code                  | 7 Amount of contribution (\$)  9 100.00 |  |  |  |
| 8 | Principal occu   | pation / Job title (See Instructions)                                    | Employer (See Instructi               | ons)                                    |  |  |  |
|   | Date 4/14/2)   |  | D#) State; Zip Code                   | Amount of contribution (\$)  ¶ 200.60   |  |  |  |
|   | Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |  |                                       |   |  |  |  |
|   | Date   | Full name of contributor out-of-state PAC (I  Contributor address; City; |                                       | Amount of contribution (\$)             |  |  |  |
|   | Principal occup  | eation / Job title (See Instructions)                                    | Employer (See Instructi               | ons)                                    |  |  |  |
|   | Date   | Full name of contributor out-of-state PAC (I  Contributor address; City; | State; Zip Code                       | Amount of contribution (\$)             |  |  |  |
|   | Principal occup  | pation / Job title (See Instructions)                                    | Employer (See Instructi               | ons)                                    |  |  |  |
|   |  |  |                                       |   |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                                       |   |  |  |  |

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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|   | EXPENDITURE CATEGORIES   | FOR BOX 8(a)                   |   |
|---|--|--------------------------------|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office Ov<br>Food/Beverage Expense Polling E.<br>Gift/Awards/Memorials Expense Printing E | xpense<br>Nages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:  | 2 FILER NAME KRISTEN A. MAI  | LONE                           | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 4/5/21   | 5 Payee name Lowes   |                                |   |
| 6 Amount (\$)<br><b>F45.34</b>  | 7 Payee address;   | City                           | State; Zip Code   |
| 8   | (a) Category (See Categories listed at the top of this schedule)                               | (b) Description                |   |
| PURPOSE<br>OF<br>EXPENDITURE  | ADVENTISING  | STAKES P                       | for BANNER  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                                     | Check if Aust                  | in, TX, officeholder living expense   |
| 9 Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name  | Office sought                  | Office held   |
| Date 4/9/24   | Payee name  Thactor SUPPLY   |                                |   |
| Amount (\$)   | Payee address;   | City;                          | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  ANSINISTNE                       | Posts Fa                       | n BAWHER  |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Aus                   | tin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought                  | Office held   |
| Date  | Payee name   |                                |   |
| 4/19/21   | GO DADDY   |                                |   |
| Amount (\$)  ¶ 3/.97  | Payee address:   | City;                          | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)                                   | Description                    | SUPPLIES  |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Aust                  | tin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OI   | Candidate / Officeholder name  | Office sought                  | Office held   |
|   | ATTACH ADDITIONAL CODIES OF THIS   | SCHEDULEASNE                   | EDED  |

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pinnting Expense Salaries/Wages/Contract Labor

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

| Credit Card Payment  | The Instruction Guide explains how to c  | omplete this form. |                         |                    |
|--|--|--------------------|-------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME KRISTEN D. MALO   | NE                 | 3 Filer ID (Ethics      | Commission Filers) |
| 4 Date 4/22/21   | KRISTEN D. MALD<br>5 Payee name<br>FACEBK NAZYEZSIT                              |                    |                         |                    |
| 6 Amount (\$)<br>\$10.00                                   | 7 Payee address;   | City;              | State;                  | Zip Code           |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description    | SUPPLIE                 | ſ                  |
|  | (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   |                    |                         |                    |
| 4/22/21  | FALSOK NAZYEZSH  |                    |                         |                    |
| Amount (\$)  | Payee address;   | City;              | State;                  | Zip Code           |
|  | Category (See Categories listed at the top of this schedule)                     | Description        |                         |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | orition  | office             | SUPPLIE                 | S.                 |
|  | 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/OF | Candidate / Officeholder name  | Office sought      |                         | Office held        |
| Date 4/1/21  | Payee name PAY PAL   |                    |                         |                    |
| Amount (\$) 5.29   | Payee address;   | City;              | State;                  | Zip Code           |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  ACCOUNTINE BANKING | Description<br>FES |                         |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austin,   | TX. officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/OF        | Candidate / Officeholder name  | Office sought      |                         | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE    | DED                     |                    |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

|   |                       |                              | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:  |
|---|-----------------------|------------------------------|---------------------------------------|---|
| The C/OH Instruction  |                       | w to complete this form.     | The fallow commont.                   | 2 Total pages filed. (21)   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS /MR          | FIRST<br>ASH(SH              | MI                                    | OFFICE USE ONLY   |
|   | NICKNAME              | AGRAW                        | SUFFIX                                | PECEIVEN  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address |                       | AS LER CAKE                  | CITY, STATE, ZIP CODE                 | APR - 1 2021<br>BY: COK   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | (832)                 | 786-9138                     | EXTENSION                             | Date Hand-delivered or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MR / MR          | ALAWA  LAST                  | SUFFIX                                | Receipt # Amount \$  Date Processed  Date Imaged  |
| 7 CAMPAIGN  | STREET ADDRESS        | (NO PO BOX PLEASE); APT / St | UITE #; CITY;                         |   |
| TREASURER<br>ADDRESS  |                       | 4 1 1 1 1 1 1 1              | SUCAL LAND                            | STATE: ZIP CODE 77479   |
| (Residence or Business)                                       |                       |                              |                                       | V (331)   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | (281)                 | 224-45                       | EXTENSION                             |   |
| 9 REPORT TYPE   | January 15            | 30th day before el           |                                       | 15th day after campaign treasurer appointment (Officeholder Only)   |
| 40 DEDIOD   |                       | 8th day before elec          | Reporting Limit                       | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED  | Month 01              | Day Year / 15 / 2021         | THROUGH 03                            | Day Year / 23 / 2021  |
| 11 ELECTION   | Month Day             | Year Primary                 | Runoff Other Description  Special     | SCHOOL BOARD  |
| 12 OFFICE   | OFFICE HELD (if any)  |                              | 13 OFFICE SOUGHT (IF KNOWN            | POSITION # 2  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                   | THE CANDIDATE / OFFIC | SEMULUER. THESE EXPENDITURES | ACCEPTED OR POLITICAL EXPENDITURES N  | MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| 3.54  | COMMITTEE TYPE        | COMMITTEE NAME               |                                       |   |
| Additional Pages  | GENERAL               | COMMITTEE ADDRESS            |                                       |   |
|   | SPECIFIC              | COMMITTEE CAMPAIGN TREA      | SURER NAME                            |   |
|   |                       | COMMITTEE CAMPAIGN TREA      | ASURER ADDRESS                        |   |
|   |                       | GO TO F                      | PAGE 2                                |   |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 15 C/OH NAME               | ASHISH AGRAWAL 16 File   | r ID (Ethics Commission Filers)     |
|----------------------------|--|-------------------------------------|
| 17 CONTRIBUTION<br>TOTALS  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   | \$ <b>Ø</b>                         |
|                            | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 8,042/-                          |
| EXPENDITURE<br>TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ Ø                                |
|                            | 4. TOTAL POLITICAL EXPENDITURES  | \$ \$13,464.59                      |
| CONTRIBUTION<br>BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD   | \$ <b>Ø</b>                         |
| OUTSTANDING<br>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 correquired to be reported by me under Title 15, Election Code.   | prrect and includes all information |
|                            | Hoher Ha   | el                                  |
|                            | Signature of Candidate   | or Officeholder                     |
|                            |  |                                     |
|                            |  |                                     |
|                            |  |                                     |
|                            | Please complete either option below:   |                                     |
| (1) Affidavit              | JAMES RICHARI Notary ID #13 My Commissio April 28.   | 2453842<br>n Expires                |
| NOTARY STAMP/S             | ACTOIS ACCOUNT 35  | day of Marln                        |
| $\sim$ 1                   | rtify which, witness my hand and seal of office.   | Notary                              |
| 7, 10 00                   | TAmes R. Thoms   | Notary                              |
| Signature of officer admir | Direction of the second of the | TH. 4 # 3                           |
| - Similar admir            | , integration of officer authinisticing outif  | Title of officer administering oath |
| Entert Oral De Syrt        | OR   |                                     |
| (2) Unsworn Declar         | ration   |                                     |
|                            |  |                                     |
|                            | , and my date of birth is  |                                     |
| My address is              |  |                                     |
| <u></u>                    |  | (zip code) (country)                |
| Executed in                | County, State of , on the day of (month)   | , 20<br>(year)                      |
|                            | (Hishar)   | (Jear)                              |
|                            | Signature of Candidate/Office  | eholder (Declarant)                 |

### **SUBTOTALS - C/OH**

| 19  | FILER N                                     | ASHISH AGRAWAL  | 20 Filer ID (Ethics Con | mmission Filers)   |  |
|-----|---|---|-------------------------|--------------------|--|
| 21  |   | JLE SUBTOTALS<br>F SCHEDULE   |                         | SUBTOTAL<br>AMOUNT |  |
| 1.  |   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               |                         | \$8,042/-          |  |
| 2.  |   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO                   | NS                      | \$                 |  |
| 3.  |   | SCHEDULE B: PLEDGED CONTRIBUTIONS   |                         | \$                 |  |
| 4.  |   | SCHEDULE E: LOANS   |                         | \$7,582.50         |  |
| 5.  |   | \$7,582.50<br>\$13,464.59   |                         |                    |  |
| 6.  | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS |   |                         |                    |  |
| 7.  |   | \$  |                         |                    |  |
| 8.  |   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                               |                         | \$                 |  |
| 9.  |   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL                       | L FUNDS                 | \$                 |  |
| 10. |   | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH |                         |                    |  |
| 11. |   | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL                  | AL CONTRIBUTIONS        | \$                 |  |
| 12. |   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTROL TO FILER         | RIBUTIONS RETURNED      | \$                 |  |

#### SCHEDULE A1

| The            | e Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |
|----------------|--|---------------------------------------|
| FILER NAME     | ASHISH AGRAWAL   | 3 Filer ID (Ethics Commission Filers) |
| 1/23/21        | 5 Full name of contributor out-of-state PAC (ID#)  KIRAW RASAYA  6 Contributor address; City; State; Zip Code  SUGAR LAND TX 77479 | 7 Amount of contribution (\$)         |
| Principal occu | upation / Job title (See Instructions)  9 Employer (See Instructions)  | tions)                                |
| Date   28/21   | Full name of contributor out-of-state PAC (ID#)  THERESA AND BERT SINTUPHANT   | Amount of contribution (\$)           |
| 120/21         | Contributor address; City; State; Zip Code  Sucher Land Tx 77479   | \$ 100/-                              |
| Principal occu | pation / Job title (See Instructions) Employer (See Instruct   | tions)                                |
| Date           | Full name of contributor   | Amount of contribution (\$)  \$50/-   |
| Principal occu | pation / Job title (See Instructions)  HousToN Tx 77011  Employer (See Instructions)   | tions)                                |
| Date           | Full name of contributor   | Amount of contribution (\$) \$2,000/  |
| 1-1-           | SUGARHAND TX 77498   | , , , , , , , , , , , , , , , , , , , |
| Principal occu | pation / Job title (See Instructions) Employer (See Instruct   | tions)                                |
|                |  |                                       |
|                | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r   |                                       |

#### 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     | ASHISH AGRAWAL   |                               | 3 Filer ID (Ethics Commission Filers) |
| 2/1/2\           | JAGRUTI AND HOTESH PAGE 6 Contributor address; City; RICHMON                           | (ID#)                         | 7 Amount of contribution (\$)         |
| 8 Principal occu | pation / Job title (See Instructions)  | 9 Employer (See Instructi     | ons)                                  |
| Date             | Full name of contributor   | C (ID#)                       | Amount of contribution (\$)           |
| 2/4/21           | Contributor address; City; Sugar Land  | State; Zip Code  Tx 77479     | \$100/-                               |
| Principal occup  | pation / Job title (See Instructions)  | Employer (See Instructi       | ons)                                  |
| Date             |  | C (ID#:)                      | Amount of contribution (\$)           |
| 2/5/21           | Contributor address; City;   | State; Zip Code  AND, Tr77479 | \$1,000/-                             |
| Principal occup  | pation / Job title (See Instructions)  | Employer (See Instructi       | ons)                                  |
| Date 2/1/21      | Full name of contributor  out-of-state PAC  GOPAL AGGARWAL  Contributor address; City; | State; Zip Code               | Amount of contribution (\$)           |
|                  | RECHMOND,  | Tx 77407                      | . /                                   |
| Principal occup  | pation / Job title (See Instructions)  | Employer (See Instructi       | ons)                                  |
|                  |  |                               |                                       |
| f .              | ATTACH ADDITIONAL COPIES   | DE THIS SCHEDI II E AS NI     | FEDED                                 |

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#### SCHEDULE A1

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

|                  |  | 1 Total pages Schedule A1:   |
|------------------|--|--|
| The              | e Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:   |
| 2 FILER NAME     | ASHISH AGRAWAL   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>2/8/21 | Full name of contributor out-of-state PAC (ID#)  RACHNA AND KAUSHAL S(+A+)  6 Contributor address; City; State; Zip Code  RECHNOND TX 77407      | 7 Amount of contribution (\$)  \$\frac{100}{-} = \frac{100}{-} = \frac{100}{100} = \fr |
| 3 Principal occ  | supation / Job title (See Instructions)  9 Employer (See Instructions)   | itions)  |
| Date             | Full name of contributor   | Amount of contribution (\$)  |
| 18/21            | Contributor address; City; State; Zip Code  Sugar Land, Tx 77479   | \$50/-   |
| Principal occu   | upation / Job title (See Instructions) Employer (See Instruc   | tions)   |
| Date 2/10/21     | Full name of contributor   out-of-state PAC (ID#)  MANULICA AND PAWKAT AROFA  Contributor address; City; State; Zip Code  SUGAR LAWD TX 77479    | Amount of contribution (\$)  \$251/-   |
| Principal occi   | upation / Job title (See Instructions) Employer (See Instruc   | ctions)  |
| Date 2/16/2 (    | Full name of contributor out-of-state PAC (ID#:)  MAN AS I AND AS DE PAND Y A  Contributor address; City; State; Zip Code  Sugare hand, Tx 77479 | Amount of contribution (\$)  \$151/-   |
| Principal occi   | upation / Job title (See Instructions) Employer (See Instruc   | tions)   |
|                  |  |  |

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#### SCHEDULE A1

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

| Filer NAME   ASHISH   AGRAWAL   3   Filer ID (Ethics Commission   Ashis   AGRAWAL   4   Date   5   Full name of contributor  | 8         |
|--|-----------|
| KTRAN RASA XA   Size   Zip Code   Sugar Law   Tx 77479   | n Filers) |
| Date  Full name of contributor  Graph Amount of contribution (state)  Full name of contributor Acc.  Contributor address;  City;  State; Zip Code  Sugger land  Tx 77478  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (state)  Full name of contributor  MGY LIS Hulm GOD V  Contributor address;  City;  State; Zip Code  ROSEN BERG Tx 77469  Principal occupation / Job title (See Instructions)  Employer (See Instructions) | (\$)      |
| TNDO AMERICAN PAC  Contributor address; City; State; Zip Code  Suche bond  Tx 77478  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (  MEYLIS Humedon  Research Tx 77469  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |           |
| Contributor address; City; State; Zip Code   \$250/-   | (\$)      |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  MEY LIS HUMEDOV  Contributor address;  City;  State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)   |           |
| MEY LIS HUMEDOV  Contributor address; City; State; Zip Code  ROSEN BERG Tx 77469  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |           |
| Contributor address; City; State; Zip Code  ROSEN BERG Tx 77469  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | (\$)      |
|  |           |
| Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (  |           |
|  | (\$)      |
| SI2/21 SAMER MEHSANDA  Contributor address; City; State; Zip Code  SUGAR LAND, Tx 77479  | a)        |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |           |

#### SCHEDULE A1

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

| 1.00           | e Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |
|----------------|---|---------------------------------------|
| FILER NAME     | ASHISH AGRAWAL  | 3 Filer ID (Ethics Commission Filers) |
| Date 5/3/21    | 5 Full name of contributor out-of-state PAC (ID#)  ERIC SHELLEY 6 Contributor address; City; State; Zip Code  RICHMOND TX 77407 | 7 Amount of contribution (\$)         |
| Principal occ  | upation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                |
| Date           | Full name of contributor out-of-state PAC (ID#:)  DAWTE PED UZ-21   | Amount of contribution (\$)           |
| 3/21           | Contributor address; City; State; Zip Code  Sugar Lawo Tx 77479   | \$25/-                                |
| Principal occu | pation / Job title (See Instructions) Employer (See Instruct  | ions)                                 |
| Date           | Full name of contributor  | Amount of contribution (\$)           |
| 3/4/21         | Contributor address; City; State; Zip Code  Sugar Lawo Tx 77479   | \$500/-                               |
| Principal occi | upation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                |
| Date           | Full name of contributor out-of-state PAC (ID#:)  | Amount of contribution (\$)           |
| 3/7/21         | Contributor address; City; State; Zip Code  Sugne Land 1> 77479   | \$250/-                               |
| Principal occu | upation / Job title (See Instructions) Employer (See Instructions)  | tions)                                |
|                |   |                                       |
|                |   |                                       |
|                |   |                                       |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

| ASHISH AGRAWAL  A Date  5 Full name of contributor  TIGGAM AWD SHAWN JIDOTI  6 Contributor address; City; State; Zip Code  SUGAR LAND TY 77478  B Principal occupation / Job title (See Instructions)  Date  Full name of contributor  ROZINA AND ZAHIRALI MAKHANEJIN  Contributor address; City; State; Zip Code  SUGAR LAND  Full name of contributor  SUGAR LAND  Contributor address; City; State; Zip Code  SUGAR LAND  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  SUGAR LAND  Out-of-state PAC (ID# | Filer ID (Ethics Commission Filers)  Amount of contribution (\$)  Amount of contribution (\$)  \$500/- |
|--|--|
| A SHISH AGRAWAL  5 Full name of contributor   out-of-state PAC (ID#  | Amount of contribution (\$)  \$\sqrt{50}\$  Amount of contribution (\$)                                |
| TIFFAM AND SHAWN 31DOT    6 Contributor address; City; State; Zip Code   | \$50/- Amount of contribution (\$)   |
| Date  Full name of contributor  ROZINA AND ZAHIRALI MAKHANESIN  Contributor address;  City;  State; Zip Code  Subar Land Tx 77479  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  ANIL BANSAL   |  |
| ROZINA AND ZAHIRALI MAKHANESIN  Contributor address; City; State; Zip Code  SUGAR LAND T× 77479  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  ANIL BANSAL   |  |
| Contributor address; City; State; Zip Code  Sugar Law Tx 77479  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#)  ANL BANSAL   | \$500/-  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor   |  |
| ANIL BANSAL  |  |
| [  | Amount of contribution (\$)  |
| SUCYAR LAND TYE 77479  | \$250/-  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  |  |
| One Ann Many Kanya   | Amount of contribution (\$)  |
| 3/15/21 Contributor address; City; State; Zip Code  Suche Lawo Tx 77479  | \$200/-  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |  |

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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     | ASHISH AGRAWAL  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date           | 5 Full name of contributor out-of-state PAC (ID#)  THARA NARASIMHAN 6 Contributor address; City; State; Zip Code  Sucrat Law Tx 77479 | 7 Amount of contribution (\$)  \$\frac{25}{-} = \frac{1}{25} = \frac |
| 8 Principal occu | upation / Job title (See Instructions)  9 Employer (See Instruc   | tions)   |
| Date             | Full name of contributor out-of-state PAC (ID#)  DI+ARAN   PATTABI  | Amount of contribution (\$)  |
| 3/21/21          | Contributor address; City; State; Zip Code  Sugar have Ty 77479   | \$200/-  |
| Principal occup  | pation / Job title (See Instructions) Employer (See Instruc   | tions)   |
| Date             | Full name of contributor  | Amount of contribution (\$)  |
| 3/23/21          | Contributor address; City; State; Zip Code  Such Laws Tx 77479  | \$200/-  |
| Principal occu   | pation / Job title (See Instructions) Employer (See Instruc   | tions)   |
| Date             | Full name of contributor out-of-state PAC (ID#:)  | Amount of contribution (\$)  |
| 3/23/21          | Contributor address; City; State; Zip Code  STAFFORD, TX  | \$100/-  |
| Principal occu   | pation / Job title (See Instructions) Employer (See Instruc   | tions)   |
|                  |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

| The              | Instruction Guide explains how to complete this for  | m.                        | 1 Total pages Schedule A1:             |
|------------------|--|---------------------------|--|
| 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# AS EF SAYAN I 6 Contributor address; City; S Sucar Lawa | tate; Zip Code            | 7 Amount of contribution (\$)  \$100/- |
| 8 Principal occu | pation / Job title (See Instructions) 9  | Employer (See Instruction | ons)                                   |
| Date             | Full name of contributor   |                           | Amount of contribution (\$)            |
| 3/23/21          |  | c 77479                   | \$250/-                                |
| Principal occup  | pation / Job title (See Instructions)  | Employer (See Instruction | ins)                                   |
| Date 3/23/21     | GORJOLA DAWODU   |                           | Amount of contribution (\$)            |
| 3/23/21          | Contributor address; City; S Sugar Lawn  | tate; Zip Code  77479     | \$100/-                                |
| Principal occu   | pation / Job title (See Instructions)  | Employer (See Instruction | ons)                                   |
| Date             | Full name of contributor   | :                         | Amount of contribution (\$)            |
|                  | Contributor address; City; S   | itate; Zip Code           |  |
| Principal occu   | pation / Job title (See Instructions)  | Employer (See Instruction | ons)                                   |
|                  |  |                           |  |
|                  | ATTACH ADDITIONAL COPIES OF T  |                           |  |

### LOANS

#### SCHEDULE E

| If the requested                         | d information is not applicable, DO NO        | T include this page in the re                                    | port.  |
|--|---|--|--|
| The                                      | Instruction Guide explains how to comp        | lete this form.  | 1 Total pages Schedule E:  |
| 2 FILER NAME                             | SHISH AGRAWAL                                 |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UN                            | NITEMIZED LOANS                               |  | \$ 82.50   |
| 5 Date of loan 1/15/21                   | 7 Name of lender out-of-state ASHISH AGRAGAL  | PAC (ID#:)   | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?     | 8 Lender address; City; Sugar La              | State; Zip Code  WD Ty 77479                                     | 10 Interest rate  11 Maturity date   |
| 12 Principal occupation                  | on / Job title (See Instructions)             | 13 Employer (See Instructions)                                   |  |
| 14 Description of Coll                   | ateral  | Check if personal fundaccount (See Instruct                      | ds were deposited into political ions)   |
| 16 GUARANTOR INFORMATION                 | 17 Name of guarantor                          |  | 19 Amount Guaranteed (\$)  |
| not applicable                           | 18 Guarantor address; City;                   | State; Zip Code  |  |
| 20 Principal Occupat                     | ion (See Instructions)                        | 21 Employer (See Instructions)                                   |  |
| Date of loan                             | Name of lender out-of-state  AS HIS H AGRAW A | PAC (ID#)  | Loan Amount (\$) \$5,000/-   |
| Is lender<br>a financial<br>Institution? | Lender address; City;                         | State; Zip Code  | Interest rate  Maturity date   |
| Y (N) Principal occupation               | on / Job title (See Instructions)             | Employer (See Instructions)                                      |  |
|  |   | _  |  |
| Description of Colli                     | ateral  | Check if personal fundaccount (See Instruct                      | ds were deposited into political   |
| GUARANTOR<br>INFORMATION                 | Name of guarantor                             |  | Amount Guaranteed (\$)   |
| not applicable                           | Guarantor address; City;                      | State; Zip Code  |  |
|  | on (See Instructions)                         | Employer (See Instructions)                                      |  |
| If le                                    | ATTACH ADDITIONAL COP                         | IES OF THIS SCHEDULE AS NEE<br>struction guide for additional re | The second secon |

### LOANS

### SCHEDULE E

| If the requested                          | information is not applicable, DO NO              | T include this page in the re               | port.                                  |
|---|---|---|--|
| The I                                     | nstruction Guide explains how to comp             | lete this form.                             | 1 Total pages Schedule E:              |
| 2 FILER NAME                              | SHISH AGRAWAL                                     |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UN                             | ITEMIZED LOANS                                    |   | \$ 82.50                               |
| 5 Date of loan                            | 7 Name of lender out-of-state ASHISH AGRAWAL      | PAC (ID#:)                                  | 9 Loan Amount (\$) \$1,500/-           |
| 6 Is lender a financial Institution? Y    | 8 Lender address; City;                           | State; Zip Code  Avo Tx 77479               | 10 Interest rate  11 Maturity date     |
| 12 Principal occupatio                    | n / Job title (See Instructions)                  | 13 Employer (See Instructions)              |  |
| 14 Description of Colla                   | ateral  | Check if personal fundaccount (See Instruct | ds were deposited into political ions) |
| GUARANTOR INFORMATION  The not applicable | 17 Name of guarantor  18 Guarantor address; City; | State; Zip Code                             | 19 Amount Guaranteed (\$)              |
| 20 Principal Occupati                     | on (See Instructions)                             | 21 Employer (See Instructions)              |  |
| Date of loan                              | Name of lender out-of-state  ASHUH AGRAWA         | PAC (ID#)                                   | Loan Amount (\$) \$300/—               |
| Is lender<br>a financial<br>Institution?  | Lender address; City;                             | State; Zip Code                             | Interest rate  Maturity date           |
| Principal occupatio                       | n / Job title (See Instructions)                  | Employer (See Instructions)                 |  |
| Description of Colla                      | ateral  | Check if personal fun account (See Instruc  | ds were deposited into political       |
| GUARANTOR<br>INFORMATION                  | Name of guarantor                                 |   | Amount Guaranteed (\$)                 |
| not applicable                            | Guarantor address; City;                          | State; Zip Code                             |  |
| Principal Occupation                      | on (See Instructions)                             | Employer (See Instructions)                 |  |
| If le                                     | ATTACH ADDITIONAL COP                             | PIES OF THIS SCHEDULE AS NEI                |  |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politica<br>Credit Card Payment | Committee Legal Services Salaries/ The Instruction Guide explains how to a | Vages/Contract Labor Of                          | ther (enter a category    | not listed above)  |
|--|--|--|---------------------------|--------------------|
| Total pages Schedule F1:                               | 2 FILER NAME ASHISH AGR  | AWAL 3   | Filer ID (Ethics C        | commission Filers) |
| 1 Date 1/15/21   | 5 Payee name TEXAS CAMPAIGNS   |  |                           |                    |
| Amount (\$)  | 7 Payee address;   | City;  | State;                    | Zip Code           |
| \$700/-  | 9600 GLENFIELD CT  | Houston  | TX                        | 77096              |
|  | (a) Category (See Categories listed at the top of this schedule)           | (b) Description                                  |                           |                    |
| PURPOSE<br>OF<br>EXPENDITURE                           | CONSULTING EXP   | ADVISOR  |                           |                    |
|  | (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/OF    | Candidate / Officeholder name  | Office sought                                    | 0                         | ffice held         |
| Date   | Payee name   |  |                           |                    |
| 1/22/21  | DRAM FILM STUDIOS  |  |                           |                    |
| Amount (\$)  | Payee address;   | City;  | State;                    | Zip Code           |
| \$1,500/-  | 935 ELDRIDGE PD  | Sugareland                                       | Ty                        | 77478              |
|  | Category (See Categories listed at the top of this schedule)               | Description                                      |                           |                    |
| PURPOSE<br>OF<br>EXPENDITURE                           | CONSULITNG EXP   | MEDIA  |                           |                    |
| :*   | Check if travel outside of Texas, Complete Schedule T.                     | Check if Austin, TX                              | (, officeholder living ex | pense              |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name  | Office sought                                    | 0                         | ffice held         |
| Date   | Payee name   |  |                           |                    |
| 1/23/21  | MR JI CONNECTIONS  |  |                           |                    |
| Amount (\$)  | Payee address;   | City;  | State;                    | Zip Code           |
| \$300/   | P.O. Box 2082  | MICROURI CITY                                    | Tx.                       | 71459              |
|  | Category (See Categories listed at the top of this schedule)               | Description                                      |                           |                    |
| PURPOSE<br>OF<br>EXPENDITURE                           | CONSULTING ETP   | ADVISO   | R                         |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                     | Check if Austin, TX                              | , officeholder living ex  | pense              |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name  | Office sought                                    | C                         | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEEDE                                | D                         |                    |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/V  The Instruction Guide explains how to c | Vages/Contract Labor Other (enter a category not listed above) complete this form. |
|--|--|--|
| 1 Total pages Schedule F1:                             | 2 FILER NAME ASHISH AGR  | AWAL 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 1/28/21   | 5 Payee name Hor Coffet DIGGRAL M  | VARKE TING   |
| 6 Amount (\$)  | 7 Payee address;   | City; State; Zip Code  |
| 870/-  | N0221M   | IRI CITY TX  |
| 8  | (a) Category (See Categories listed at the top of this schedule)               | (b) Description  |
| PURPOSE<br>OF<br>EXPENDITURE                           | ADVERTISING ERP  | CAMPAIGN MATERIAL  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                     | Check if Austin, TX, officeholder living expense                                   |
| 9 Complete ONLY if direct expenditure to benefit C/OF  | Candidate / Officeholder name  | Office sought Office held  |
| Date   | Payee name   |  |
| 1/29/21  | MINUTEMAN PRESS  |  |
| Amount (\$)  | Payee address;   | City; State; Zip Code  |
| 83,244/-   | 1324 PIN DAK RD  | KATY TX 77494  |
|  | Category (See Categories listed at the top of this schedule)                   | Description  |
| PURPOSE<br>OF<br>EXPENDITURE                           | PRINTING EXP   | CAMPAIGN MATERIAL  |
| *  | 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   |  |
| 1/31/21  | TEXAS CAMPAIGNS  |  |
| Amount (\$)  | Payee address;   | City; State; Zip Code  |
| \$25/-   | 9600 GLENFIELD CT  | Houseon Tx 77096   |
|  | Category (See Categories listed at the top of this schedule)                   | Description  |
| PURPOSE<br>OF<br>EXPENDITURE                           | CONSULTING EX  | REIMBURSE FOR FLE FROM COUTY   |
|  | 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   |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/M  The Instruction Guide explains how to c | Other (enter a category not listed above) complete this form. |
|--|--|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME ASHISH AGR  | AWAL 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date 2/4/21  | 5 Payee name CONSTELLATION   | FIELD   |
| 6 Amount (\$)  | 7 Payee address;  1 S TADIUM DR.   | City; State; Zip Code  Sucret Land Tx 77498                   |
| 8  | (a) Category (See Categories listed at the top of this schedule)               | (b) Description   |
| PURPOSE<br>OF<br>EXPENDITURE                           | EVENT EXP  | KICK OFF EVENT HALL   |
|  | (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   |   |
| 2/4/21   | DJ LEE   |   |
| Amount (\$)  | Payee address;   | City; State; Zip Code   |
| \$80/-   |  | HOUSTON TX  |
|  | Category (See Categories listed at the top of this schedule)                   | Description   |
| PURPOSE<br>OF<br>EXPENDITURE                           | Event ExP  | KICK OFF SOUND SYS  |
|  | 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   |   |
| 2/4/21   | CHEDDARS   |   |
| Amount (\$)  | Payee address;   | City; State; Zip Code   |
| \$82.50  | 803 BONAVEN TURE WAY   | Sugar land 1x 77478   |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule)                   | KICKOFF CAMPAIGN TOWN Food                                    |
|  | 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  |

#### 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enters extension not listed shows)

| Candidate/Officeholder/Politica<br>Credit Card Payment | al Committee Legal Services Salaries/V  The Instruction Guide explains how to a  |   | category not listed above) |
|--|--|---|----------------------------|
| 1 Total pages Schedule F1:                             | 2 FILER NAME ASHISH AGR  | AWAL 3 Filer ID   | Ethics Commission Filers)  |
| 4 Date 2/6/21  | 5 Payee name SHEPLEY DONAT   |   |                            |
| \$246.40   | 7 Payee address; 6512 US90 AUT   | Sugarland T   |                            |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  FOOD / DEV EXP  (c) Check if travel outside of Texas. Complete Schedule T. | (b) Description  MEALS GR HEALS  Check if Austin, TX, officeholds |                            |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought   | Office held                |
| 2/10/2 1   | BILLY'S DONUT  |   |                            |
| Amount (\$) \$215/-                                    | 17310 W GRAWA PKWY S   | Sugar LAND FX   |                            |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule)  FOOD / BRV EXP   | MEAUS FOR HEAUT   | HEARLY WORKERS             |
|  | Check if travel outside of Texas. Complete Schedule T.   | Check if Austin, TX, officeholds                                  | r living expense           |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name  | Office sought   | Office held                |
| 2/16/21  | TEXAS CAMPAIGNS  |   |                            |
| Amount (\$)  | Payee address;   | City; State   | e; Zip Code                |
| \$700/-  | 9600 GLOVARO G   | Houspon TX  | 77096                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | Consult in G Exp   | Apviro R  |                            |
|  | Check if travel outside of Texas. Complete Schedule T.   | Check if Austin, TX, officeholde                                  | 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  |                            |

#### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services 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) AGRAWAL ASHISH 5 Payee name 2/16/21 6 Amount (\$) MR. JI CONNECTIONS City: State: Zip Code P.O. BOx 2082 MISSOURI CITY TX (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** CONSULTING PO ADUSOR EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 3/2/21 HOT COFFEE DIGITAL MARKETING Amount (\$) Zip Code \$30/-MISSOURI CITY Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTITION BY CAMPAIGN MATERIAL EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date BANK OF AMERICA Amount (\$) Payee address; City; State; Zip Code 84L, 98 MUSSOUR CITY Category (See Categories listed at the top of this schedule) Description **PURPOSE** ACCOUNTING / BANKING EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

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) ASHISH AGRAWAL 4 Date 5 Payee name AMERICAN CARIBBOAN CHARGER OF COMMUNICIS Zip Code 6201 BONHOMME SAZ 214 Houspan 77036 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ADVORTISING EXP INTIL WOMENS DAY **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH 3/12/21 TEXAS CAMPAIGNS Zip Code 9600 GLENFIELD CO \$7001-Housen 77096 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVISOR CONSULTING PA EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Me. J. CONNECTIONS 3/12/21 Amount (\$) Payee address; City: Zip Code P.O. BOx 2082 Micsoul City Category (See Categories listed at the top of this schedule) PURPOSE ADUKOR CONSULTING EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

Solicitation/Fundraising Expense

| Credit Card Payment   | The Instruction Guide explains how to  | complete this form.       |                                    |  |
|---|--|---------------------------|------------------------------------|--|
| 1 Total pages Schedule F1:  | 2 FILER NAME ASHISH AGR  | AWAL 3F                   | iler ID (Ethics Commission Filers) |  |
| 3/13/21   | A MEDIA  |                           |                                    |  |
| 380/-   | 7 Payee address;   | Houston                   | State; Zip Code                    |  |
| PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  PRINTING EFP | (b) Description  CAMPAIGN | MATERIAL                           |  |
|   | (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/O  | Candidate / Officeholder name  | Office sought             | Office held                        |  |
| 3/15/21   | Music MASALA   |                           |                                    |  |
| Amount (\$)   | Payee address;   | City;                     | State; Zip Code                    |  |
| 9750/-  | 2721 FIRDSTONE   | Sugar lamp                | TSO 77478                          |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  ADVERTSING EXP   | MGDI A                    |                                    |  |
|   | Check if travel outside of Texas. Complete Schedule T.                         | Check if Austin, TX,      | officeholder living expense        |  |
| Complete ONLY if direct expenditure to benefit C/ON   | Candidate / Officeholder name  | Office sought             | Office held                        |  |
| Date 3/21/21  | Payee name  140ME DUPOT  |                           |                                    |  |
| Amount (\$)   | Payee address;   | City;                     | State; Zip Code                    |  |
| \$122.82  | 6850 S FRA RD  | KATY                      | Tx 77494                           |  |
| PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  ADVINION CA |  | Sign Sufflies             |                                    |  |
|   | 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                        |  |
| A-00-0  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEEDED        |                                    |  |

#### 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 Gft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ASHISH AGRAWAL 5 Payee name 3/21/21 TEXAS CAMPAIGNS City; Zip Code 9600 GLEN FIELD CT Houseon Tx \$33.84 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** CONSULTING BYP Aprilal OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name MINUTEMAN PRECS 3/22/21 Amount (\$) Pavee address: City: Zip Code 1324 PIN DAK RD \$3,330/-KATY Category (See Categories listed at the top of this schedule) Description **PURPOSE** PRINTING EXP CAMPAIGN MAT OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** REHAN MR S NAME NICKNAME LAST SUFFIX AHMED 4 CANDIDATE / ADDRESS / PO BOX, APT / SUITE #; ZIP CODE **OFFICEHOLDER** 18331 NEWMACHAR WAY RICHMOND TX 77407 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (832) PHONE 759-8715 Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST MI **TREASURER** MARTHA MS NAME Date Processed NICKNAME LAST SUFFIX Date Imaged LISLE STREET ADDRESS (NO PO BOX PLEASE): CAMPAIGN APT / SUITE #: CITY; STATE: ZIP CODE TREASURER 8718 GRASSWREN RD RICHMOND **ADDRESS** TX 77407 (Residence or Business) 8 CAMPAIGN PHONE NUMBER AREA CODE EXTENSION TREASURER PHONE (713) 213-6668 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day Year COVERED 02 15 2021 THROUGH 03 31 2021 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Month Day Other Description General Special 01 2021 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) FBISD Board of Trustee Position 2 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. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages 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<br>TOTALS  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALI                        | LOANS OR                      | \$<br>7625  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA  | ARANTEES OF LOANS)            | \$ 7625   |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDI  | TURE.                         | \$ <sub>7446.53</sub>                               |
|  | 4. TOTAL POLITICAL EXPENDITURES  |                               | <sup>\$</sup> 7446.53                               |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD  | TAINED AS OF THE LAST DA      |   |
| OUTSTANDING<br>LOAN TOTALS   | TOTAL PRINCIPAL AMOUNT OF ALL OUTS     LAST DAY OF THE REPORTING PERIOD  | TANDING LOANS AS OF THE       |   |
| 18 SIGNATURE I s   | wear, or affirm, under penalty of perjury, that the accountried to be reported by me under Title 15, Election Code | ompanying report is true and  |   |
| 160  | uned to be reported by the under little 15, Election Code  | 2.                            | -1  |
|  |  | Reha Sh                       | 1   |
|  |  | Signature of Candida          | te or Officeholder                                  |
|  |  | 1000                          |   |
|  | Please complete eith   | er option below:              |   |
| (1) Affidavit  | GARRETT DUANE ROSIE 132267296 NOTARY PUBLIC, 25TATE OF TEXA MY COMMISSION EXPIRES NOVEMBER 25, 2023                | R                             |   |
| NOTARY STAMP/SEAL  | pefore me by Rehan Ahmed   | 1                             | day of April,                                       |
| Sworn to and subscribed i  | delote the by  | this the                      | day of,   |
| 20, to certify v   | which, witness my hand and seal of office.   | Executive Assum               | last to the BOT                                     |
| Signature of officer administer  |  | ring oath                     | Title of officer administering oath                 |
|  | OR OR  |                               | 575 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| 2) Unsworn Declaratio  | n  |                               |   |
| My name is   | , a  | nd my date of birth is        |   |
| My address is  |  | * Example 100 ETUIC 3//8 1/71 | ·   |
|  | (street)   | (city) (state)                | (rin code)  |
| executed in  | County State of  | (city) (state)                | (zip code) (country)                                |
| The state of the s | County, State of, on the   | day of(month)                 | , 20<br>(year)                                      |
|  |  | Signature of Candidate/Off    | îceholder (Declarant)                               |

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

| \$7625<br>\$1000<br>\$ |  |
|------------------------|--|
| \$7625<br>\$1000       |  |
| \$1000                 |  |
|                        |  |
| \$                     |  |
|                        |  |
| \$                     |  |
| TRIBUTIONS \$          |  |
| \$                     |  |
| ONTRIBUTIONS \$        |  |
| \$ 516.5               | 3  |
|                        |  |
| SUSINESS OF C/OH \$    |  |
| TRIBUTIONS \$          |  |
| ONS RETURNED \$        |  |
| 0                      | \$ TRIBUTIONS \$ \$ DNTRIBUTIONS \$ \$ 516.5 S \$ 6930. USINESS OF C/OH \$ TRIBUTIONS \$ |

#### SCHEDULE A1

| The   | Instruction Guide explains how t  | o complete this       | s form.   |                                      | 1 Total pages Schedule A1:            |
|---|---|-----------------------|-----------|--------------------------------------|---------------------------------------|
| 2 FILER NAME<br>REHAN AHM   |   |                       |           |                                      | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>Feb 22, 2021  | 5 Full name of contributor  Mohammed Abdulhameed  6 Contributor address;  8718 Grasswren Rd | out-of-state PA(      | State;    | Zip Code 77407                       | 7 Amount of contribution (\$) \$200   |
| 8 Principal occu  | pation / Job title (See Instructions)   |                       |           | oyer (See Instruct                   | ions)                                 |
| Director of Op  | erations  |                       |           | olin Shop                            | ,                                     |
| Date<br>Feb 22, 2021  | Full name of contributor Baseer Pirzada Contributor address;                                | out-of-state PAC      | State;    | Zip Code                             | Amount of contribution (\$) \$100     |
|   | 7941 Katy Fwy #787 ,  | Houston,              | TX        | 77024                                |                                       |
| Principal occup   | pation / Job title (See Instructions)   |                       | Empl      | eam Realty                           | ons)                                  |
| Feb 23, 2021 Laique Rehman  Mar 27, 2021  Contributor out-of-state PA  Contributor address: Other |   | C (ID#:               | )         | Amount of contribution (\$) \$400    |                                       |
| Wai 27, 2021  | Contributor address; 5075 Westheimer Rd Suite   | City;<br>675. Houstor | State;    | Zip Code                             |                                       |
| Principal occup   | eation / Job title (See Instructions)   |                       |           | oyer (See Instruction                | ons)                                  |
| Date<br>Mar 9, 2021   | Full name of contributor Shahla Wahid   | out-of-state PAC      | (ID#      |                                      | Amount of contribution (\$)           |
|   | Contributor address; 2601 S Braeswood Blvd Apt  | City;                 |           | Zip Code                             | \$25                                  |
| Principal occup   | ation / Job title (See Instructions)  | 1404, 11003           |           | oyer (See Instruction                | ons)                                  |
|   | 2 Pages attac   | hed                   |           |                                      |                                       |
|   | ATTACH ADDITIO  | NAL COPIES C          | F THIS So | CHEDULE AS NE<br>e for additional re | EDED porting requirements.            |

#### SCHEDULE A1

| The   | Instruction Guide explains how             | to complete th   | is form.               |                              | 1 Total pages Schedule A1:           |
|---|--|------------------|------------------------|------------------------------|--------------------------------------|
| 2 FILER NAME<br>REHAN AH  | :<br>MED                                   |                  |                        |                              | 3 Filer ID (Ethics Commission Filers |
| 4 Date<br>Mar 9, 2021   | Full name of contributor     Vernon Beyer  | ut-of-state P/   | AC (ID#                | )                            | 7 Amount of contribution (\$)        |
|   | 6 Contributor address;                     | City;            | State;                 | Zip Code                     | \$5000                               |
|   | 4 Ellicot Way                              | Sugarland        | TX                     | 77479                        |                                      |
| 8 Principal occupation / Job title (See Instructions) Businessman |  |                  | 9 Emplo                | oyer (See Instruc<br>ployed  | itions)                              |
| Date<br>Mar 27, 2021  | Full name of contributor Zahoor Gire       | Out-of-state PA  | AC (ID#)               |                              | Amount of contribution (\$)          |
|   | Contributor address;                       | City;            | State;                 | Zip Code                     | \$750                                |
|   | 1606 Potomac                               | Houston          | TX                     | 77057                        |                                      |
| Principal occupation / Job title (See Instructions) Businessman   |  |                  | Self Em                | ployed                       | tions)                               |
| <sub>Date</sub><br>Mar 27, 2021                                   | Full name of contributor Muzzaffar Siddiqi | out-of-state PA  | out-of-state PAC (ID#) |                              | Amount of contribution (\$) \$400    |
|   | Contributor address;                       | City;            |                        | Zip Code                     | Ψτου                                 |
|   | 11 Laurel Wreath Trail Sug                 | gar Land TX 7    | 77498                  |                              |                                      |
|   | eation / Job title (See Instructions)      |                  |                        | yer (See Instruct            | ions)                                |
| Businessman   |  |                  | Self Emp               | ployed                       |                                      |
| Date<br>Mar 27, 2021  | Full name of contributor<br>Salman Razzaqi | out-of-state PAC | C (ID#                 |                              | Amount of contribution (\$)          |
|   | Contributor address;                       | City;            |                        | Zip Code                     | φ300                                 |
|   | 12555 S Dairy Ashford Rd                   | Houston, TX      | 77099                  |                              |                                      |
| Principal occupa<br>Businessman                                   | ation / Job title (See Instructions)       |                  | Self Emp               | yer (See Instructi<br>ployed | ons)                                 |
|   |  |                  |                        |                              |                                      |
|   |  |                  |                        |                              |                                      |
|   |  |                  |                        |                              |                                      |

#### SCHEDULE A1

|                                   | e Instruction Guide explains how                | to complete th   | is form.                                | 1 Total pages Schedule A1:            |
|-----------------------------------|---|------------------|---|---------------------------------------|
| 2 FILER NAME<br>REHAN AH          | ≣<br>IMED                                       |                  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>Mar 27, 2021            | 5 Full name of contributor                      |                  | 7 Amount of contribution (\$)           |                                       |
|                                   | 6 Contributor address; 18946 Elrington Creek Ct | City;            | State; Zip Code                         |                                       |
| 8 Principal occi<br>IT - Engineer | upation / Job title (See Instructions)          | rxionmond        | TX 77407  9 Employer (See Instru        | ctions)                               |
| <sub>Date</sub><br>Mar 27, 2021   | Full name of contributor  Qamrus Salam          | out-of-state PA  | C (ID#:)                                | Amount of contribution (\$)           |
|                                   | Contributor address;                            | City;            | State; Zip Code                         | \$150                                 |
|                                   | 2614 Night Song Dr                              | Pearland         | TX 77584                                |                                       |
| Principal occup<br>Retired        | pation / Job title (See Instructions)           |                  | Employer (See Instruc                   | ctions)                               |
| <sub>Date</sub><br>Mar 27, 2021   | Full name of contributor                        | out-of-state PA  | C (ID#)                                 | Amount of contribution (\$)           |
|                                   | Contributor address;                            | City;            | State; Zip Code                         | \$100                                 |
|                                   | 5822 Catherwood Lane                            | Houston          | TX 77084                                |                                       |
|                                   | pation / Job title (See Instructions)           |                  | Employer (See Instruc                   | ctions)                               |
| usinessman                        | V   | - Hr             | Self Employed                           |                                       |
| Date<br>Mar 27, 2021              | Full name of contributor<br>Khalid R Malik      | out-of-state PAC | C (ID#:)                                | Amount of contribution (\$)           |
|                                   | Contributor address;                            | City;            | State; Zip Code                         | \$100                                 |
|                                   | 11414 Rock Bridge Ln                            | Sugarland        | TX 77498                                |                                       |
| Principal occur                   | eation / Job title (See Instructions)           |                  | Employer (See Instruction Self Employed | tions)                                |

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

| Т                      | he Instruction Guide explains how to complete this for                                  | m.          | 1 Total pages Schedule A2:   |
|------------------------|---|-------------|--|
| 2 FILER NAM<br>REHAN A | 1E<br>HMED  |             | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL C              | OF UNITEMIZED IN-KIND POLITICAL CONTRI  | BUTIONS     | \$   |
| Directo                | 6 Full name of contributor  out-of-state PAC (ID#                                       | Lisle \     | 8 Amount of Contribution \$\frac{1}{2}\$ In-kind contribution description    Meet & Greet   Lunch Event     Check if travel outside of Texas. Complete Schedule Ter (FOR NON-JUDICIAL)(See Instructions)  Violin Shop    tor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's       | employer/law firm (FOR JUDICIAL)  |             | 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  | Zip Code    | Amount of   In-kind contribution description   |
| Principal occi         | upation / Job title (FOR NON-JUDICIAL) (See Instructions)                               | Employe     | r (FOR NON-JUDICIAL)(See Instructions)   |
|                        | principal occupation (FOR JUDICIAL)   | Contribut   | or'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)                               |             |  |
|                        |   |             |  |
| If                     | ATTACH ADDITIONAL COPIES OF THe contributor is out-of-state PAC, please see Instruction | IIS SCHEDUL | E AS NEEDED  |

### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

|   | EXPENDITURE CATE   | GORIES FOR BOX 10(a)  |  |
|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic | Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F4:  | 2 FILER NAME<br>REHAN AHMED  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEN   | /IIZED EXPENDITURES CHARGED  | O TO A CREDIT CARD  | \$ 513.53  |
| 5 Date  | 6 Payee name   |   | 513.53   |
| 03/20/2021  | Home Depot   |   |  |
| 7 Amount (\$)   | 8 Payee address;   | City;   | State; Zip Code  |
| 513.53  | 10419 Highway 6 South  | Sugar Land  |  |
| 9 TYPE OF<br>EXPENDITURE  | ✓ Political  | Non-Political   |  |
| 10  | (a) Category (See Categories listed at the top of this   | s schedule) (b) Description   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Solicitation Expenditure   |   | ign Stakes, zip ties and<br>ers  |
|   | (c) Check if travel outside of Texas. Complete   | Schedule T. Check if Au   | stin, TX, officeholder living expense  |
| 11<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name REHAN AHMED  | Office sought FBISD Board of Trust  | Office held<br>see Position 2  |
| Date  | Payee name   |   |  |
| Amount (\$)   | Payee address;   | City;   | State; Zip Code  |
| TYPE OF<br>EXPENDITURE  | Political  | Non-Political   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this   | s schedule) Description   |  |
|   | Check if travel outside of Texas. Complete   | Schedule T. Check if Aus  | stin, 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 O   | F THIS SCHEDULE AS NEE  | EDED   |
|   |  |   |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

|   | EXPENDITURE CATI   | EGORIES FOR BOX 8(a)   |  |                        |  |
|---|--|--|--|------------------------|--|
| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Credit Card |  | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor tins how to complete this form.   | Solicitation/Fundraising Expense<br>Transportation Equipment & Related I<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed abo |                        |  |
| Total pages Schedule G:   | 2 FILER NAME<br>REHAN AHMED  |  | 3 Filer ID (Ethics   | Commission Filers)     |  |
| Date  | 5 Payee name   |  |  |                        |  |
| Feb 22, 2021  | Mauricio Marin   |  |  |                        |  |
| Amount (\$) \$1200 Reimbursement from political contributions intended  | 7 Payee address;   | City;<br>Richmon   | State;<br>d TX   | Zip Code<br>77407      |  |
|   | (a) Category (See Categories listed at the top of this   | schedule) (b) Description  |  |                        |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Advertisement Expense  | Website Development of the cards, yard significant of the cards, yard significant of the cards of the card of t | opment/ Photos<br>n, banner desig  | shot, flyers,bus<br>gn |  |
|   | (c) Check if travel outside of Texas. Complete S   | Schedule T. Check if Austin  | TX, officeholder living e  | xpense                 |  |
| 9 Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH   |  | Office sought  |  | Office held            |  |
| Date  | Payee name   |  |  |                        |  |
| Feb 25, 2021  | Uzair Ahmed  |  |  |                        |  |
| Amount (\$)   | Payee address;   | City;  | State;   | Zip Code               |  |
| \$1000  Reimbursement from political contributions  |  | Houston  | TX   |                        |  |
| intended  |  |  |  |                        |  |
| intended  | Category (See Categories listed at the top of this   | schedule) Description  |  |                        |  |
|   | Category (See Categories listed at the top of this Solicitation Expenditure  | Schedule) Description Facebook Page  | Dev. and main  | tainence               |  |
| PURPOSE<br>OF   | 50 (20)  | Facebook Page  | Dev. and main  |                        |  |
| PURPOSE<br>OF   | Solicitation Expenditure  Check if travel outside of Texas. Complete S  Candidate / Officeholder name  | Facebook Page  | TX, officeholder living e  |                        |  |
| PURPOSE OF EXPENDITURE  | Solicitation Expenditure  Check if travel outside of Texas. Complete S  Candidate / Officeholder name  | Facebook Page Schedule T. Check if Austin,   | TX, officeholder living e  | xpense                 |  |
| PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/6  | Solicitation Expenditure  Check if travel outside of Texas. Complete S  Candidate / Officeholder name  | Facebook Page Schedule T. Check if Austin,   | TX, officeholder living e  | xpense                 |  |
| PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d  | Solicitation Expenditure  Check if travel outside of Texas. Complete S Candidate / Officeholder name  OH  Payee name   | Facebook Page Check if Austin, Office sought   | TX, officeholder living e  | xpense<br>Office held  |  |
| PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d  Date  Mar 10, 2021  | Solicitation Expenditure  Check if travel outside of Texas. Complete S Candidate / Officeholder name  Payee name  Nasir Allied Signs   | Facebook Page Schedule T. Check if Austin,   | TX, officeholder living e  | xpense                 |  |
| PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d  Date  Mar 10, 2021  Amount (\$) \$3600  Permoursement from political contributions intended   | Solicitation Expenditure  Check if travel outside of Texas. Complete S Candidate / Officeholder name  Payee name Nasir Allied Signs Payee address; 6820 Harwin Dr.  Category (See Categories listed at the top of this s                             | Facebook Page Check if Austin, Office sought  City: Houston, schedule)  Description  | TX, officeholder living e  | office held Zip Code   |  |
| PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d  Date  Mar 10, 2021  Amount (\$) \$3600  Political contributions intended  | Solicitation Expenditure  Check if travel outside of Texas. Complete S Candidate / Officeholder name  DH  Payee name Nasir Allied Signs Payee address; 6820 Harwin Dr.  Category (See Categories listed at the top of this s S Advertisement Expense | Facebook Page Check if Austin, Office sought  City; Houston, Schedule)  Description  Yard Signs, 4x4   | TX, officeholder living e  | office held Zip Code   |  |
| PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d  Date  Mar 10, 2021  Amount (\$) \$3600  Reimbursement from political contributions intended  PURPOSE OF   | Solicitation Expenditure  Check if travel outside of Texas. Complete S Candidate / Officeholder name  Payee name Nasir Allied Signs Payee address; 6820 Harwin Dr.  Category (See Categories listed at the top of this s                             | Facebook Page Check if Austin, Office sought  City; Houston, schedule)  Description  Yard Signs, 4x4   | TX, officeholder living e  | zip Code               |  |

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

|  | EXPENDITURE C   | ATEGORIES  | FOR BOX 8(a)                    |  |                        |
|--|---|--|---------------------------------|--|------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Politic<br>Credit Card Payment   |   | Office Over<br>Polling Ex<br>se Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor  | Solicitation/Fundraisin<br>Transportation Equipm<br>Travel In District<br>Travel Out Of District<br>Other (enter a categor | nent & Related Expense |
| 1 Total pages Schedule G:  | 2 FILER NAME<br>REHAN AHMED   |  |                                 | 3 Filer ID (Ethics   | Commission Filers)     |
| 4 Date   | 5 Payee name  |  |                                 |  |                        |
| Mar 14, 2021   | NTM   |  |                                 |  |                        |
| \$200 Reimbursement from political contributions intended  | 7 Payee address;  |  | City;<br>Houstor                | State;   | Zip Code<br>77036      |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of Advertisement Expense |  | (b) Description  TV One Usa - T | V show fee   |                        |
|  | (c) Check if travel outside of Texas. Comp                              | Check if Austin,   | TX, officeholder living e       | xpense   |                        |
| 9<br>Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name   |  | Office sought                   |  | Office held            |
| Date   | Payee name  |  |                                 |  |                        |
| Mar 16, 2021   | Syed Shahzad  |  |                                 |  |                        |
| Amount (\$)  | Payee address;  |  | City;                           | State;   | Zip Code               |
| \$930 Reimbursement from political contributions intended  | 9440 Harwin Dr. Suite # E   |  | Houstor                         | n TX   | 77036                  |
| BUBBOSE  | Category (See Categories listed at the top                              | of this schedule)  | Description                     |  |                        |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertisement Expense   |  | Campaign T Shi                  | rt Printing and  | Business cards         |
|  | Check if travel outside of Texas. Com                                   | plete Schedule T.  | Check if Austin                 | , TX, officeholder living e  | xpense                 |
| Complete ONLY if direct expenditure to benefit C/  | Candidate / Officeholder name   |  | Office sought                   |  | Office held            |
| Date   | Payee name  |  |                                 |  |                        |
| Mar 20, 2021   | Home Depot  |  |                                 |  |                        |
| Amount (\$)  | Payee address;  |  | City;                           | State;   | Zip Code               |
| \$516.53 Reimbursement from political contributions intended   | 10419 Highway 6 South   |  | Sugar Land                      | TX   | 77407                  |
| PURPOSE  | Category (See Categories listed at the top                              | of this schedule)  | Description                     |  |                        |
| OF<br>EXPENDITURE  | Advertisement Expense   |  | Stakes - Zip ties               | - Stakes Drive   | r                      |
| omoce-representations of the section | Check if travel outside of Texas. Com                                   | plete Schedule T.  | Check if Austin                 | , TX, officeholder living e  | xpense                 |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   |  | Office sought                   |  | Office held            |
|  | ATTACH ADDITIONAL COP   | IES OF THIS S  | CHEDULE AS NEED                 | ED   |                        |

OTHER W.

| ( | $\alpha$ | (I) |
|---|----------|-----|

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|   |                        | CEHOLDER<br>E REPORT  |                   |  |  | ORM C/OH<br>HEET PG 1 |
|---|------------------------|---|-------------------|--|--|-----------------------|
| The C/OH Instruction G                              | uide explains how      | to complete this form.  | 1 Filer ID (Et    | hics Commission Filers)                    | 2 Total pages file                           | ed:                   |
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS / MRS / MR Mrs      | FIRST<br>Stephanie  |                   | MI   | OFFICE                                       | USE ONLY              |
| NAME  | NICKNAME               | LAST  |                   | SUFFIX                                     | PECE   | IVEN                  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX;      | APT / SUITE #;  | CITY; STA         | TE; ZIP CODE                               | APR -<br>BY: GDK                             | 1 2021                |
| Change of Address                                   | 1206 Blue Diamond      | Dr, Mis   | souri City T      | X 77489                                    |  |                       |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE ( ) 832 350  | PHONE NUMBER  | EXT               | ENSION                                     |  | or Date Postmarked    |
| 6 CAMPAIGN  | MS / MRS / MR          | FIRST   |                   | MI   | Receipt #                                    | Amount \$             |
| TREASURER<br>NAME                                   | Ms. Alexandria         |   |                   | Date Processed                             |  |                       |
|   | NICKNAME LAST SUFFIX - |   |                   | Date Imaged                                |  |                       |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS (       |   | CUITE #:          | CITY;                                      | STATE;                                       | ZIP CODE              |
| (Residence or Business)                             | 1206 Blue Diamor       | nd Dr.  | Mis               | ssouri City                                | TX   | 77489                 |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE ( 832 ) 39   | PHONE NUMBER 0-9297   | EXT               | ENSION                                     |  |                       |
| 9 REPORT TYPE                                       | January 15             | 30th day before   | election          | Runoff                                     | 15th day aff<br>treasurer ap<br>(Officeholde |                       |
|   | July 15                | 8th day before el   | ection            | Exceeded Modified<br>Reporting Limit       | Final Repor                                  | t (Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED                                | Month                  | Day Year  | THROUGH           | Month                                      | Day Year                                     |                       |
| 11 ELECTION   | ELECTION DAY           |   | Runoff Special    | Other Description                          |  |                       |
| 12 OFFICE   | OFFICE HELD (if any)   |   | V 7770            | FICE SOUGHT (If known it Bend ISD Board of |  |                       |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)         | THE CANDIDATE / OFFICE | E OF POLITICAL CONTRIBUTIONS<br>EHOLDER THESE EXPENDITURE<br>AND OFFICEHOLDERS ARE REQU | S MAY HAVE BEEN M | ADE WITHOUT THE CANL                       | DIDATE'S OR OFFICEHOL                        | DER'S KNOWLEDGE OR    |
|   | COMMITTEE TYPE         | COMMITTEE NAME  |                   |  |  |                       |
| Additional Pages                                    | GENERAL                | COMMITTEE ADDRESS   |                   |  |  |                       |
|   | SPECIFIC               | COMMITTEE CAMPAIGN TRI  | EASURER NAME      |  |  |                       |
|   |                        | COMMITTEE CAMPAIGN TR   | EASURER ADDRES    | SS   |  |                       |

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

Signature of Candidate/Officeholder (Declarant)

| CAMI ATO   | THE THE TENT OF TH |  |
|--|--|--|
| 15 C/OH NAME   |  | 16 Filer ID (Ethics Commission Filers)                                   |
| Step   | phanie A. Brown  |  |
| 17 CONTRIBUTION<br>TOTALS  | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>   | \$ 200.00  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$   |
| EXPENDITURE<br>TOTALS  | TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$   |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$<br>471.33   |
| CONTRIBUTION<br>BALANCE  | <ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST<br/>OF REPORTING PERIOD</li> </ol>  | DAY \$ -271.33   |
| OUTSTANDING<br>LOAN TOTALS   | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>LAST DAY OF THE REPORTING PERIOD  | THE \$   |
| (1) Affidavit  | Signature of Candidate Control of Candidate Ca | didate or Officeholder   |
| NOTARY STAMP/SEAR Sworn to and subscribed 20 21, to certify  Mark Duank ( Signature of officer administer) | which, witness my hand and seal of office.  Which witness my hand and seal of office.  Whand witness my hand and seal of office.  Which witness my hand an | 1 day of April.  Sistant to the BOT  Title of officer administering oath |
| (2) Unsworn Declaration  | on   |  |
| My name is   | , and my date of birth is  |  |
| My address is  |  |  |
|  | (street) (city) (st  | ate) (zip code) (country)  |
| Executed in  | County, State of , on the day of(month)  | , 20<br>(year)   |

#### SCHEDULE A1

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

| 2625 Alamo tion / Job title (See Instructions) Retired Full name of contributor Dora Olivo  | City;  Rosenberg  out-of-state PA  City;  | State; Zip Code  TX 77471  9 Employer (See Instruct           | Total pages Schedule A1:  Filer ID (Ethics Commission Filers)  Amount of contribution (\$)  100.00  Amount of contribution (\$) |
|---|---|---|---|
| Full name of contributor  Dora Olivo  Contributor address;  2625 Alamo tion / Job title (See Instructions)  Retired  Full name of contributor  Dora Olivo  Contributor address; | City;  Rosenberg  out-of-state PA  City;  | State; Zip Code  TX 77471  9 Employer (See Instruct           | 7 Amount of contribution (\$)  100.00  tions)   |
| Full name of contributor  Dora Olivo  Contributor address;  2625 Alamo tion / Job title (See Instructions)  Retired  Full name of contributor  Dora Olivo  Contributor address; | City;  Rosenberg  out-of-state PA  City;  | State; Zip Code  TX 77471  9 Employer (See Instruct           | 100.00<br>itions)   |
| Dora Olivo Contributor address;  2625 Alamo tion / Job title (See Instructions) Retired  Full name of contributor Dora Olivo  Contributor address;                              | City;  Rosenberg  out-of-state PA  City;  | State; Zip Code  TX 77471  9 Employer (See Instruct           | 100.00<br>itions)   |
| 2625 Alamo tion / Job title (See Instructions) Retired  Full name of contributor Dora Olivo  Contributor address;   | City;  Rosenberg  out-of-state PA  City;  | State; Zip Code  TX 77471  9 Employer (See Instruct  CC (ID#) | tions)  |
| 2625 Alamo tion / Job title (See Instructions) Retired Full name of contributor Dora Olivo Contributor address;   | Rosenberg  out-of-state PA  City;   | TX 77471  9 Employer (See Instruct                            | tions)  |
| tion / Job title (See Instructions) Retired  Full name of contributor Dora Olivo  Contributor address;  | □ out-of-state PA   | 9 Employer (See Instruct                                      | tions)  |
| Retired  Full name of contributor  Dora Olivo  Contributor address;   | □ out-of-state PA   | AC (ID#)  |   |
| Dora Olivo  Contributor address;  | City;   |   | Amount of contribution (\$)   |
| Contributor address;  | City;   | A 400 P. A.               |   |
| Contributor address;  | City;   | A 400 P. A.               |   |
| 2625 Alamo  |   |   |   |
|   | Rosenberg   | TX 77471  | 100.00  |
| on / Job title (See Instructions)   |   | Employer (See Instruct  | tions)  |
| Retired   |   |   |   |
| Full name of contributor  | out-of-state PA   | AC (ID#)  | Amount of contribution (\$)   |
| Contributor address;  | City;   | State; Zip Code   |   |
| ion / Job title (See Instructions)  |   | Employer (See Instruct  | tions)  |
| Full name of contributor  | out-of-state PA   | AC (ID#)  | Amount of contribution (\$)   |
| Contributor address;  | City;   | State; Zip Code   |   |
| ion / Job title (See Instructions)  |   | Employer (See Instruct  | tions)  |
|   | Full name of contributor  Contributor address;  on / Job title (See Instructions)  Full name of contributor  Contributor address; | Retired  Full name of contributor                             | Full name of contributor  |

### 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salartes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

| T-1-1  | To even water   |                       | 2 Files ID (Ethies Commission Files  |
|--|---|-----------------------|--------------------------------------|
| Total pages Schedule F1                            | 2 FILER NAME<br>Stephanie A. Brown  |                       | 3 Filer ID (Ethics Commission Filers |
| Date   | 5 Payee name  |                       |                                      |
| 3/10/21  | Daley Professional Web Solutions  |                       |                                      |
| Amount (\$)  | 7 Payee address;  | City;                 | State; Zip Code                      |
| \$ 228.00  | 211 Cardinal Drive  | Montgomery            | NY 12549                             |
| PURPOSE<br>OF                                      | (a) Category (See Categories listed at the top of this schedule)  | (b) Description       |                                      |
| EXPENDITURE  | Other   | Website               |                                      |
|  | (C) Check if travel outside of Texas. Complete Schedule T   | Check if Austi        | in, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H  | Office sought         | Office held                          |
| Date   | Payee name  |                       |                                      |
| 3/19/21  | Texas Democrats   |                       |                                      |
| Amount (\$)  | Payee address;  | City;                 | State; Zip Code                      |
| \$ 243.33<br>PURPOSE                               | 1106 Lavaca, Suite 100 Category (See Categories listed at the top of this schedule)                                 | Austin<br>Description | TX 78701                             |
| OF<br>EXPENDITURE                                  | Other   | Voter File            |                                      |
|  | Check if travel outside of Texas. Complete Schedule T.  |                       | in, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name   | Office sought         | Office held                          |
| Date   | Payee name  |                       |                                      |
| Amount (\$)  | Payee address;  | City;                 | State; Zip Code                      |
|  |   |                       |                                      |
| PURPOSE  | Category (See Categories listed at the top of this schedule)  | Description           |                                      |
| PURPOSE<br>OF<br>EXPENDITURE                       | Category (See Categories listed at the top of this schedule)  | Description           |                                      |
| OF   | Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T |                       | in, TX, officeholder living expense  |

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 24 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** JUDY MRS NAME Date Received NICKNAME LAST SUFFIX DAE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; **OFFICEHOLDER** 34 HESSENFORD ST SUGAR LAND TX 77479 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (609)216-4016 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 1110 PASSON FLOWER WAY RICHMOND TX 77406 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (956) 821-6879 REPORT TYPE January 15 X 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month COVERED 3 22 21 21 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Day Year Description 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE FORT BEND ISD BOARD POSITION 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME<br>JUDY DAE   |  |  | 16 Filer ID (Ethics Commission Filers)      |
|--|--|--|---|
| 17 CONTRIBUTION<br>TOTALS  | PLEDGES, LOAN  | ZED POLITICAL CONTRIBUTIONS (OTHER THA<br>NS, OR GUARANTEES OF LOANS, OR<br>S MADE ELECTRONICALLY) | \$ 2,180.27                                 |
|  | TO SOME THE SOME THE SOME THE SOURCE OF THE SOLES                | CAL CONTRIBUTIONS<br>LEDGES, LOANS, OR GUARANTEES OF LOANS   | \$ 13,473.17                                |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZ  | ZED POLITICAL EXPENDITURE.   | \$ 1,430.36                                 |
|  | 4. TOTAL POLITIC   | AL EXPENDITURES  | \$ 7,111.83                                 |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICA OF REPORTING                                   | L CONTRIBUTIONS MAINTAINED AS OF THE LA  | \$ 6,361.34                                 |
| OUTSTANDING<br>LOAN TOTALS   |  | L AMOUNT OF ALL OUTSTANDING LOANS AS (<br>IE REPORTING PERIOD                                      | \$ 0.00                                     |
| A STATE OF THE PARTY OF THE PAR | swear, or affirm, under penalty required to be reported by me un | y of perjury, that the accompanying report is trider Title 15, Election Code.                      | ue and correct and includes all information |
|  |  | 44-  |   |
|  |  | Signature of C   | andidate or Officeholder                    |
|  |  |  |   |
|  | Plea   | se complete either option belo   | <b>N</b> :                                  |
|  | . 100  | see complete claim of chair action   |   |
|  |  |  |   |
| (1) Affidavit  |  |  |   |
|  |  |  |   |
| NOTARY STAMP/SI  | EAL  |  |   |
| Sworn to and subscrib  | 5. ADDICESSOR (1997)   |  | day of,                                     |
| 20, to cert  | ify which, witness my hand and se                                | eal of office.   |   |
| Signature of officer admini  | stering oath Print   | ed name of officer administering oath  | Title of officer administering oath         |
|  |  | OR   |   |
| (2) Unsworn Declara  | tion   |  |   |
| My name is OSCAR   |  | , and my date of birth i   | S OCTOBER 11, 1977                          |
| My address is 1110 P   | ASSON FLOWER WAY   |  | X 77406 FORT BEND                           |
| Executed in FORT BE  | (street)  County, State of T                                     | (1)  |   |
|  |  | Signature of Cand  | idate/Officeholder (Declarant)              |
|  |  |  |   |

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME  | 20 Filer ID (Ethics Co | mmiss | sion Filers)       |
|-----|---|------------------------|-------|--------------------|
| 05  | SCAR SAENZ  |                        |       |                    |
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                        |                        |       | SUBTOTAL<br>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 CO    | NTRIBUTIONS            | \$    | 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 FUI     | NDS                    | \$    |                    |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A    | BUSINESS OF C/OH       | \$    |                    |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | ONTRIBUTIONS           | \$    |                    |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT  | TIONS RETURNED         | \$    |                    |

#### 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   | 5 Full name of contributor out-of-state PAC LISA YING   | 7 Amount of contribution (\$) |  |  |
| 01/01/2021   | 6 Contributor address; City; N/A; N/A ; TX; N/A         | State; Zip Code               | 200.00   |  |
| 8 Principal occu   | pation / Job title (See Instructions)                   | 9 Employer (See Instructi     | ons)   |  |
| Date   | JANE YUAN   |                               | Amount of contribution (\$)  |  |
| 01/02/2021   |   |                               | 200.00   |  |
|  | 4422 HEATHERWILDE ST.; SUGAR LA                         | AND; TX; 77479                | and the second s |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |                               | ons)   |  |
| Date   | Full name of contributor out-of-state PAC (ID#)         |                               | Amount of contribution (\$)  |  |
| 01/04/2021   | YU LI  Contributor address; City;                       | State; Zip Code               | 200.00   |  |
| N/A; N/A ; TX; N/A   |   |                               |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |                               |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#)         |                               | Amount of contribution (\$)  |  |
| 01/04/2021   | RACHEL OU 21 Contributor address; City; State; Zip Code |                               | 300.00   |  |
| 5715 SILVER BAY CT. SUGAR LAND; SUGAR LAND; TX; 77479                            |   |                               |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   | ons)                          |  |  |
| Software Engineer  |   |                               |  |  |
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### SCHEDULE A1

| If the requested information is not applicable, DO NOT Include this page in the report. |  |                                       |  |  |
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| 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  | 5 Full name of contributor out-of-state PAC (ID#) TED LIU            | 7 Amount of contribution (\$)         |  |  |
| 01/04/2021  | 6 Contributor address; City; State; Zip Code                         | 200.00                                |  |  |
|   | 1126 KING STREET; N/A; TX; N/A                                       |                                       |  |  |
| 8 Principal occu  | pation / Job title (See Instructions)  9 Employer (See Instructions) | tions)                                |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#)  KAREN SUN           | Amount of contribution (\$)           |  |  |
| 01/04/2021  | Contributor address; City; State; Zip Code                           | 200.00                                |  |  |
|   | 4211 SHADY RIVER; MISSOURI CITY; TX; 77459                           | 200.00                                |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)        |  |                                       |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#:)                     | Amount of contribution (\$)           |  |  |
| 01/04/2021  | YI WANG  Contributor address; City; State; Zip Code                  | 200.00                                |  |  |
| 17430 HOLLYBERRY LANE; N/A; TX; N/A   |  |                                       |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)        |  |                                       |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#)                      | Amount of contribution (\$)           |  |  |
| 01/04/2021  | SUYANG HONG  Contributor address; City; State; Zip Code              | 200.00                                |  |  |
| 5918 BROOK BEND DR; N/A; TX;  |  |                                       |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)        |  |                                       |  |  |
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| ATTACH APPITIONAL CORIES OF THIS SCHEDULE AS MEEDED                                     |  |                                       |  |  |

#### SCHEDULE A1

| if the requested information is not applicable, <b>DO NOT include this page in the report.</b> |   |                           |                                       |  |
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| 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   | YING GU SUN   | N                         |                                       |  |
| 01/04/2021   | 6 Contributor address; City;  | State; Zip Code           | 200.00                                |  |
|  | 31 WILMINGTON CT.; SUGAR LAND; TX; 77479  |                           | 200.00                                |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)            |   |                           | ions)                                 |  |
| Date   | Full name of contributor out-of-state PAC (ID#:) CINDY X. HUSNG                         |                           | Amount of contribution (\$)           |  |
| 01/04/2021   |   |                           | 200.00                                |  |
|  | Contributor address; City; State; Zip Code 5302 CAMBRIDGE STREET; SUGAR LAND; TX; 77479 |                           | 200.00                                |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)               |   |                           | ons)                                  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:)  |                           | Amount of contribution (\$)           |  |
| 01/05/2021   | CAROL CHEN  |                           | 400 00                                |  |
| 0110012021   | Contributor address; City; State; Zip Code  |                           | 100.00                                |  |
|  | 5015 BERKSHIRE CT; SUGAR LANI   | D; TX; 77479              |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)               |   |                           |                                       |  |
| Date   |   | )#)                       | Amount of contribution (\$)           |  |
| 01/27/2021   | QINGSONG LI   |                           | E00 00                                |  |
|  | Contributor address; City;  1403 KENTSHIRE AVE; N                                       | State; Zip Code  J/A; TX; | 500.00                                |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)               |   |                           |                                       |  |
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#### SCHEDULE A1

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| Instruction Guide explains how to complete this form.                            | 1 Total pages Schedule A1: 16   |  |  |
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| ENZ  | 3 Filer ID (Ethics Commission Filers)   |  |  |
| 5 Full name of contributor out-of-state PAC (ID#:) WINNIE CHAN                   | 7 Amount of contribution (\$)   |  |  |
| 6 Contributor address; City; State; Zip Code 5511 CRANSTON CT; N/A; TX;          | 100.00  |  |  |
| pation / Job title (See Instructions)  9 Employer (See Instructions)             | tions)  |  |  |
| Full name of contributor out-of-state PAC (ID#:)  KYMBERI Y MCMORRIES            | Amount of contribution (\$)   |  |  |
| Contributor address; City; State; Zip Code                                       | 100.00  |  |  |
|  |   |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |  |  |
| Full name of contributor out-of-state PAC (ID#:)                                 | Amount of contribution (\$)   |  |  |
|  | 100.00  |  |  |
| 5551 CRANSTON CT; N/A; TX;   | 100.00  |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |  |  |
| Full name of contributor out-of-state PAC (ID#)                                  | Amount of contribution (\$)   |  |  |
| Contributor address; City; State; Zip Code                                       | 200.00  |  |  |
| 3323 LARKWOOD LANE; N/A; TX;   |   |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  | WINNIE CHAN  6 Contributor address; City; State; Zip Code  5511 CRANSTON CT; N/A; TX;  pation / Job title (See Instructions)  Full name of contributor  Contributor address; City; State; Zip Code  3114 SPRINGHILL DR; MISSOURI CITY; TX; 77459  Pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  DEBRA ANDREWS  Contributor address; City; State; Zip Code  5551 CRANSTON CT; N/A; TX;  Pation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  Out-of-state PAC (ID# |  |  |

SCHEDULE A1

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| 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  | 5 Full name of contributor out-of-state PAC (ID#) TIEYING GONG                                |            | 7 Amount of contribution (\$)         |  |  |
| 01/05/2021  | 6 Contributor address; City; State; Zip Code<br>5534 EMERALD POINTE CT; SUGAR LAND; TX; 77479 |            | 200.00                                |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)       |   |            |                                       |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#  |            | Amount of contribution (\$)           |  |  |
| 01/05/2021  | Contributor address; City; State 5119 AVONDALE DR.; SUGAR LAND;                               | ; Zip Code | 200.00                                |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)          |   |            | ons)                                  |  |  |
| Date  | Date Full name of contributor out-of-state PAC (ID#) WENJIN JIM ZHENG                         |            | Amount of contribution (\$)           |  |  |
| 01/05/2021  |   | Zip Code   | 200.00                                |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)          |   |            |                                       |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#NAOMI LAM                                       | )          | Amount of contribution (\$)           |  |  |
| 01/05/2021  | Contributor address; City; State;   | ; Zip Code | 200.00                                |  |  |
| 71 INVERRARY LANE; SUGAR LAND; TX; 77479  |   |            |                                       |  |  |
| Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions) |   |            | ons)                                  |  |  |
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#### SCHEDULE A1

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| 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  | 5 Full name of contributor out-of-state PAC JINGHUI CHEN | 7 Amount of contribution (\$)           |                                       |  |
| 01/05/2021  | 6 Contributor address; City; State; Zip Code             |   | 200.00                                |  |
|   | 5403 OAKVILLE CT.; SUGAR LAND; TX; 77479                 |   | 200.00                                |  |
| 8 Principal occu  | pation / Job title (See Instructions)                    | 9 Employer (See Instruct                | ions)                                 |  |
| Date  | Full name of contributor out-of-state PAC                | (ID#:)                                  | Amount of contribution (\$)           |  |
| 01/05/2021  | GRACE TONG   |   | 000 00                                |  |
| 01/03/2021  | Contributor address; City;                               | State; Zip Code                         | 200.00                                |  |
|   | 819 EPPERSON WAY; SUGAR LAI                              | ND; TX; 77479                           |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)    |  |   |                                       |  |
| Date  | Full name of contributor out-of-state PAC                | (ID#:)                                  | Amount of contribution (\$)           |  |
| 01/05/2021  | ZONGYONG ZHENG   | ************                            | 000 00                                |  |
| 01/00/2021  | Contributor address; City;                               | 55 SEX                                  | 200.00                                |  |
|   | 5215 EAGLE POINTE CT; SUGAR LAND; TX; 77479              |   |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instruc          |  | ions)                                   |                                       |  |
| Date  | Full name of contributor out-of-state PAC                | (ID#)                                   | Amount of contribution (\$)           |  |
| 01/05/2021  | SHAOJUN NI   | *************************************** | 000 00                                |  |
| 01/03/2021  | Contributor address; City;                               | State; Zip Code                         | 200.00                                |  |
| 5831 STRATFORD GARDENS DR; SUGAR LAND; TX; 77479                                    |  |   |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)    |  |   |                                       |  |
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| The Instruction Guide explains how to complete this form.                        |   |                                      | 1 Total pages Schedule A1: 16         |
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| 2 FILER NAME<br>OSCAR SA   | ENZ   |                                      | 3 Filer ID (Ethics Commission Filers) |
| 4 Date   | 5 Full name of contributor out-of-state PAC (ID#:) ZHENHUA YANG |                                      | 7 Amount of contribution (\$)         |
| 01/05/2021   | 6 Contributor address; City; State; Zip Code                    |                                      | 200.00                                |
|  | 44 OLD WINDSOR WAY; SUGAR LAND; TX; 77479                       |                                      | 200.00                                |
| 8 Principal occu   | pation / Job title (See Instructions)                           | 9 Employer (See Instruct             | tions)                                |
| Date   | Full name of contributor out-of-state Pa                        | AC (ID#:)                            | Amount of contribution (\$)           |
| 04/05/2024   | JESSICA FAN   |                                      | 00000                                 |
| 01/05/2021   |   | State; Zip Code                      | 200.00                                |
|  | 5226 WEATHERSTONE CIRCI   | LE; N/A; TX;                         |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |                                      |                                       |
| Date   | Full name of contributor out-of-state PAC (ID#:)                |                                      | Amount of contribution (\$)           |
| 01/05/2021   | SUSAN HUANG-TAN   |                                      | 000 00                                |
| 01/00/2021   | Contributor address; City;                                      | State; Zip Code                      | 200.00                                |
|  | 5507 EMERALD POINTE LN.; SUGAR                                  | LAND; TX; 77479                      |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   | ions)                                |                                       |
| Date   | Full name of contributor out-of-state P/                        | of contributor out-of-state PAC (ID# |                                       |
|  | XIA WEI   |                                      |                                       |
| 01/05/2021   | Contributor address; City;                                      | State; Zip Code                      | 200.00                                |
| 6222 SPENCERS GLEN WAY; SUGAR LAND; TX; 77479                                    |   |                                      |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |                                      |                                       |
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|--|---|---|---|--|
| 2 FILER NAME<br>OSCAR SA   | ENZ   |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date   | 5 Full name of contributor out-of-state PAC (ID#    |   | 7 Amount of contribution (\$)   |  |
| 01/05/2021   |   | ontributor address; City; State; Zip Code |   |  |
|  | 51 VICTORS CHASE DR; SUGAR LAN                      | D; TX; 77479                              | 200.00  |  |
| 8 Principal occu<br>Homemaker  | pation / Job title (See Instructions)  9            | Employer (See Instructi                   | ons)  |  |
| Date   | ate Full name of contributor out-of-state PAC (ID#) |   | Amount of contribution (\$)   |  |
| 04/07/0004   | QINGFANG WU   |   | 400.00  |  |
| 01/27/2021   | Contributor address; City; \$                       | State; Zip Code                           | 100.00  |  |
|  | 5402 EAGLE TRACE CT; SUGAR LANI                     | D; TX; 77479                              |   |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |   |   |  |
| Date   | Full name of contributor out-of-state PAC (ID#:)    |   | Amount of contribution (\$)   |  |
| 01/25/2021   | CARRIE PAXTON-LAMKE                                 |   | 400.00  |  |
| 01/23/2021   | Contributor address; City; S                        | state; Zip Code                           | 100.00  |  |
|  | 6422 KENDALL CREEK DRIVE SUGAR LAND 77              | 7479; N/A ; TX;                           | - No. 107 - |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instruct      |   | ons)                                      |   |  |
| Date   | Full name of contributor out-of-state PAC (ID#      | f)  | Amount of contribution (\$)   |  |
|  | YUQING LIU  |   | 2000  |  |
| 01/06/2021   | Contributor address; City; State; Zip Code          |   | 200.00  |  |
| 1915 BARTRUM TRAIL; SUGAR LAND; TX; 77479  |   |   |   |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |   |   |  |
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| The   | Instruction Guide explains how to complete this form.                                      | 1 Total pages Schedule A1: 16  |  |  |
| 2 FILER NAME<br>OSCAR SA  | ENZ  | 3 Filer ID (Ethics Commission Filers)  |  |  |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#) TIANYANG ZHANG                           | 7 Amount of contribution (\$)  |  |  |
| 01/06/2021  | 6 Contributor address; City; State; Zip Code 5003 WEATHERSTONE CIR.; SUGAR LAND; TX; 77479 | 200.00   |  |  |
| 8 Principal occu  | pation / Job title (See Instructions)  9 Employer (See Instruc                             | tions)   |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#:)  HAIYAN YU                                | Amount of contribution (\$)  |  |  |
| 01/06/2021  | Contributor address; City; State; Zip Code 4107 TRENT STREET; SUGAR LAND; TX; 77479        | 200.00   |  |  |
| Principal occup   | ation / Job title (See Instructions) Employer (See Instructions)                           | tions)   |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#:)  JASON BURDINE                            | Amount of contribution (\$)  |  |  |
| 01/23/2021  | Contributor address; City; State; Zip Code 17107 SIMON CT; RICHMOND; TX; 77407             | 500.00   |  |  |
| Principal occup   | visor Employer (See Instructions)  Employer (See Instructions)  Post Oak Private We        | The state of the s |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#)  QUAN YUAN                                 | Amount of contribution (\$)  |  |  |
| 01/06/2021  | Contributor address; City; State; Zip Code  5427 CHESAPEAKE PL; SUGAR LAND; TX; 77479      | 200.00   |  |  |
| Principal occup   | ation / Job title (See Instructions) Employer (See Instructions)                           | tions)   |  |  |
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| The   | Instruction Guide explains how to complete  | e this form.            | 1 Total pages Schedule A1: 16         |  |  |
| 2 FILER NAME<br>OSCAR SA  | ENZ   |                         | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date  | FENGLIN DU  | ate PAC (ID#)           | 7 Amount of contribution (\$)         |  |  |
| 01/06/2021  | 6 Contributor address; City; 4510 DEVONSHIRE STREET; SUG                                  | State; Zip Code         | 200.00                                |  |  |
|   |   |                         |                                       |  |  |
| Landscape are   | pation / Job title (See Instructions)  Chitect  | 9 Employer (See Instruc | ctions)                               |  |  |
| Date  | Full name of contributor  | ate PAC (ID#)           |                                       |  |  |
| Date  | YANLINDA WU   | THE PAC (ID#            | Amount of contribution (\$)           |  |  |
| 01/21/2021  |   | State; Zip Code         | 200.00                                |  |  |
|   | N/A; N/A  | A; N/A; N/A             | 200.00                                |  |  |
| Principal occup   | ation / Job title (See Instructions)  | Employer (See Instruc   | ctions)                               |  |  |
| Date  |   | ite PAC (ID#)           | Amount of contribution (\$)           |  |  |
| 01/06/2021  | BO YANG   |                         | 200.00                                |  |  |
|   | Contributor address; City; State; Zip Code 4219 LAKE TERRACE CT; MISSOURI CITY; TX; 77459 |                         | 200.00                                |  |  |
|   |   |                         |                                       |  |  |
| Principal occup   | ation / Job title (See Instructions)  | Employer (See Instruc   | ctions)                               |  |  |
| Date  | Full name of contributor out-of-sta   | ite PAC (ID#)           | Amount of contribution (\$)           |  |  |
| 01/22/2021  | DONGMEI CHU   |                         | 000 00                                |  |  |
| 01/22/2021  | Contributor address; City;  | State; Zip Code         | 200.00                                |  |  |
| 2619 GALLION DR.; SUGAR LAND; TX; 77479   |   |                         |                                       |  |  |
| Principal occup   | ation / Job title (See Instructions)  | Employer (See Instruc   | ctions)                               |  |  |
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#### SCHEDULE A1

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| The  | Instruction Guide explains how to complete this f         | orm.                    | 1 Total pages Schedule A1: 16         |  |  |
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| 2 FILER NAME<br>OSCAR SA   | AENZ  | -                       | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date 01/08/2021  | MAGGIE GUAN   | ID#:)                   | 7 Amount of contribution (\$)         |  |  |
| 01/00/2021   | 6 Contributor address; City; 38 PENNY GREEN ST; SUGAR LAN | State; Zip Code         | 100.00                                |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)                     | Employer (See Instructi | ions)                                 |  |  |
| Date   | Full name of contributor out-of-state PAC (I              | ID#)                    | Amount of contribution (\$)           |  |  |
| 01/20/2021   |   | State; Zip Code         | 100.00                                |  |  |
|  | 5002 PINERIDGE DR; SUGAR                                  | LAND; TX;               |                                       |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |                         |                                       |  |  |
| Date   |   | D#:)                    | Amount of contribution (\$)           |  |  |
| 01/09/2021   | CAROL SCOTT  Contributor address; City; State; Zip Code   |                         | 200.00                                |  |  |
| -  | 16931 ASCOT MEADOW DR;                                    | N/A; TX;                | 200.00                                |  |  |
| Principal occup  | nation / Job title (See Instructions)                     | Employer (See Instructi | ions)                                 |  |  |
| Date   | Full name of contributor out-of-state PAC (I              | D#)                     | Amount of contribution (\$)           |  |  |
| 01/21/2021   | Contributor address; City;                                | State; Zip Code         | 199.00                                |  |  |
|  | 937 GENERAL BEAUREGARD DRIVE; VIRGINIA                    | BEACH; VA; 23454        | 100.00                                |  |  |
| Principal occup  | ation / Job title (See Instructions)                      | Employer (See Instructi | ons)                                  |  |  |
|  |   |                         |                                       |  |  |
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|  | ATTACH ADDITIONAL CODIES OF                               | THIS SCHEDI II E AS NE  | EDED                                  |  |  |

SCHEDULE A1

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| The                      | Instruction Guide explains how to complete this                                 | form.                                 | 1 Total pages Schedule A1: 16         |
| 2 FILER NAME<br>OSCAR SA | AENZ  |                                       | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                   | 5 Full name of contributor out-of-state PAC<br>DANA & FABIEN LAGOUTTE           | (ID#)                                 | 7 Amount of contribution (\$)         |
| 01/10/2021               | 6 Contributor address; City; 3903 MISTY ROSE CT; SUGAR LA                       | State; Zip Code                       | 200.00                                |
| 8 Principal occu         | pation / Job title (See Instructions)   | 9 Employer (See Instruct Dow Chemical | ions)                                 |
| Date                     | Full name of contributor out-of-state PAC XIN LIN                               |                                       | Amount of contribution (\$)           |
| 01/11/2021               | Contributor address; City; 4202 CANTERBURY CT.; SUGAR LA                        | State; Zip Code                       | 200.00                                |
| Principal occup          | ation / Job title (See Instructions)  | Employer (See Instructi               | ions)                                 |
| Date                     | Date Full name of contributor out-of-state PAC (ID#)  GONGJIAN BAI              |                                       | Amount of contribution (\$)           |
| 01/14/2021               | Contributor address; City; State; Zip Code 7 LAWTON CIR.; SUGAR LAND; TX; 77479 |                                       | 250.00                                |
| Principal occup          | ation / Job title (See Instructions)  | Employer (See Instructi<br>SOFEC      | ions)                                 |
| Date                     | Full name of contributor out-of-state PAC  MELANIE ANBARCI                      | (ID#)                                 | Amount of contribution (\$)           |
| 01/12/2021               | Contributor address; City;  10 TREDINGTON ST; SUGAR LAI                         | State; Zip Code                       | 150.00                                |
| Principal occup          | ation / Job title (See Instructions)  | Employer (See Instructi               | ions)                                 |
|                          |   |                                       |                                       |

#### SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. |  |                 |                          |                                       |  |
|---|--|-----------------|--------------------------|---------------------------------------|--|
| The   | Instruction Guide explains how t           | to complete thi | s form.                  | 1 Total pages Schedule A1: 16         |  |
| 2 FILER NAME<br>OSCAR SA  | AENZ                                       |                 |                          | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date  | 5 Full name of contributor XINJUN TENG     |                 | C (ID#)                  | 7 Amount of contribution (\$)         |  |
| 01/12/2021  | 6 Contributor address;                     |                 | State; Zip Code          | 200.00                                |  |
|   | 5510 AZALEA TRAIL LN;                      | SUGAR L         | AND; TX; 77479           |                                       |  |
| 8 Principal occu  | pation / Job title (See Instructions)      |                 | 9 Employer (See Instruct | ions)                                 |  |
| Date  | Full name of contributor                   | out-of-state PA | C (ID#)                  | Amount of contribution (\$)           |  |
| 01/13/2021  | YUE ZHANG                                  |                 |                          | 400.00                                |  |
| 01/10/2021  | Contributor address;                       |                 |                          | 100.00                                |  |
|   | 6007 MANGROVE FALLS C                      | CT.; SUGAR      | LAND; TX; 77479          | ,*.                                   |  |
| Principal occup   | nation / Job title (See Instructions)      |                 | Employer (See Instruct   | ions)                                 |  |
| Date  | Full name of contributor                   | out-of-state PA | C (ID#:)                 | Amount of contribution (\$)           |  |
| 01/14/2021  | QING LU                                    |                 | 100.00                   |                                       |  |
|   | Contributor address; City; State; Zip Code |                 | 100.00                   |                                       |  |
|   | 5207 HAGDIELD CT;                          | SUGAR LA        | ND; IX; 77479            |                                       |  |
| Principal occup   | pation / Job title (See Instructions)      |                 | Employer (See Instruct   | ions)                                 |  |
| Date  | Full name of contributor                   | out-of-state PA | C (ID#)                  | Amount of contribution (\$)           |  |
| 01/05/2021  | JING YI                                    |                 |                          | 400.00                                |  |
| 01/00/2021  | Contributor address;                       | City;           | State; Zip Code          | 100.00                                |  |
|   | N/A;                                       | N/A;            | N/A; N/A                 |                                       |  |
| Principal occup   | pation / Job title (See Instructions)      |                 | Employer (See Instruct   | ions)                                 |  |
|   |  |                 |                          |                                       |  |
|   |  |                 |                          |                                       |  |
|   |  |                 |                          |                                       |  |
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#### SCHEDULE A1

| If the reques            | sted information is not applicab  | le, DO NOT ii   | nclude this page in the  | report.                               |
|--------------------------|---|-----------------|--|---------------------------------------|
| The                      | Instruction Guide explains how t  | o complete thi  | s form.  | 1 Total pages Schedule A1: 16         |
| 2 FILER NAME<br>OSCAR SA | AENZ  |                 |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                   | 5 Full name of contributor AMANDA LI  | out-of-state PA | C (ID#)  | 7 Amount of contribution (\$)         |
| 01/05/2021               | 6 Contributor address;  | City;           | State; Zip Code  | 193.90                                |
|                          | N/A;  | N/A;            | N/A; N/A   | 100100                                |
| 8 Principal occu         | pation / Job title (See Instructions)   |                 | 9 Employer (See Instruct   | tions)                                |
| Date                     | Full name of contributor  | out-of-state PA | C (ID#)  | Amount of contribution (\$)           |
| 01/06/2021               | DALI FU   |                 |  | 400.00                                |
| 01/00/2021               | Contributor address;  | City;           | State; Zip Code  | 100.00                                |
|                          | N/A;  | N/A;            | N/A; N/A   |                                       |
| Principal occup          | pation / Job title (See Instructions)   |                 | Employer (See Instruct   | ions)                                 |
| Date                     | Date Full name of contributor out-of-state PAC (ID#)  |                 | C (ID#)  | Amount of contribution (\$)           |
| 01/07/2021               | BO YANG   |                 |  | 100 00                                |
|                          | Contributor address;  | City;           | State; Zip Code  | 100.00                                |
|                          | N/A;  | N/A;            | N/A; N/A   |                                       |
| Principal occup          | pation / Job title (See Instructions)   |                 | Employer (See Instruct   | ions)                                 |
| Date                     | Full name of contributor  | out-of-state PA | C (ID#)  | Amount of contribution (\$)           |
| 01/22/2021               | YANQING WANG  Contributor address:  | City            | State; Zip Code  | 100 00                                |
|                          | CONTROL TO SERVICE OF | City;           | Manager And Andrews An | 100.00                                |
| Principal occur          | N/A; pation / Job title (See Instructions)  | N/A;            | N/A; N/A  Employer (See Instruct   | (ione)                                |
| Principal occup          | ration / Job title (See instructions)   |                 | Employer (See instruct   | ions)                                 |
|                          |   |                 |  |                                       |
|                          |   |                 |  |                                       |
|                          |   |                 |  |                                       |
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#### SCHEDULE A1

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

| if the requested information is not applicable, <b>DO NOT include this page in the report.</b> |   |   |                         |                                       |  |
|--|---|---|-------------------------|---------------------------------------|--|
| The  | Instruction Guide explains how t              | to complete thi                         | is form.                | 1 Total pages Schedule A1: 16         |  |
| 2 FILER NAME<br>OSCAR SA   | AENZ  |   |                         | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date   | 5 Full name of contributor<br>YUE ZHANG       |   | AC (ID#:)               | 7 Amount of contribution (\$)         |  |
| 01/25/2021   | 6 Contributor address;                        | City;                                   | State; Zip Code         | 100.00                                |  |
| 8 Principal occu   | pation / Job title (See Instructions)         | 2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0 | 9 Employer (See Instruc | tions)                                |  |
| Date   | Full name of contributor                      | out-of-state PA                         | AC (ID#:)               | Amount of contribution (\$)           |  |
| 02/19/2021   |   |   | 100.00                  |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)               |   |   | ions)                   |                                       |  |
| Date   | Full name of contributor                      |   | AC (ID#:)               | Amount of contribution (\$)           |  |
| 01/06/2021   | JINGJING ZHANG CL  Contributor address;  N/A; | City;                                   | State; Zip Code         | 200.00                                |  |
| Principal occup  | pation / Job title (See Instructions)         | 14/7 (,                                 | Employer (See Instruct  | tions)                                |  |
| Date   | Full name of contributor                      | out-of-state PA                         | C (ID#:)                | Amount of contribution (\$)           |  |
| 01/06/2021   | Contributor address;                          | City;                                   | State; Zip Code         | 200.00                                |  |
| Principal occup  | pation / Job title (See Instructions)         | ,                                       | Employer (See Instruct  | tions)                                |  |
|  |   |   | OE THIS SCHEDIN E AS N  |                                       |  |

#### SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. |   |                  |                               |                                       |  |
|---|---|------------------|-------------------------------|---------------------------------------|--|
| The   | Instruction Guide explains how t                                      | to complete this | s form.                       | 1 Total pages Schedule A1: 16         |  |
| 2 FILER NAME<br>OSCAR SA  | AENZ  |                  |                               | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date  | Date 5 Full name of contributor out-of-state PAC (ID#) XIAOCHUN Y LIU |                  | 7 Amount of contribution (\$) |                                       |  |
| 01/19/2021  | 6 Contributor address;  | City;            | State; Zip Code               | 200.00                                |  |
|   | N/A;  | N/A;             | N/A; N/A                      |                                       |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)     |   |                  |                               |                                       |  |
| Date  | Full name of contributor  | out-of-state PA  | C (ID#)                       | Amount of contribution (\$)           |  |
|   | Contributor address;  | City;            | State; Zip Code               |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)        |   |                  |                               | tions)                                |  |
| Date  | Full name of contributor  | out-of-state PAC | (ID#:)                        | Amount of contribution (\$)           |  |
|   | Contributor address;  | City;            | State; Zip Code               |                                       |  |
| Principal occup   | pation / Job title (See Instructions)                                 |                  | Employer (See Instruc         | tions)                                |  |
| Date  | Full name of contributor  | out-of-state PA( | C (ID#)                       | Amount of contribution (\$)           |  |
|   | Contributor address;  | City;            | State; Zip Code               | -                                     |  |
| Principal occup   | eation / Job title (See Instructions)                                 |                  | Employer (See Instruc         | tions)                                |  |
| D2  |   |                  |                               |                                       |  |
|   | ATTACH ADDITIO  | ONAL CODIES      | OF THIS SCHEDUL E AS N        | EEDED                                 |  |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) OSCAR SAENZ 4 Date 5 Payee name 01/29/2021 Corredor Concepts 6 Amount (\$) 7 Payee address; City; State; Zip Code 570.00 1719 Eldridge Rd # A, Sugar Land, TX 77478 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE ADVERTISING EXPENSE T SHIRTS OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/11/2021 Sign Banners Amount (\$) Payee address; City; State: Zip Code 7623 Lassiter Hollow Ln, Richmond, TX 77407 1.082.50 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE LARGE SIGNS **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/11/2021 M3 Graphics Amount (\$) Payee address; City: State: Zip Code 11730 Wilcrest Dr. Houston, TX 77099 394.03 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE YARD SIGNS OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (others extension and listed shows)

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

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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<br>OSCAR SAENZ                                      |                     | 3 Filer ID (Ethics          | s Commission Filers) |
| 4 Date   | 5 Payee name   |                     |                             |                      |
| 03/23/2021   | M3 Graphics  |                     |                             |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                      | Zip Code             |
| 487.13   | 11730 Wilcrest Dr, Houston, TX 77099                             |                     |                             |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                 | ADVERTISING EXPENSE  | YARD SIGNS          |                             |                      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust       | in, 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   |                     |                             |                      |
| 03/24/2021   | M3 Graphics  |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| 167.79   | 11730 Wilcrest Dr, Houston, TX 77099                             |                     |                             |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                 | ADVERTISING EXPENSE  | YARD SIGNS          |                             |                      |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Austi      | in, TX, officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| 03/25/2021   | Universal Signs  |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| 351.81   | 7825 S Texas 6, Houston, TX 77083                                |                     |                             |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                                 | ADVERTISING EXPENSE  | YARD SIGNS          |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE     | EDED                        |                      |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment              | Al Committee Legal Services Salaries/A The Instruction Guide explains how to | Vages/Contract Labor | Other (enter a category      | not listed above)  |
|---|--|----------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME<br>OSCAR SAENZ  |                      | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date  | 5 Payee name   |                      |                              |                    |
| 03/26/2021  | M3 Graphics  |                      |                              |                    |
| 6 Amount (\$)<br>324.75   | <b>7</b> Payee address;<br>11730 Wilcrest Dr, Houston, TX 77099              | City;                | State;                       | Zip Code           |
| 8   | (a) Category (See Categories listed at the top of this schedule)             | (b) Description      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE  | ADVERTISING EXPENSE  | YARD SIGNS           |                              |                    |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                   | Check if Austi       | n, TX, officeholder living e | xpense             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name  | Office sought        | C                            | Office held        |
| Date  | Payee name   |                      |                              |                    |
| Amount (\$)   | Payee address;   | City;                | State;                       | Zip Code           |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)                 | Description          |                              |                    |
|   | Check if travel outside of Texas. Complete Schedule T.                       | Check if Austii      | n, TX, officeholder living e | xpense             |
| Complete ONLY if direct expenditure to benefit C/OH                 | Candidate / Officeholder name  | Office sought        | C                            | office held        |
| Date  | Payee name   |                      |                              |                    |
| Amount (\$)   | Payee address;   | City;                | State;                       | Zip Code           |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)                 | Description          |                              |                    |
|   | Check if travel outside of Texas. Complete Schedule T.                       | Check if Austin      | n, TX, officeholder living e | xpense             |
| Complete ONLY if direct expenditure to benefit C/OH                 | Candidate / Officeholder name  | Office sought        | (                            | Office held        |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE      | DED                          |                    |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| 3 CANDIDATE / OFFICEHOLDER NAME  MS / MRS / MR FIRST  MI OFFICE USE ONLY  NICKNAME  LAST  SUFFIX  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received   | The C/OH Instruction C                               | Suida avalaina ha   |   | 1 Filer ID (Ethics Commission Filer  | s) 2 Total pages filed:         |            |
|--|--|---|---|--------------------------------------|---------------------------------|------------|
| OFFICEHOLDER NAME  NICHAMAE  LAST  MALONE  ACANDIDATE/ OFFICEHOLDER MALING ADDRESS  Change of Actives  Change of Actives  COFFICEHOLDER PHONE  COFFICEHOLDER PHONE  COFFICEHOLDER PHONE  COFFICEHOLDER PHONE  COFFICEHOLDER PHONE  ARC CODE PHONE NUMBER  CAMPAIGN TREASURER NAME  TO CAMPAIGN TREASURER NAME  TO CAMPAIGN TREASURER ADDRESS  CReddence or Business  CReddence or Business  CReddence or Business  CReddence or Business  CREDDENCE  CREDDENCE  ACANDRICE  ACA |  | Juiue expiains no   | w to complete this form.  |                                      |                                 |            |
| ACANDIDATE / OFFICEHOLDER ADDRESS 190 BOX API SUITE R CITY STATE; 2P CODE MALLINE ADDRESS 190 BOX API SUITE R CITY STATE; 2P CODE MALLINE ADDRESS MATERIAL VALLEY MISSOURI CITY, TX. 77459  APEA CODE PRICNE NUMBER EXTENSION Date Pad-denivered or Date Positionaria OFFICEHOLDER PHONE PHONE OFFICEHOLDER PHONE PHONE OFFICEHOLDER NUMBER APEA CODE PHONE NUMBER NEASURER NAME  MS 1MS 1MR FIRST  MALLINE MA | OFFICEHOLDER   |   |   |                                      | OFFICE USE                      | ONLY       |
| ACANDIDATE / OFFICEHOLDER ADDRESS / PD BOX AT I SUITE II. CITY STATE 2P CODE ALL COMMITTEE ADDRESS  ACANDIDATE / OFFICIENCY APRA CODE POLICIAL CONTINUED ACCIDING TO POLICIAL COMMITTEE COMMITTEE COMMITTEE ADDRESS  ACAMPAIGN TREASURER ADDRESS NO PO BOX PLACES, MATY SUITE 6. CITY. STATE 2P CODE DOES NOT COMMITTEE COMMITTEE COMMITTEE ADDRESS NO POLECA PROCESS NO POLICA PROCESS NO POLECA PROCESS NO POLECA PROCESS NO POLECA PROCESS NO POLICA PROC |  | NICKNAME  |   |                                      | Date Received                   |            |
| OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE 7/33 ) 298-96/9  6 CAMPAIGN TREASURER NAME  MS / WES / WE  BALL NAME  1.85  7 CAMPAIGN TREASURER ADDRESS Residence or Business Residence or  |  |   | MALONE  |                                      |                                 |            |
| MAILING ADDRESS  Change of Address  Change of Address  S CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE  AND AREA CODE PHONE AND AREA CODE PHONE AND AREA CODE  |  | ADDRESS / PO BO   | X; APT / SUITE #; C   | SITY; STATE; ZIP CODE                |                                 |            |
| S CAMPAIGN TREASURER ADDRESS  CRESIDENCE OF FLORE CODE TREASURER ADDRESS  CRESIDENCE TREASURER PHONE  TREASURER ADDRESS  CRESIDENCE TREASURER PHONE  TREASURER TREASURER PHONE  TREASURER PHONE  TREASURER TREASURER TREASURER TREASURER TREASURER TREASURER PHONE  TREASURER | MAILING  |   |   |                                      |                                 |            |
| OFFICEHOLDER PHONE  (7/3) 298-96/9  6 CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MAL.  BLITAN NICHAMAE  LAST  WALLOW  TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  10 PERIOD COVERED  January 15  January 16  January 16  January 16  January 16  January 16  January 16   | Change of Address                                    | M1550   | UNI CITY, TX  | - 77459                              |                                 |            |
| 6 CAMPAIGN TREASURER NAME  M. MS. MRS. J. MR. FIRST  M. MS. MRS. J. MR. MS. J. MR. SUIFFX  Date Imaged  Table Imaged  Date Imaged  Date Imaged  Date Imaged  Table Im |  | AREA CODE   | PHONE NUMBER  | EXTENSION                            |                                 |            |
| TREASURER NAME  M. BLAST  NICKNAME  LAST  MALON  TREASURER ADDRESS  STREET ADDRESS NO PO BOX PIEABEN APT JUINE 4.  JOIN JULIA LANG (Residence or Business)  AREA CODE  PHONE NUMBER  AREA CODE  PHONE NUMBER  STATE  ZIP CODE  AREA CODE  PHONE NUMBER  EXTENSION  TREASURER PHONE  January 15  Januar | PHONE  | (713)   | 298-9619  |                                      | Date Hand-delivered or Date     | Postmarked |
| NAME  NICKNAME  LAST  SUFFIX  Date Processed  Date Imaged  TREASURER  ADDRESS  (Residence or Business)  STREET ADDRESS (No PO BOX PLEASE) APT / SUFFE 4:  36/6 VILLA LANK  MISSOURI CITY, TX. 77459  8 CAMPAIGN  TREASURER  PHONE  AREA CODE  PHONE NUMBER  EXTENSION  TOTAL COMPATION  TREASURER  PHONE  January 15  Sih day before efection  Exceeded Modified  Reporting Limit  Final Report (Asset) COH - FR).  Final Report (Asset) COH - FR).  The Appoint Limit  TOTAL COMPATION  THROUGH  |   |   | MI                                   | Receipt #   Amou                | int \$     |
| 7 CAMPAIGN TREASURER ADDRESS (No PO BOX PLEASE): APT / SUITE #.  3 6 / 6 U'LLA LANE ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  3 10 July 15  4 North Beroot (Alsoh COH - FR)  Final Reporting Limit  10 Day Year  Month Day Year  11 ELECTION  ELECTION DATE  Month Day Year  Month Day Year  12 OFFICE  COFFICE HELD (if any)  13 OFFICE SOUGHT (if Annown)  FOULTICAL COMMITTEE (S)  COMMITTEE TYPE  COMMITTEE AMABE  COMMITTEE AMABE  COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |   | BRIAN   |                                      | Date Processed                  |            |
| TO CAMPAIGN TREASURER ADDRESS (NO FO BOX PLEASE) APT / SUITE 8, CITY; STATE: ZIP CODE  3 CAMPAIGN TREASURER ADDRESS (Residence or Business)  3 CAMPAIGN TREASURER PHONE  4 STATE: ZIP CODE  3 CAMPAIGN TREASURER PHONE  5 REPORT TYPE  5 January 15  5 January |  | NICKNAME  |   | SUFFIX                               | Data Imagad                     |            |
| TREASURER ADDRESS  (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  John day before election  But day but day before election  But day befor | 7 CAMPAIGN   | STREET ADDRESS  |   |                                      | Date imaged                     |            |
| AREA CODE PHONE NUMBER EXTENSION  TREASURER PHONE    380 - 7608    9 REPORT TYPE   | TREASURER  |   |   | TE#; CITY;                           | STATE; ZIP CO                   | DDE        |
| AREA CODE PHONE NUMBER EXTENSION  TREASURER PHONE    380 - 7608    9 REPORT TYPE   | (Residence or Business)                              | mis   | SOURI CITY. 1   | x. 774 (9                            |                                 |            |
| 9 REPORT TYPE    January 15   Soth day before election   Runoff   15th day after campaign treasurer appointment (Officeholder Only)  | TREASURER  |   |   |                                      |                                 |            |
| January 15  January 15  January 15  Soft day before election  Runoff  Reporting Limit  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR),  Final Report (Attach | PHONE  | (281)   | 380-7608  |                                      |                                 |            |
| July 15 Sth day before election Exceeded Modified Reporting Limit (Office)  | 9 REPORT TYPE  | January 15  |   | tion Runoff                          | 15th day after campaign         |            |
| 10 PERIOD COVERED  Month Day Year Primary Runoff Description  ELECTION DATE ELECTION TYPE  Month Day Year Primary Runoff Description  12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  FONT BEND TSD POSITION 6  14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT COMSENT. CANDIDATES ON OFFICEHOLDERS MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS   |  | July 15   | 8th day before election   | on Exceeded Modified                 | (Officeholder Only)             |            |
| 11 ELECTION  ELECTION DATE  Month  Day  Year    Primary   Runoff   Other Description   Description   Description   | 4988, 1884 M. H. | Month   | Day Year  |                                      | Final Report (Attach C/OH       | -FR).      |
| 12 OFFICE  OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  FONT BEND TSD POSITION  OFFICE HELD (If any)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE TO SUPPORT THE CANDIDATE'S ON OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S AND DEPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  Additional Pages  OMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  | COVERED  | 2   |   |                                      | Day Year                        |            |
| Month Day Year Primary Quert Description  12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  FONT BAND ISD POSITION 6  14 NOTICE FROM POLITICAL COMMITTEE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE MITHOUT THE CANDIDATE'S ON OFFICEHOLDER'S KNOWLEGGE ON COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE ADDRESS  Additional Pages  OFFICE  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS   | 11 ELECTION  | ELECTION D.   | ATE   | ELECTION TYPE                        |                                 |            |
| 12 OFFICE  OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  FONT BEND ISD POSITION 6  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE AND OFFICEHOLDER'S KNOWLEDGE OR COMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE COMMITTEE NAME  GENERAL  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  |  | Month Day   | Year Primary  | Runoff Other                         |                                 |            |
| 14 NOTICE FROM POLITICAL COMMITTEE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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 ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  |  | 5/1   | 2021 General  |                                      |                                 |            |
| THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT CONSENT. CANDIDATE AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS   | 12 OFFICE  | OFFICE HELD (if any   |   | 13 OFFICE SOUGHT (if known)          |                                 |            |
| POLITICAL COMMITTEE(S)  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 ADDRESS  GENERAL  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |   |   |                                      | D Position #6                   |            |
| Additional Pages  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  | POLITICAL  | THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES | CE OF POLITICAL CONTRIBUTIONS ACCIDENCE THESE EXPENDITURES MATERIAL AND OFFICEHOLDERS ARE REQUIRED. | EPTED OR POLITICAL EXPENDITURES MADE | BY POLITICAL COMMITTEES TO SU   | DDOD-      |
| Additional Pages SPECIFIC COMMITTEE ÇAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |   |   | TO INCIDENTIAL TIME ON THE Y         | RECEIVE NOTICE OF SUCH EXPENDIT | URES.      |
| COMMITTEE CAMPAIGN TREASURER ADDRESS   | Additional Pages                                     | GENERAL   | COMMITTEE ADDRESS   |                                      |                                 |            |
|  |  | SPECIFIC  | COMMITTEE ÇAMPAIGN TREASUR  | RER NAME                             |                                 |            |
|  |  |   | COMMITTEE CAMPAIGN TREASU   | RER ADDRESS                          |                                 |            |
| GO TO PAGE 2   |  |   |   |                                      |                                 |            |
|  |  |   | GO TO PA  | GE 2                                 |                                 |            |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

| 5 C/OH NAME  KA:               | STEN D. MALONE   | 6 Filer ID (Ethics Commission File  |
|--------------------------------|--|-------------------------------------|
| 17 CONTRIBUTION<br>TOTALS      | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                  |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 560.00                           |
| EXPENDITURE<br>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 DOTAL OF REPORTING PERIOD   | PAY \$ 554.71                       |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                      | 1E \$ -0-                           |
|                                | Please complete either option below:   |                                     |
|                                | Please complete either option below:   |                                     |
| (1) Affidavit  NOTARY STAMP/SE | HERNAN PEREZ Notary ID #132672008 My Commission Expires September 11, 2024   |                                     |
| Sworn to and subscribe         | ed before me by Kriste Davison Malone this the 01  | day of April                        |
|                                | fy which, witness my hand and seal of office.  Hernan Perez  | otary Public                        |
| Signature of officer adminis   |  | Title of officer administering oath |
| (2) Unsworn Declara            | tion   |                                     |
| My name is                     | and my date of birth is  |                                     |
| My address is                  | (city) (state)   | (zip code) (country)                |
| Executed in                    | (street) (city) (state)  County, State of, on the day of(month)  |                                     |
|                                | Signature of Candidate/Offi  | iceholder (Declarant)               |
|                                |  |                                     |

Revised 8/17/2020

## SCHEDULE A1

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

|  | The  | nstruction Guide explains how to complete this form.   |                      | 1 Total pages Schedule A1:                          |  |
|--|--|--|----------------------|---|--|
| 2  | FILER NAME  KMS1                                       | EN D. MALONE   |                      | 3 Filer ID (Ethics Commission Filers)               |  |
| 4  |  | 5 Full name of contributor out-of-state PAC (ID#:  | Zip Code             | 7 Amount of contribution (\$)  \$\frac{4}{200.00}\$ |  |
| 8  |  |  | yer (See Instruction | ons)  |  |
|  | Date   | Full name of contributor out-of-state PAC (ID#:  |                      | Amount of contribution (\$)                         |  |
|  | 3/30/24  | Contributor address; City; State; 3951 PLEASANY VALLEY DRIVE MISSOURI CITY TX. 77450         |                      | \$ 200.00   |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |  |                      |   |  |
|  | Date  Full name of contributor  Out-of-state PAC (ID#: |  |                      | Amount of contribution (\$)  4 50.00                |  |
|  | Principal occu   | Missouricity tx 77459  | er (See Instruction  | ns)   |  |
|  | Date 4/1/21  | Full name of contributor   |                      | Amount of contribution (\$)                         |  |
|  |  | Contributor address; City; City; State; 2 2/23 South Fountain Ualley M.5500n; City 14. 77459 | Zip Code             | 1/0.00  |  |
|  |  | upation / Job title (See Instructions)  Employ  WEN- CM & PNINTING  Employ                   | er (See Instruction  | ns)   |  |
|  |  |  |                      |   |  |
|  |  |  |                      |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

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

|  | The             | nstruction Guide explains how to complete this | s form.                 | 1 Total pages Schedule A1:<br>2 of 2  |
|--|-----------------|--|-------------------------|---------------------------------------|
| 2  | FILER NAME  AA: | STEN D. MALDNE                                 |                         | 3 Filer ID (Ethics Commission Filers) |
| 4  | Date            | 5 Full name of contributor  ut-of-state PA     | C (ID#:)                | 7 Amount of contribution (\$)         |
|  | 4/1/21          | JCHNA PITTMAN 6 Contributor address; City;     | State; Zip Code         | F/00.00                               |
| 8  | Principal occu  | pation / Job title (See Instructions)          | 9 Employer (See Instruc | tions)                                |
|  | Date            | Full name of contributor                       | C (ID#:)                | Amount of contribution (\$)           |
|  |                 | Contributor address; City;                     | State; Zip Code         |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |                 |  |                         |                                       |
|  | Date            | Full name of contributor                       | C (ID#:)                | Amount of contribution (\$)           |
|  |                 | Contributor address; City;                     | State; Zip Code         |                                       |
|  | Principal occu  | pation / Job title (See Instructions)          | Employer (See Instruct  | ions)                                 |
|  | Date            | Full name of contributor out-of-state PA       | AC (ID#:)               | Amount of contribution (\$)           |
|  |                 | Contributor address; City;                     | State; Zip Code         |                                       |
|  | Principal occu  | pation / Job title (See Instructions)          | Employer (See Instruct  | tions)                                |
|  |                 |  |                         |                                       |

## 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/<br>OFFICEHOLDER<br>NAME                          | MS / MRS / MR FIRST  Mrs. Allison  | МI<br><b>L</b>                                    | OFFICE USE ONLY  |
| INAMIE  | nickname last<br><b>Drew</b>   | SUFFIX  | Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | ADDRESS / PO BOX; APT / SUITE #; 77 Sugar Creek Blvd. Suite 375 Sugar Land, TX 77478   | CITY; STATE; ZIP CODE                             | ξ  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE PHONE NUMBER (832 ) 376-7768   | EXTENSION   | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / MR FIRST  Mrs. Allison  NICKNAME LAST   | MI<br>L<br>SUFFIX                                 | Receipt # Amount \$  Date Processed  |
|   | Drew   | SUFFIX  | Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / St<br>77 Sugar Creek Blvd.<br>Suite 375<br>Sugar Land, TX 77478   | UITE #; CITY;                                     | STATE; ZIP CODE  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER ( 832 ) 376-7768  | EXTENSION   |  |
| 9 REPORT TYPE   | January 15  30th day before elections and statement of the statement of th | ection Exceeded Modified                          | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month Day Year 1 / 1 / 21  | Reporting Limit  Month  THROUGH  3                | Day Year  / 23 / 21  |
| 11 ELECTION   | Month Day Year Primary  5 / 1 / 21 General   | ELECTION TYPE  Runoff Other  Description  Special |  |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known) FBISD Trustee:        |  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR COMMITTEE TYPE COMMITTEE NAME  | S MAY HAVE REEN MANE WITHNIIT THE CANNI           | IDATE'S OF OFFICEUOLDERIC KNOWLESOF OF   |
| Additional Pages  | GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREA  | ASURER NAME                                       |  |
|   | COMMITTEE CAMPAIGN TRE   | :ASURER ADDRESS                                   | -  |
|   | GO TO F  | PAGE 2  |  |

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME<br>Allison Drew   |  |  | 16 Filer   | ID (Ethics C                     | ommission Filers)      |
|--|--|--|--|----------------------------------|------------------------|
| 17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL C<br>TOTALS PLEDGES, LOANS, OR GUARANTI<br>CONTRIBUTIONS MADE ELECTRO  |  | RANTEES OF LOANS, OR                     | λN   | \$                               | 0.00                   |
|  | 2. TOTAL POLITICAL CONTR<br>(OTHER THAN PLEDGES, LOA                                   | IBUTIONS<br>ANS, OR GUARANTEES OF LOANS  | 3)   | \$                               | 0.00                   |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITIC  | AL EXPENDITURE.                          |  | \$                               | 0.00                   |
|  | 4. TOTAL POLITICAL EXPEN   | DITURES                                  | According to the second | \$                               | 0.00                   |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD                                    | ITIONS MAINTAINED AS OF THE L            | AST DAY  | \$                               | 0.00                   |
| OUTSTANDING<br>LOAN TOTALS   | TOTAL PRINCIPAL AMOUNT (     LAST DAY OF THE REPORTI                                   | OF ALL OUTSTANDING LOANS AS<br>NG PERIOD | OF THE   | \$                               | 0.00                   |
| and the second of the second o | wear, or affirm, under penalty of perjury, quired to be reported by me under Title 15, |  | rue and co   | prrect and inc                   | cludes all information |
| rec  | quired to be reported by the under title 15,   | Election Code.                           |  |                                  |                        |
|  |  |  |  |                                  |                        |
|  |  | Signature of 0                           | Candidate  | or Officehol                     | der                    |
|  |  |  |  |                                  |                        |
| and the second s | Please com   | plete either option belo                 | w:   |                                  |                        |
|  |  |  |  |                                  |                        |
| eter i e e e e e e e e e e e e e e e e e e   |  |  |  |                                  |                        |
| (1) Affidavit  |  |  |  |                                  |                        |
|  |  |  |  |                                  |                        |
| NOTARY STAMP/SEA   | L  |  |  |                                  |                        |
| Sworn to and subscribed  | before me by   | this th                                  | ie   | day of                           |                        |
| 20, to certify   | which, witness my hand and seal of office.   |  |  |                                  |                        |
|  |  |  |  |                                  |                        |
| Signature of officer administr   | ering oath Printed name of o   | officer administering oath               |  | Title of offic                   | er administering oath  |
| (2) Unsworn Declarat   | ion  | OR                                       |  |                                  |                        |
|  |  |  |  |                                  |                        |
| My name is Allison D   |  | , and my date of birth                   |  | 77479                            | USA                    |
| My address is 5215 Al  | Iden Springs Blvd.   | Sugar Land (city)                        | (state)  | (zip code)                       | (country)              |
| Executed in Fort Ben   | d County, State of TX  | , on the 02 day of 04                    | onth)  | , 20 <mark>21</mark><br>, (year) | *                      |
|  |  |  |  | isobolder (De                    | oclarant)              |
|  |  | Signature of Car                         | roidate/Offi   | cenoider (De                     | eciarant)              |

#### **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

3 of 5

| 10 CIL   | ER NAM                                  | IF   | [ ID        |              |   |
|----------|---|--|-------------|--------------|---|
|          |   |  | 19 Filer ID |              |   |
|          | ew, Alli:                               |  |             |              |   |
| 20 SCI   | HEDUL                                   | E SUBTOTALS  |             | CURT         |   |
| NAI      | ME OF                                   | SCHEDULE   |             | SORIC        | OTAL AMOUNT                             |
| <b></b>  |   |  |             | <del> </del> | *************************************** |
| 1.       | X                                       | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                      | ,           | \$           | 0.00                                    |
|          |   |  |             | ļ            |   |
| 2.       | X                                       | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS        |             | <b> </b>     | 0.00                                    |
| <u> </u> | لننا                                    |  |             | \$           | 0.00                                    |
|          | r                                       |  |             |              |   |
| 3.       | X                                       | SCHEDULE B: PLEDGED CONTRIBUTIONS                                  |             | \$           | 0.00                                    |
|          | *************************************** |  |             |              |   |
| 4.       | X                                       | SCHEDULE E: LOANS  |             | \$           | 0.00                                    |
|          |   |  |             |              |   |
| 5.       | Х                                       | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS   |             |              |   |
| ٥.       | Ľ                                       | SCHEDULE FI. POLITICAL EXPENDITURES PROM POLITICAL CONTRIBUTIONS   | 3           | \$           | 0.00                                    |
|          |   |  |             |              |   |
| 6.       | X                                       | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                           |             | \$           | 0.00                                    |
|          | *************************************** |  |             |              |   |
| 7.       | X                                       | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION   | ONC         | *            | 0.00                                    |
|          | لـــــا                                 |  | JNS         | \$           | 0.00                                    |
| ,        | 131                                     |  |             |              |   |
| 8.       | X                                       | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                      |             | \$           | 0.00                                    |
| <u> </u> | <b>DECEMBER</b>                         |  |             |              |   |
| 9.       | X                                       | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS             |             | \$           | 0.00                                    |
|          |   |  |             | Ψ            | 0.00                                    |
| 10.      | П                                       | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (   |             |              |   |
| 10.      | L                                       | SCHEDULE H. PATIMENT PROM POLITICAL CONTRIBUTIONS TO A BUSINESS (  | OF C/OH     | \$           |   |
|          |   |  |             |              |   |
| 11.      |   | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | )NS         | \$           |   |
|          | -                                       |  |             |              |   |
| 12.      | П                                       | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F | RETURNED    | *            |   |
|          |   | TO FILER   |             | \$           |   |
|          |   | _  |             |              |   |

## **PLEDGED CONTRIBUTIONS** SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID Drew, Allison vote@vote5allison.com 0.00 \$ **TOTAL OF UNITEMIZED PLEDGES** Amount of In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: pledge (\$) (If applicable) 7 Pledgor Address; City; State; Zip Code 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                      | on Guide explains how to complete this | form.                         | 1             | ges Schedule E:<br>1 Rpt: 5/5             |
| 2 FILER NAME<br>Drew, Allison        |  |                               | 3 Filer ID    |   |
| 4 TOTAL OF UN                        | NITEMIZED LOANS                        |                               |               | \$ 0.00                                   |
| 5 Date of loan                       | 7 Name of lender out-of-state PA       | AC (ID#:                      |               | 9 Loan Amount (\$)                        |
| 6 Is lender a financial institution? | 8 Lender address; City; State;         | Zip Code                      |               | 10 Interest Rate                          |
|                                      |  |                               |               | <b>11</b> Maturity Date                   |
| 12 Principal occupati                | on / Job title (See Instructions)      | 13 Employer (See Instructions | 5)            |   |
| 14 Description of Col None           | lateral                                | 15 Check if personal funds we | ere deposited | into political account (See Instructions) |
| 16 GUARANTOR<br>INFORMATION          | 17 Name of guarantor                   |                               |               | 19 Amount Guaranteed (\$)                 |
| not applicable                       | 18 Guarantor address; City; State;     | Zip Code                      |               |   |
| 20 Principal occupation              | on                                     | 21 Employer (See Instructions | <u> </u>      |   |
|                                      |  |                               |               |   |
| orms provided by T                   | exas Ethics Commission www.ethics      | .state.tx.us                  |               | Version V1.1.eeb5f84f                     |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| The C/OH Instruction G                     | Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total  | pages filed: 47  |
|--|---|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME      | Ms. Ageola  | OFFICE USE ONLY  |
| TV WIL                                     | ADDRESS / PO BOX, APT / SUITE #; CITY, STATE; ZIP CODE  | eived  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX, APT / SUITE #; CITY, STATE; ZIP CODE  4222 Oak Forest  Missouri City, TX 77459  | APR - 1 2021   |
| Change of Address                          |   | GDR  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE      | (832) 244-5861  | d-delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER<br>NAME            | Ms/Ms/MR Soniah  MI  Date Proc  | NAV (50 NAV (5 |
|  | NICKNAME LAST SUFFIX Date Ima   | ged  |
| 7 CAMPAIGN                                 | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY,   | STATE; ZIP CODE  |
| TREASURER<br>ADDRESS                       | 4714 Forest Home Dr. Missouri City  | TX 77459   |
| (Residence or Business)                    |   |  |
| 8 CAMPAIGN<br>TREASURER                    | AREA CODE PHONE NUMBER EXTENSION  |  |
| PHONE                                      | (832) 721-1896  |  |
| 9 REPORT TYPE                              |   | 15th day after campaign<br>reasurer appointment<br>Officeholder Only)  |
|  |   | Final Report (Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED                       | Month Day Year Month Day  | Year   |
| OOVERLED                                   | 01/01/21 THROUGH 03/20  | /21  |
| 11 ELECTION                                | ELECTION DATE ELECTION TYPE   |  |
|  | Month Day Year Primary Runoff Other   |  |
|  | Description   |  |
|  | 5 / 1 / 21 General Special  |  |
| 12 OFFICE                                  | Fort Bend ISD Position 6 Fort Bend ISD Position 6   | iition 6   |
| 14 NOTICE FROM POLITICAL                   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR | OFFICEHOLDER'S KNOWLEDGE OR  |
| COMMITTEE(S)                               | CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE  COMMITTEE TYPE   COMMITTEE NAME                               | NOTICE OF SUCH EXPENDITURES.   |
|  | COMMITTEE ADDRESS   |  |
| Additional Pages                           | GENERAL   |  |
|  | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  |  |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |
|  | GO TO PAGE 2  |  |
|  | OU IU FAUL &  |  |

#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 540,00 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 877.08 **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3 TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: CARACTER CARACTER CONTRACTOR OF THE CONTRACTOR O GARRETT DUANE ROSIER 132267296 OTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES (1) Affidavit **NOVEMBER 25, 2023** シントン・アントン・アントン・アント NOTARY STAMP/SEAL Sworn to and subscribed before me by Adeoa , to certify, which, witness my hand and seal of office. Garrett Dune Rosier Summe Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is \_\_\_\_ My name is \_ My address is \_\_\_ (state) (zip code) (country) (city) (street) Executed in \_\_\_\_\_\_, on the \_\_\_\_\_, \_\_ day of \_ (month)

Signature of Candidate/Officeholder (Declarant)

#### **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

| 19  | FILER N  | Adeola O. Heyliger 20 Filer ID (Ethics Co                             |                  |                    |
|-----|--|---|------------------|--------------------|
| 21  |  | ILE SUBTOTALS<br>F SCHEDULE   |                  | SUBTOTAL<br>AMOUNT |
| 1.  | A  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |                  | \$39,834.08        |
| 2.  |  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           |                  | \$                 |
| 3.  |  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                     |                  | \$                 |
| 4.  |  | SCHEDULE E: LOANS   |                  | \$                 |
| 5.  | X  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COL           | NTRIBUTIONS      | \$ 9,386.42        |
| 6.  |  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              |                  | \$                 |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS |   | \$               |                    |
| 8.  |  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                         |                  | \$                 |
| 9.  |  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN             | IDS              | \$                 |
| 10. |  | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A            | BUSINESS OF C/OH | \$                 |
| 11. |  | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO         | NTRIBUTIONS      | \$                 |
| 12. |  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED    | \$                 |
|     |  |   |                  |                    |

#### 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     | Adeola Heyliger   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/30/21   | 5 Full name of contributor out-of-state PAC (ID#)  Shery Jones 6 Contributor address; City; State; Zip Code 1814 Timber Creek Dr. Mo. City Tx 77459         | 7 Amount of contribution (\$)         |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employer (See Instruct   | tions)                                |
| Date 1/30/21     | Full name of contributor out-of-state PAC (ID#)  Brian M. Middleton  Contributor address; City; State; Zip Code  1322 Southwest Fwy #1980 Houston, TX 77074 | Amount of contribution (\$)           |
| Principal occup  | ation / Job title (See Instructions) Employer (See Instructions)  | ions)                                 |
| Date 1/30/21     | Full name of contributor out-of-state PAC (ID#:)  Byron Gautier  Contributor address; City; State; Zip Code  2606 Atlas Missouri City TX 77459              | Amount of contribution (\$)           |
| Principal occup  | ation / Job title (See Instructions) Employer (See Instruct   | ions)                                 |
| Date 1/30/21     | Full name of contributor out-of-state PAC (ID#)  James D. Rice  Contributor address; City; State; Zip Code  5402 Oban Terrance Sugar Land TX 17479  Lane    | Amount of contribution (\$)           |
| Principal occup  | ation / Job title (See Instructions) Employer (See Instructions)  | ions)                                 |
|                  |   |                                       |

#### SCHEDULE A1

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| The              | 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 Dout-of-state PAC<br>Capital Assets Sustainable<br>6 Contributor address; City;<br>9610 South Fitzgerald Mo. City | Energy State: Zin Code     | 7 Amount of contribution (\$)         |  |  |  |  |  |
| 8 Principal occu | pation / Job title (See Instructions)  | 9 Employer (See Instructi  | ions)                                 |  |  |  |  |  |
| Date 1/30/21     | Full name of contributor out-of-state PACE  Marcus Brewer  Contributor address; City;  1607 Buckwood, Frenso  Circle                         |                            | Amount of contribution (\$)           |  |  |  |  |  |
| Principal occup  | pation / Job title (See Instructions)  | Employer (See Instructi    | ions)                                 |  |  |  |  |  |
| Date 1/30/21     | Joel C. Clouser  | State; Zip Code 7 77 77459 | Amount of contribution (\$)           |  |  |  |  |  |
| Principal occup  | pation / Job title (See Instructions)  | Employer (See Instructi    | ions)                                 |  |  |  |  |  |
| Date 1/30/21     | Full name of contributor   out-of-state PACTONI D. Sprue 11 - Pierre Contributor address; City; 730 Hawthorn Mo.C.ty                         | State; Zip Code  TX 7749   | Amount of contribution (\$)           |  |  |  |  |  |
| Principal occup  | pation / Job title (See Instructions)  | Employer (See Instructi    | ons)                                  |  |  |  |  |  |
|                  | *  |                            |                                       |  |  |  |  |  |

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#### SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:                                 |
|--|--|
| 2 FILER NAME Adeola Heyliger   | 3 Filer ID (Ethics Commission Filers)                      |
| 5 Full name of contributor out-of-state PAC (ID#)  1/30/21  6 Contributor address; City; State; Zip Code  JayParekh egmail.com | 7 Amount of contribution (\$)  \$\mathref{S}\ \big  00, 00 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct   | ions)  |
| Date   | Amount of contribution (\$)                                |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | ions)  |
| Date    Full name of contributor   out-of-state PAC (ID#   Perdue, Brandon, Fielder, Collins + Mo++                            | Amount of contribution (\$)                                |
|  |  |
| Date 2/6/21 Christ-us N. Powell Jr.  Contributor address; City; State; Zip Code P.O. BOX 451726 Houston TX 77245               | Amount of contribution (\$)                                |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | ions)  |
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| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |
|--|---------------------------------------|
| Adeola Heyliger  | 3 Filer ID (Ethics Commission Filers) |
| 5 Full name of contributor out-of-state PAC (ID# 2/4/21 Oscar M. Telfair II PC 6 Contributor address; City; State; Zip Code 7011 Harwin Dr. Ste 220 Houston TX 77036 | 7 Amount of contribution (\$)         |
| Principal occupation / Job title (See Instructions)  9 Employer (See Instru  | uctions)                              |
| Date Full name of contributor out-of-state PAC (ID#  | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions) Employer (See Instru   | ictions)                              |
| Date  Full name of contributor out-of-state PAC (ID#)  Ron Reynolds Campaign  Contributor address; City; State, Zip Code  6140 NWY 6 S. 4233 Mo.C.i.fy TX 17459      | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instru  | uctions)                              |
| Portia Olden Poindexter  Contributor address; City; State; Zip Code  4123 Sundance Hill SugarLand TX 77479  Lane   | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions) Employer (See Instru   | ictions)                              |
|  |                                       |

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#### SCHEDULE A1

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| page in the left.  |                                       |  |  |
|--|---------------------------------------|--|--|
| 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) |  |  |
| 5 Full name of contributor out-of-state PAC (ID#)  Lina Sabouni 6 Contributor address; City; State; Zip Code                         | 7 Amount of contribution (\$)         |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  | ions)                                 |  |  |
| Date   Pull name of contributor  | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  |                                       |  |  |
| Date   Full name of contributor   out-of-state PAC (ID#)   Brenda Corprew     Contributor address; City; State; Zip Code             | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                                       |  |  |
| Date 1/30/21  Full name of contributor out-of-state PAC (ID#)  Nicole Browssavd Smothers  Contributor address; City; State; Zip Code | Amount of contribution (\$)  # 100.00 |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | ions)                                 |  |  |
| ATTACH ADDITIONAL CORIES OF THIS SCHEDUL E AS NEEDED   |                                       |  |  |

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#### 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)  |  |
| 5 Full name of contributor   out-of-state PAC (ID#)  Kevin Daniels  6 Contributor address; City; State; Zip Code                   | 7 Amount of contribution (\$)  \$25.00 |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  | tions)                                 |  |
| Date    Seralynn   Prince     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#)   Angela Landry     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#)   1/27/21   James Prestage   Contributor address; City; State; Zip Code | Amount of contribution (\$)            |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                 |  |
|  |  |  |
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#### 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<br>1/30/21  | 5 Full name of contributor   out-of-state PAC (ID#            | 7 Amount of contribution (\$)  # /00.00 |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See Instru | uctions)                                |
| Date 1/30/21   | Full name of contributor                                      |   |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |   |
| 1/30/21  | Full name of contributor                                      |   |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |   |
| Date 1/30/21   | Full name of contributor                                      | Amount of contribution (\$)             |
| Principal occup  | pation / Job title (See Instructions) Employer (See Instru    | uctions)                                |
|  |   |   |
|  | ATTACH ADDITIONAL CODIES OF THIS COLLEDNILE AC                | NEEDED                                  |

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#### SCHEDULE A1

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| page in the report. |  |                           |                                       |
|---------------------|--|---------------------------|---------------------------------------|
| The                 | Instruction Guide explains how to complete this  | form.                     | 1 Total pages Schedule A1:            |
| 2 FILER NAME        | Adeola Heyliger  |                           | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/30/21      | 5 Full name of contributor out-of-state PAC  Sherrita Dorsey  6 Contributor address; City; | (ID#) State; Zip Code     | 7 Amount of contribution (\$)  # 200, |
| 8 Principal occu    | pation / Job title (See Instructions)  | 9 Employer (See Instructi | ons)                                  |
| 1/30/21             | Full name of contributor out-of-state PAC Zen Hare Pierre  Contributor address; City;      | (ID#) State; Zip Code     | Amount of contribution (\$) # 19.08   |
| Principal occup     | ation / Job title (See Instructions)   | Employer (See Instructi   | ons)                                  |
| 1/30/21             | Full name of contributor Out-of-state PAC  Taimi Canady  Contributor address; City;        | (ID#:) State; Zip Code    | Amount of contribution (\$)           |
| Principal occup     | ation / Job title (See Instructions)   | Employer (See Instructi   | ons)                                  |
| Date 1/30/21        | Full name of contributor out-of-state PAC JOE LYNN C. Kelly Contributor address; City;     | (ID#) State; Zip Code     | Amount of contribution (\$)           |
| Principal occup     | ation / Job title (See Instructions)   | Employer (See Instructi   | ons)                                  |
|                     | H.   |                           |                                       |

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#### SCHEDULE A1

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| ,   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complet                                       | te this form.                         | 1 Total pages Schedule A1.440         |
| 2 FILER NAME Adeola Ney/1   | ger                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | ate PAC (ID#                          | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions)                               | 9 Employer (See Instruction           | ns)                                   |
| Pamicl J. Gas Contributor address; City;  | state PAC (ID#)  Kin  State: Zip Code | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)                                 | Employer (See Instructio              | ns)                                   |
| Date 1/31/21  Full name of contributor  De Waynna Horr  Contributor address;  City; |                                       | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)                                 | Employer (See Instructio              | ns)                                   |
| Date //31/21 Full name of contributor Debos Contributor address; City;              | State; Zip Code                       | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)                                 | Employer (See Instructio              | ns)                                   |
|   | 4                                     |                                       |

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#### SCHEDULE A1

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| The  | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1              |
|--|--|--|
| 2 FILER NAME   | Adeola Heyligen  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date //31/21   | 5 Full name of contributor   | # 200.00                               |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employe   | r (See Instructions)                   |
| 1/31/21  | Stephanie Bundage Tuvan Contributor address; City; State; Z                                      | Amount of contribution (\$)  E  300,00 |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |  |
| Date   31   21   | Full name of contributor out-of-state PAC (ID#  Gina Evans  Contributor address; City; State; Zi | Amount of contribution (\$)  p Code    |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |  |
| Date   31   21   | Full name of contributor out-of-state PAC (ID#   | Amount of contribution (\$)  # /00,00  |
| Principal occup  | pation / Job title (See Instructions) Employe  | r (See Instructions)                   |
|  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                              |  |  |

#### SCHEDULE A1

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

| page in the report.  |                                       |  |  |
|--|---------------------------------------|--|--|
| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME Adeola Heyliger   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 5 Full name of contributor   out-of-state PAC (ID#)  Chassidy Slainu - Xlade  6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)         |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  | ions)                                 |  |  |
| Date    Date   Darry   Carter  | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                                       |  |  |
| Date    State   Full name of contributor   Out-of-state PAC (ID#)  | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                                       |  |  |
| Date  2/4/21  Full name of contributor  QaiSar Q Imam  Contributor address; City; State; Zip Code                          | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instruct   | ions)                                 |  |  |
| ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS NEEDED   |                                       |  |  |

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#### SCHEDULE A1

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

| Page 11 and 12 and 13 a |                                   |                                       |  |
|--|-----------------------------------|---------------------------------------|--|
| The Instruction Guide ex   | plains how to complete this form. | 1 Total pages Schedule A1             |  |
| 2 FILER NAME Adeola  | . Heyliger                        | 3 Filer ID (Ethics Commission Filers) |  |
|  | a Kemp                            | 7 Amount of contribution (\$) 4250.00 |  |
| 8 Principal occupation / Job title (See In   | nstructions)  9 Employer (See Ins | structions)                           |  |
| Pull name of contributor address   | ibutor out-of-state PAC (ID#      | Amount of contribution (\$)  # 150,00 |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                                   |                                       |  |
| Date  2/4/21  Full name of contributor address   | a Gill                            | Amount of contribution (\$)           |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                                   |                                       |  |
| Date  Full name of contributor address   | M. Davis                          |                                       |  |
| Principal occupation / Job title (See In   | estructions) Employer (See Ins    | structions)                           |  |
|  | ·                                 |                                       |  |

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#### SCHEDULE A1

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| page in the logicity   |                                       |  |  |
|--|---------------------------------------|--|--|
| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME Adeola Heyliger   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 2/5/21 5 Full name of contributor  | 7 Amount of contribution (\$)         |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru                       | ctions)                               |  |  |
| Date  2/7/21  Full name of contributor   | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instru                          | ctions)                               |  |  |
| Date  Full name of contributor  Margo Rainge  Contributor address; City; State; Zip Code           | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instru                          | ctions)                               |  |  |
| Date  2/8/21  Full name of contributor  Millicen+ Sims  Contributor address; City; State; Zip Code | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instru                           | ctions)                               |  |  |
| •  |                                       |  |  |

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## 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 A142           |
|---|---------------------------------------|
| 2 FILER NAME Adeola Heyliger  | 3 Filer ID (Ethics Commission Filers) |
| Date  Spurgeon Robinson  City; State; Zip Code  | Amount of contribution (\$)           |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)                           | ions)                                 |
| Date 2/9/21  Full name of contributor   | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)                              | ions)                                 |
| Date  2/8/21  Full name of contributor  | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instruct                                   | ions)                                 |
| Date  Full name of contributor,   out-of-state PAC (ID#)  An Feca  Contributor address; City; State; Zip Code | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions) Employer (See Instruct                                    | ions)                                 |
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# SCHEDULE A1

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| The               | nstruction Guide explains how to complete this form. | 1                        | Total pages Schedule A1   |
|-------------------|--|--------------------------|---|
| 2 FILER NAME      | Adeola Heyliger                                      | 3                        | Filer ID (Ethics Commission Filers)   |
| 2/22/28           | 5 Full name of contributor                           |                          | Amount of contribution (\$)   |
| 8 Principal occup | eation / Job title (See Instructions)  9 Em          | ployer (See Instructions | )   |
| 2/22/21           | Full name of contributor                             | ; Zip Code               | Amount of contribution (\$) $= 25.0$  |
| Principal occup   | ation / Job title (See Instructions) Em              | ployer (See Instructions |   |
| 2/22/21           | Full name of contributor out-of-state PAC (ID#       |                          | Amount of contribution (\$)  \$\\ \begin{align*} \text{\$\phi} & \tex |
| Principal occup   | ation / Job title (See Instructions) Em              | ployer (See Instructions | )   |
| 2/22/21           | Full name of contributor out-of-state PAC (ID#       | ; Zip Code               | Amount of contribution (\$)   |
| Principal occup   | ation / Job title (See Instructions) Em              | ployer (See Instructions | )   |
|                   | 4  |                          |   |

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# SCHEDULE A1

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| The              | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1:            |
|------------------|---|---------------------------------------|
| 2 FILER NAME     | Adeola Heyliger                                       | 3 Filer ID (Ethics Commission Filers) |
| 2/22/21          | 5 Full name of contributor                            | \$200.00                              |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employer (Se | ee Instructions)                      |
| 2/23/21          | Full name of contributor out-of-state PAC (ID#        | #/00,00                               |
| Principal occup  | ation / Job title (See Instructions)  Employer (See   | ee Instructions)                      |
| Date 2/23/21     | Full name of contributor                              | \$100.00                              |
| Principal occup  | ation / Job title (See Instructions) Employer (Se     | ee Instructions)                      |
| Date 2/11/21     | Full name of contributor out-of-state PAC (ID#        | # 250 00                              |
| Principal occup  | eation / Job title (See Instructions) Employer (Se    | ee Instructions)                      |
|                  | 7   |                                       |

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# SCHEDULE A1

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| The  | Instruction Guide explains how to complete this form.                                   | 1 Total pages Schedule A1             |
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| 2 FILER NAME Adeola Heyliger   |   | 3 Filer ID (Ethics Commission Filers) |
| 2/12/21  | 5 Full name of contributor  | 7 Amount of contribution (\$)         |
| 8 Principal occup  | pation / Job title (See Instructions)  9 Employer (                                     | (See Instructions)                    |
| Date 2   16   2  | Full name of contributor out-of-state PAC (ID#  | # 51 00                               |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |                                       |
| 2/16/21  | Full name of contributor out-of-state PAC (ID#  | 4 / ) 00 00                           |
| Principal occup  | ation / Job title (See Instructions) Employer (   | (See Instructions)                    |
| Date   | Full name of contributor out-of-state PAC (ID#  Contributor address; City; State; Zip 0 |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |                                       |
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#### SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1             |
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| 2 FILER NAME Adeola Heyliger   | 3 Filer ID (Ethics Commission Filers) |
| 5 Full name of contributor   out-of-state PAC (ID#)  7ahlie Rochelle  6 Contributor address; City; State; Zip Code   | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  | tions)                                |
| Date  Full name of contributor out-of-state PAC (ID#)  Earl M. Cummings  Contributor address; City; State; Zip Code  | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                |
| Date  Full name of contributor   out-of-state PAC (ID#)  70  | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                |
| Date    Shery   Sulface   Shery   Shery   State   Shery   Shery   State   Shery   Sher | Amount of contribution (\$)  4250.00  |
| Principal occupation / Job title (See Instructions) Employer (See Instruc  | tions)                                |
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| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |  |  |
|--|---------------------------------------|--|--|
| 2 FILER NAME<br>Adeola Lleyviger   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 2/9/21 6 Contributor address; City; State; Zip Code  | 7 Amount of contribution (\$)         |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)                                | ions)                                 |  |  |
| Date  Full name of contributor   out-of-state PAC (ID#:)  April Powell  Contributor address; City; State; Zip Code | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)                                   | ions)                                 |  |  |
| Date  Full name of contributor   out-of-state PAC (ID#:  | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)                                   |                                       |  |  |
| Date  Full name of contributor out-of-state PAC (ID#:  | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)                                    | ions)                                 |  |  |
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| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |  |  |
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| 2 FILER NAME Adwola Heylige- 4 Date 5 Full name of contributor   out-of-state PAC (ID#:)   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date 5 Full name of contributor   out-of-state PAC (ID#:)  2/13/21 6 Contributor address; City; State; Zip Code  Subarl and TX | 7 Amount of contribution (\$)         |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  | ctions)                               |  |  |
| Date  Full name of contributor   out-of-state PAC (ID#:)  VLVV 1 CA O d v vo  Contributor address; City; State; Zip Code         | Amount of contribution (\$)           |  |  |
| Pecrlan Itx  |                                       |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                |  |  |
| Date  Full name of contributor  Out-of-state PAC (ID#:)  Arcia BAZNES  Contributor address; City; State; Zip Code                | Amount of contribution (\$)           |  |  |
| Pearland Tx  | 50.0                                  |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                                       |  |  |
| Date  Full name of contributor  Out-of-state PAC (ID#:   | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | itions)                               |  |  |
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| The  | Instruction Guide explains how to complete this form.                | 1 Total pages Schedule A1: 45         |  |  |
|--|--|---------------------------------------|--|--|
| 2 FILER NAME Adeola Heyrige  |  | 3 Filer ID (Ethics Commission Filers) |  |  |
| 2/12/21  | 5 Full name of contributor   out-of-state PAC (ID#:                  | 7 Amount of contribution (\$) 50.00   |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See Inst          | ructions)                             |  |  |
| Date   | Full name of contributor   | Amount of contribution (\$)           |  |  |
| 2/12/21  | Desire Trby Contributor address; City; State; Zip Code Plantand Ty   | 100.00                                |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                                       |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                      | Amount of contribution (\$)           |  |  |
| ادراد  | Contributor address; City; State; Zip Code                           | 25.00                                 |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                                       |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                      | Amount of contribution (\$)           |  |  |
| 2/12/21  | Contributor address; City; State; Zip Code                           | 50.00                                 |  |  |
| Principal occup  | FILINE TX pation / Job title (See Instructions) Employer (See Instru | ructions)                             |  |  |
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#### SCHEDULE A1

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| The Instruction Guide explains how to comple   | 72   |  |  |
| 2 FILER NAME  A Date  A Date  5 Full name of contributor  A DATE  DATE   | 3 Filer ID (Ethics Commission Filers)                            |  |  |
| 2 /14/2) 6 Contributor address; City:  | State PAC (ID#:  |  |  |
| 8 Principal occupation / Job title (See Instructions)  | 9 Employer (See Instructions)                                    |  |  |
| The second secon | state PAC (ID#:) Amount of contribution (\$)                     |  |  |
| 2/14/21 Contributor address; City;   | State; Zip Code 25,00  |  |  |
| Principal occupation / Job title (See Instructions)  | Employer (See Instructions)                                      |  |  |
| 2/1/h) Demetr Wa<br>Contributor address; City;   | State; Zip Code  State; Zip Code  25.00                          |  |  |
| Principal occupation / Job title (See Instructions)  | Employer (See Instructions)                                      |  |  |
| 2/17/21 Mourhaf SA   | State: Zip Code  State: Zip Code  State: Zip Ty  State: Zip Code |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |  |  |  |
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| The              | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1: 42         |
|------------------|--|---------------------------------------|
| 2 FILER MAME     | cola lkylige   | 3 Filer ID (Ethics Commission Filers) |
| 2/18/21          | 6 Contributor address; City; State; Zip Code   | 7 Amount of contribution (\$)         |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                |
| Date             | Full name of contributor   out-of-state PAC (ID#:)  Gabrielle Walton   | Amount of contribution (\$)           |
| 2/19/21          | Contributor address; City; State; Zip Code Pearland TX   | 100.00                                |
| Principal occup  | pation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                |
| 2/19/31          | Full name of contributor out-of-state PAC (ID#:)  Kimberly Slayh Hu  Contributor address; City; State; Zip Code  San Andomo Ty | Amount of contribution (\$)           |
| Principal occur  | pation / Job title (See Instructions) Employer (See Instructions)  | tions)                                |
| 2/20/21          | Full name of contributor out-of-state PAC (ID#)  KATIE Herrington  | Amount of contribution (\$)           |
|                  | Contributor address; City; State; Zip Code  MISSILLICITY TX  | 100.00                                |
| Principal occup  | ation / Job title (See Instructions)  Employer (See Instructions)  | ions)                                 |
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| The Instruction Guide explains how to complete this form.  |   |  | 1 Total pages Schedule A1:            |
| 2 FILER NAME   | 5 Full name of contributor out-of-state PA  |  | 3 Filer ID (Ethics Commission Filers) |
| 2/21/21  | 5 Full name of contributor out-of-state PAI  Brende Coope  6 Contributor address; City;  Plantand | State; Zip Code                                | 7 Amount of contribution (\$)         |
| 8 Principal occu   | pation / Job title (See Instructions)   | 9 Employer (See Instruct                       | ions)                                 |
| Date   | Full name of contributor out-of-state PAG   | C (ID#:)                                       | Amount of contribution (\$)           |
| 2/32/21  | Contributor address; City;  | State; Zip Code                                | 50.00                                 |
| Principal occup  | pation / Job title (See Instructions)   | Employer (See Instructi                        | ions)                                 |
| Principal occur  | lica lbloods  | State; Zip Code  TX  Employer (See Instruction | Amount of contribution (\$)  25,00    |
| D-1-   |   |  |                                       |
| 4/30/DI  | Den 200 Billi<br>Contributor addréss; City:<br>Pearland   | State; Zip Code                                | Amount of contribution (\$)           |
| Principal occup  | ation / Job title (See Instructions)  | Employer (See Instructi                        | ons)                                  |
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| The Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |
|---|---------------------------------------|
| 2 FILER NAME Holeola Haylige  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  5 Full name of contributor   out-of-state PAC (ID#:  2/32/21 6 Contributor address; Ofty; State; Zip Code | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See In  | nstructions)                          |
| Date Full name of contributor out-of-state PAC (ID#:  | Amount of contribution (\$)           |
| 2/2/31 Contributor address; City; State; Zip Code  Plan land TX   | 100.00                                |
| Principal occupation / Job title (See Instructions)  Employer (See In   | structions)                           |
| Date Full name of contributor    Out-of-state PAC (ID#:   Jones   | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions) Employer (See In  | structions)                           |
| Date  Full name of contributor  Out-of-state PAC (ID#:  | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See In   | structions)                           |
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#### SCHEDULE A1

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| The Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |  |  |
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| 2 FILER NAME Adeola Haylige   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:)  2/32/31 6 Contributor address; City; State; Zip Code  Pich mond  | 7 Amount of contribution (\$) 400.00  |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)   | tions)                                |  |  |
| Date  Full name of contributor  Oalisha Fosta  Contributor address;  City; State; Zip Code  Missoun City, TX  | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |                                       |  |  |
| Date Full name of contributor out-of-state PAC (ID#:)  Anthony Howard  Contributor address; City; State; Zip Code  Howard  Contributor Address; City; State; Zip Code | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |                                       |  |  |
| Date  Full name of contributor  Ohohol  Chouse  Contributor address;  City; State; Zip Code   | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | ions)                                 |  |  |
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| The Instruction Guide explains how to complete this form.                                 | 1 Total pages Schedule A1:            |
|---|---------------------------------------|
| 2 FILER NAME  Adeola Hay Lige  4 Date 5 Full name of contributor out-of-state PAC (ID#: ) | 3 Filer ID (Ethics Commission Filers) |
| 2/20/21 6 Contributor address; City; State; Zip Code                                      | 7 Amount of contribution (\$) 500.00  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)       | ions)                                 |
| Date Full name of contributor out-of-state PAC (ID#:)  Amber Eldorado                     | Amount of contribution (\$)  1000.00  |
| apply Amber Eldorado Contributor address; City; State; Zip Code Houston, Tx               |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)          | ions)                                 |
| Date Full name of contributor out-of-state PAC (ID#:)                                     | Amount of contribution (\$)           |
| 2/22/21 Contributor address; City; State; Zip Code Planad, TX                             | 200,00                                |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)          | ions)                                 |
| Date Full name of contributor out-of-state PAC (ID#:)  MIKE JOHNSON                       | Amount of contribution (\$)           |
| Contributor address; City; State; Zip Code  | 100.00                                |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)           | ons)                                  |
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#### SCHEDULE A1

| if the requested information is not applicable, DO NOT include this page in the report.                          |                                       |  |  |
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| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME<br>Adeola Heyciger  | 3 Filer ID (Ethics Commission Filers) |  |  |
| 2/33/21 6 Contributor address; City; State; Zip Code  Plantau TX   | 7 Amount of contribution (\$)         |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru                                     | ctions)                               |  |  |
| Date Full name of contributor out-of-state PAC (ID#)  Care   Taylor  | Amount of contribution (\$)           |  |  |
| 2/23/31 Contributor address; City; State; Zip Code  Plan I and TY  | 50.00                                 |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instru-                                       | ctions)                               |  |  |
| Date  Full name of contributor   out-of-state PAC (ID#:  | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instru  | ctions)                               |  |  |
| Date  Full name of contributor out-of-state PAC (ID#:)  Paula Harris  Contributor address; City; State; Zip Code | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instru   | ctions)                               |  |  |
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| The  | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |
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| 2 FILER NAME   | deola Heylige  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date   | 5 Full name of contributor out-of-state PAC (ID#:)  Carla Law  6 Contributor address; City; State; Zip Code  | 7 Amount of contribution (\$)         |
| ,,,,   | Howton, TX   | 100.00                                |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                |
| Date   | Full name of contributor out-of-state PAC (ID#:)  Mofiam mad Aijas   | Amount of contribution (\$)           |
| 2/03/01  | Contributor address; City; State; Zip Code   | 25,00                                 |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                                       |
| Date   | Full name of contributor   | Amount of contribution (\$)           |
|  | The state of the s |                                       |
| 3/23/21  | Shaun Johnson  Contributor address; City; State; Zip Code  | 100.00                                |
| əþ3/31   |  | 100.00                                |
|  | Contributor address; City; State; Zip Code   |                                       |
|  | Contributor address;  City;  State; Zip Code  Contributor   T   Y  Deation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor   out-of-state PAC (ID#:)   | Amount of contribution (\$)           |
| Principal occup  | Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Employer (See Instructions)  Employer (See Instructions)   | Amount of contribution (\$)           |
| Principal occup  | Contributor address;  City;  State; Zip Code  Contributor   T   Y  Deation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor   out-of-state PAC (ID#:)   | Amount of contribution (\$)           |
| Principal occup  | Contributor address;  City;  State; Zip Code  Co | Amount of contribution (\$)           |
| Principal occup  | Contributor address;  City;  State; Zip Code   ode   Code  Code    Code    Code    Code    Code    Code    Code     Code     Code     Code     Code      Code        Code   | Amount of contribution (\$)           |
| Principal occup  | Contributor address;  City;  State; Zip Code   ode   Code  Code    Code    Code    Code    Code    Code    Code     Code     Code     Code     Code      Code        Code   | Amount of contribution (\$)           |

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| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |
| 2 FILER NAME  H dev/L /ky/1 gc  4 Date 5 Full name of contributor out-of-state PAC (ID#:   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:   | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc  | ctions)                               |
| Date Full name of contributor out-of-state PAC (ID#:)  | Amount of contribution (\$)           |
| 2 /3/11 Contributor address; City; State; Zip Code   | 250.00                                |
| missouri City H  |                                       |
| Principal occupation / Job title (See Instructions) Employer (See Instruc  | tions)                                |
| Date Full name of contributor out-of-state PAC (ID#:)  | Amount of contribution (\$)           |
| 2/3/3) Contributor address; City; State; Zip Code MISSOUR CITY   | 250.00                                |
| Principal occupation / Job title (See Instructions) Employer (See Instruc  | ctions)                               |
| Date  Full name of contributor  Date  Date  Full name of contributor  Date  Da | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions) Employer (See Instruc  | ctions)                               |
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| The Instruction Guide explains how to complete this form. |  | form.                       | 1 Total pages Schedule A1:            |
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| 2 FILER NAME  | Jaleo La Hayage  5 Full name of contributor out-of-state PAC                       |                             | 3 Filer ID (Ethics Commission Filers) |
|   | 6 Contributor address; City; Plan la   | State; Zip Code             | 7 Amount of contribution (\$)         |
| 8 Principal occu  | pation / Job title (See Instructions)  | 9 Employer (See Instruction | ons)                                  |
| Date  | Full name of contributor out-of-state PAC  | ; (ID#:)                    | Amount of contribution (\$)           |
| 3 psp1  | Contributor address; City;   | State; Zip Code             | 250.00                                |
| Principal occup   | pation / Job title (See Instructions)  | Employer (See Instruction   | ons)                                  |
| Date  | Full name of contributor  ut-of-state PAC  | ; (ID#:)                    | Amount of contribution (\$)           |
| 2 bubi  | Contributor address; City;   | State: Zip Code             | 100.00                                |
| Principal occu  | pation / Job title (See Instructions)  | Employer (See Instruction   | ons)                                  |
| Date 2/34/31  | Full name of contributor  out-of-state PAC  Byon Biley  Contributor address; City; | State; Zip Code             | Amount of contribution (\$)  2 TO, OO |
| Principal occu  | pation / Job title (See Instructions)  | Employer (See Instructi     | ons)                                  |
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| If the requested information is not applicable, bo NOT include this page in the report. |   |                           |                                       |
|---|---|---------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form.                               |   |                           | 1 Total pages Schedule A1: 4/2        |
| 2 FILER NAME  | deole thyriga   |                           | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | Theoph's Woodard  |                           | 7 Amount of contribution (\$)         |
| 8 Principal occu  | pation / Job title (See Instructions)   | Employer (See Instruction | ons)                                  |
| 2/20/21   | Full name of contributor out-of-state PAC (ID#_ Diamond Prothyo  Contributor address; City; St  Plantant; | ate; Zip Code             | Amount of contribution (\$)           |
| Principal occup   | Principal occupation / Job title (See Instructions) Employer (See Instructions)                           |                           |                                       |
| Date  | Full name of contributor out-of-state PAC (ID#:   |                           | Amount of contribution (\$)           |
| 10/28/21  | Contributor address; City; St.  | ate; Zip Code             | 100,00                                |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)        |   |                           |                                       |
| Date  | Full name of contributor out-of-state PAC (ID#:   |                           | Amount of contribution (\$)           |
| 2/28/21   | Contributor address; City; St   | Code Code                 | 100.00                                |
| Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructi   | ions)                                 |
|   |   |                           |                                       |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |                           |                                       |

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#### SCHEDULE A1

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

| ii die requeste illierination is iist applicasis, se rie i metate tille page in tile repeta |  |                                       |  |
|---|--|---------------------------------------|--|
| The Instruction Guide explains how to complete this form.                                   |  | 1 Total pages Schedule A1: 42         |  |
| 2 FILER NAME  | Adola Heylige  Full name of contributor   out-of-state PAC (ID#: | 3 Filer ID (Ethics Commission Filers) |  |
| ) ,   | Full name of contributor out-of-state PAC (ID#:                  | 7 Amount of contribution (\$)         |  |
| 2/28/216  | Contributor address; City; State; Zip Co                         | 100.00                                |  |
| 8 Principal occupat   | tion / Job title (See Instructions)  9 Employer (See             | ee Instructions)                      |  |
| Date  | Full name of contributor out-of-state PAC (ID#:                  | Amount of contribution (\$)           |  |
| 2/38/21   | Contributor address; City; State; Zip Co                         | 100.00                                |  |
| Principal occupation  | on / Job title (See Instructions) Employer (Se                   | ee Instructions)                      |  |
| Date  | Full name of contributor out-of-state PAC (ID#:                  | , micani el centradaen (c)            |  |
| 2/28/2  | Sennifu Bathol Contributor address; City; State; Zip Co          |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)            |  |                                       |  |
| Date  | Full name of contributor out-of-state PAC (ID#:                  |                                       |  |
| 3/21/21   | Contributor address; City; State; Zip Co                         | 100.00                                |  |
| Principal occupati  |  | ee Instructions)                      |  |
|   |  |                                       |  |
|   | ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED              |                                       |  |

#### SCHEDULE A1

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

| if the requested information is not applicable, bo Not include this page in the report. |  |                                       |  |  |
|---|--|---------------------------------------|--|--|
| The Instruction Guide explains how to complete this form.                               |  | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME  | Adeola Hayliga   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date  | 5 Full name of contributor   | 7 Amount of contribution (\$)         |  |  |
|   | Fortfaunde Florich   |                                       |  |  |
| 8 Principal occu  | pation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                |  |  |
| Date  | Full name of contributor   | Amount of contribution (\$)           |  |  |
| 2/38/1  | May Janu Contributor address; City; State; Zip Code  | 75.00                                 |  |  |
|   | Missouri City, Tx  |                                       |  |  |
| Principal occup   | Principal occupation / Job title (See Instructions) Employer (See Instructions)  |                                       |  |  |
| Date  | Full name of contributor   | Amount of contribution (\$)           |  |  |
| 2/08/pi   | Contributor address; City; State; Zip Code   | 50.00                                 |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)        |  |                                       |  |  |
| 2/28/2;   | Full name of contributor out-of-state PAC (ID#:)  Shame Davids (I)  Contributor address; City; State; Zip Code  MISSian Ut | Amount of contribution (\$)           |  |  |
| Principal occup   | pation / Job title (See Instructions) Employer (See Instruc  | ctions)                               |  |  |
| ATTACH ADDITIONAL CODIES OF THIS SCHEDUL F AS NEEDED                                    |  |                                       |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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  Adeola Hyugu  4 Date  5 Full name of contributor out-of-state PAC (ID#:)  | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:  | 7 Amount of contribution (\$)         |  |  |
| 2/28/21 6 Contributor address; City; State; Zip Code Pichmonl, Ty   | 50.00                                 |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)   | ions)                                 |  |  |
| Date Full name of contributor out-of-state PAC (ID#:)  Dem Se Sander  | Amount of contribution (\$)           |  |  |
| 2/25/21 Contributor address; City; State; Zip Code / Lous Lo. TX  | 100.00                                |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | ions)                                 |  |  |
| Date    Full name of contributor   out-of-state PAC (ID#:)   Ponique Brother   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#:)  Auguli Liggington  Contributor address;  City; State; Zip Code  Plain Tx | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)   | tions)                                |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N  |                                       |  |  |

#### SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. |   |   |                                       |
|---|---|---|---------------------------------------|
| The   | Instruction Guide explains how to comp                                      | 1 Total pages Schedule A1:                        |                                       |
| 2 FILER NAME  | Adeok Hujug   | <i>x</i> /  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor  Panella Sine  6 Contributor address; City  MISS | of-state PAC (ID#:)  State; Zip Code  The City TX | 7 Amount of contribution (\$)         |
| 8 Principal occu  | pation / Job title (See Instructions)                                       | 9 Employer (See Instru                            | actions)                              |
| Date  |   | of-state PAC (ID#:                                | Amount of contribution (\$)           |
| 2/20/pi   |   | y; State; Zip Code                                | 50.00                                 |
| Principal occup   | pation / Job title (See Instructions)                                       | Employer (See Instru                              | uctions)                              |
| Date  |   | of-state PAC (ID#:                                | Amount of contribution (\$)           |
| 3/1/21  | Challta Cypa Contributor address; Cit MISS                                  |   | 50.00                                 |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)        |   |   |                                       |
| Date  | Full name of contributor out-   | of-state PAC (ID#:                                | ) Amount of contribution (\$)         |
| 3/1/21  | Contributor address; City   |   | 500,00                                |
| Principal occu  | pation / Job title (See Instructions)                                       | Employer (See Instr                               | uctions)                              |
|   |   |   |                                       |
|   | ATTACH ADDITIONAL   | COPIES OF THIS SCHEDULE AS                        | NEEDED                                |

#### SCHEDULE A1

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

| ii the requested information to not applicable, De Ne i metales and page in the repetit |  |                                       |  |  |
|---|--|---------------------------------------|--|--|
| The   | The Instruction Guide explains how to complete this form.                |                                       |  |  |
| 2 FILER NAME  | 5 Full name of contributor out-of-state PAC (ID#:)                       | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#:)                       | 7 Amount of contribution (\$)         |  |  |
| 3/2/21  | gainmin Breech 6 Contributor address; City; State; Zip Code Pearland, Tx | 25.00                                 |  |  |
| 8 Principal occu  | pation / Job title (See Instructions)  9 Employer (See Instruc           | tions)                                |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#:)                         | Amount of contribution (\$)           |  |  |
| 3/0/21  | Contributor address; City; State; Zip Code                               | 100.00                                |  |  |
|   | Missour City, TX   |                                       |  |  |
| Principal occup   | pation / Job title (See Instructions) Employer (See Instruc              | tions)                                |  |  |
| Date  | Full name of contributor   | Amount of contribution (\$)           |  |  |
| 3/4/1   | Contributor address; City; State; Zip Code  Pearland TX                  | 220,00                                |  |  |
| Principal occu  | pation / Job title (See Instructions) Employer (See Instruc              | tions)                                |  |  |
|   |  |                                       |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#:)                         | Amount of contribution (\$)           |  |  |
| 3/5/21  | Pyan Fereber  Contributor address; City; State; Zip Code  Houston TA     | 100.00                                |  |  |
|   |  |                                       |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)        |  |                                       |  |  |
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#### SCHEDULE A1

| The Instruction Guide explains how to complete this form.  1 Total pages Schedule AT:  |                  |   |                             |                                       |
|--|------------------|---|-----------------------------|---------------------------------------|
| ### Date   5 Full name of contributor  | The              | Instruction Guide explains how to comp        | lete this form.             | 1 Total pages Schedule A1:            |
| Set   Set   Iname of contributor   Out-of-state PAC (IDIR   J. S. U.)  | 2 FILER NAME     | Holeola Heyuge                                |                             | 3 Filer ID (Ethics Commission Filers) |
| Date   Full name of contributor   out-of-state PAC (IDR   Amount of contribution (\$)  | 21-1             | 5 Full name of contributor out-of             | f-state PAC (ID#:)          |                                       |
| Amount of contribution (\$)  | 8 Principal occu | pation / Job title (See Instructions)         | 9 Employer (See Instruc     | ctions)                               |
| Date Full name of contributor   out-of-state PAC (IDE:   | 1 .              | Netnton                                       |                             | 200                                   |
| Contributor address: City: State: Zip Code 50,00  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions) | Principal occup  | ation / Job title (See Instructions)          | Employer (See Instruc       | itions)                               |
| 3/6/21 Contributor address: City: State: Zip Code Planta TX  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Flanta Williams  Contributor address: City: State: Zip Code  Flanta TX  Employer (See Instructions)  | 3/6/21           | Charanm The Contributor address; City;        | State: Zip Code             | 50,00                                 |
|  | 3/6/21           | Andre William Contributor address; City; Plan | State; Zip Code             |                                       |
|  | Principal occup  | ation / Job title (See Instructions)          | Employer (See Instruct      | tions)                                |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.   |                  | ATTACH ADDITIONAL CO                          | OPIES OF THIS SCHEDULE AS N | EEDED                                 |

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME  Acted thy uge  4 Date 5 Full name of contributor out-of-state PAC (ID#:  | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date  5 Full name of contributor out-of-state PAC (ID#:)  (Lectric (L. Smth.)  6 Contributor address; City; State; Zip Code  | 7 Amount of contribution (\$)  500.00 |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  | ons)                                  |  |  |
| Date  Full name of contributor   | Amount of contribution (\$)           |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | ns)                                   |  |  |
| Date  Full name of contributor   out-of-state PAC (ID#:  | Amount of contribution (\$)  50.00    |  |  |
| Date  Full name of contributor  Out-of-state PAC (ID#:   | Amount of contribution (\$)           |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE   | EDED                                  |  |  |

#### SCHEDULE A1

| The   | Instruction Guide explains how to complete this form.         | 1 Total pages Schedule A1:            |  |  |
|---|---|---------------------------------------|--|--|
| 2 FILER NAME  | Full name of contributor out-of-state PAC (ID#:               | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date  | 5 Full name of contributor uut-of-state PAC (ID#:             | 7 Amount of contribution (\$)         |  |  |
| 3/9/21  | 6 Contributor address; City; State; Zip Code Phoenix, Az      | 150.00                                |  |  |
| 8 Principal occu                                    | pation / Job title (See Instructions)  9 Employer (See Instru | ctions)                               |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#:)              | Amount of contribution (\$)           |  |  |
| 3/11/21   | Contributor address; City; State; Zip Code                    | 2 TO. 00                              |  |  |
|   | flar land it x  |                                       |  |  |
| Principal occup                                     | pation / Job title (See Instructions) Employer (See Instruc   | ctions)                               |  |  |
| Date  | Full name of contributor                                      | Amount of contribution (\$)           |  |  |
| 3/12/11   | Contributor address; City; State; Zip Code Misson Gity, Tx    | 100.00                                |  |  |
| Principal occup                                     | pation / Job title (See Instructions) Employer (See Instru    | ctions)                               |  |  |
| Date  | Full name of contributor out-of-state PAC (ID#:)              | Amount of contribution (\$)           |  |  |
| 3/18/21   | Contributor address; City; State; Zip Code                    | 150.00                                |  |  |
| Principal occup                                     | pation / Job title (See Instructions) Employer (See Instruc   | ctions)                               |  |  |
|   |   |                                       |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |   |                                       |  |  |

#### SCHEDULE A1

| The state of the s |   |                                       |  |  |
|--|---|---------------------------------------|--|--|
| The  | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME   | Adiola Hylige   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 3/19/n   | 5 Full name of contributor out-of-state PAC (ID#:   | 7 Amount of contribution (\$)         |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See Instructions)  | ctions)                               |  |  |
| 3/21/21  | Full name of contributor out-of-state PAC (ID#:)  Carol Commim  Contributor address; City; State; Zip Code  Suga Lend TX  | Amount of contribution (\$)           |  |  |
| Principal occup  | pation / Job title (See Instructions) Employer (See Instruc   | tions)                                |  |  |
| 3/22 pi  | Full name of contributor out-of-state PAC (ID#:)  Earl Allem  Contributor address; City; State; Zip Code  | Amount of contribution (\$)           |  |  |
| Principal occup  | pation / Job title (See Instructions) Employer (See Instruc   | tions)                                |  |  |
| Date  3/33/51  | Full name of contributor out-of-state PAC (ID#:)  Yandic Berg  Contributor address; City; State; Zip Code  //// 55 0cm City 7x  pation / Job title (See Instructions) Employer (See Instructions) |                                       |  |  |
|  | Employer (See Institute   | ions)                                 |  |  |
|  |   |                                       |  |  |
| 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

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 Caberlate Ad            |
|---|---------------------------------------|
|   | 1 Total pages Schedule A1:2/3         |
| FILER NAME Poletk Heyliger  | 3 Filer ID (Ethics Commission Filers) |
| 5 Full name of contributor out-of-state PAC (ID#:                           | 7 Amount of contribution (\$) 50.00   |
| Principal occupation / Job title (See Instructions)  9 Employer (See Instru | uctions)                              |
| 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 Instru    | ictions)                              |
| Date  Full name of contributor  out-of-state PAC (ID#:                      | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Employer (See Instru   | ictions)                              |
| Date  Full name of contributor  out-of-state PAC (ID#:                      | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions) Employer (See Instru    | actions)                              |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS                                |                                       |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

|  | EXPENDITURE CATEGORIES P   | OK BOX 6(a)  |
|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politics<br>Credit Card Payment  | Fees Office Over Polling Expense Printing Expense Printing Expense Committee Legal Services Salaries/W | pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above) |
| and the same of th | The Instruction Guide explains how to co   |  |
| 1 Total pages Schedule F1:   | 2 FILER NAME Adeola O. Ho  | Sylvaer 3 Filer ID (Ethics Commission Filers)  |
| 4 Date 1 19 21   | 5 Payee name Courtney Alexand  |  |
| 6 Amount (\$)  | 7 Payee address  | City: State Zip Code   |
| #250.00  |  | Seattle, Washington  |
| 8  | (a) Category (See Categories listed at the top of this schedule)                                       | (b) Description  |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expen  | 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/O   | Candidate / Officeholder name  | Office sought Office held  |
|  | Payee name 2   |  |
| 2/16/21  | Kevin Rice   |  |
| Amount (\$)  | Payee address,   | City: State Zip Code   |
| \$ 250.00  |  | Pearland TX  |
|  | Category (See Categories listed at the top of this schedule)   | Description  |
| PURPOSE<br>OF<br>EXPENDITURE   | Fevert Experse   | DJ - Compaign kickoffe   |
|  | Check if travel outside of Texas Complete Schedule T   | Check if Austin TX officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name  | Office sought Office held  |
| Date   | Payee name   |  |
| 3/1/21   | Texas Campaign   |  |
| Amount (\$)  | Payee address:   | City, State, Zip Code  |
| \$300.00   |  | touston, TX  |
|  | Category (See Categories listed at the top of this schedule)   | Description  |
| PURPOSE<br>OF<br>EXPENDITURE   | Consulting Expan   | Consulting ten   |
|  | Check if travel outside of Texas Complete Schedule T   | Check if Austin TX officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH  | 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 Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Travel In District Polling Expense Consulting Expense Gift/Awards/Memonals Expense Travel Out Of District Contributions/Donations Made By Printing Expense Legal Services Candidate/Officeholder/Political Committee Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 State Zip Code 6 Amount (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Advertist or Advertising Expen OF EXPENDITURE Check if Austin TX officeholder living expense Check if travel outside of Texas Complete Schedule T (C) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date graphics Zip Code State Payee address Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if Austin TX officeholder living expense Check if travel outside of Texas Complete Schedule T Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Kumar Parekn State Zip Code City Amount (\$ Category (See Categories listed at the top of this schedule) PURPOSE Signs, magnets OF drestisin EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin TX afficeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct

expenditure to benefit C/OH

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

| ii iiie requesteu iiiit   | officiation is flot applicable, DO NOT include                                       | tina page in the report.  |  |  |
|---|--|---|--|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |  |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office O Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing | payment/Reimbursement verhead/Rental Expense Expense Transportation Equipment & Related Expense Expense Travel In District Expense Travel Out Of District Other (enter a category not listed above) |  |  |
| 1 Total pages Schedule F1:  | 2 FILER MAME Haylige   | 3 Filer ID (Ethics Commission Filers)   |  |  |
| 4 Date   18/21  | 5 Payee name M3 Gaphics  |   |  |  |
| 6 Amount (\$)   | 7 Payee address;   | City; State; Zip Code   |  |  |
| Q557,41   |  | Houston +4  |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule)                     | (b) Description   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Advertising Exper  | Sign, Pushcards   |  |  |
|   | (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   |   |  |  |
| 3/20/21   | Spint to Spint   |   |  |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code   |  |  |
| 3,215.00  |  | Houston TX  |  |  |
|   | Category (See Categories listed at the top of this schedule)                         | Description   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Advertising Expen  | Sign - Yank   |  |  |
| <u> </u>  | Check if travel outside of Texas. Complete Schedule T.                               | Check if Austin, TX, officeholder living expense  |  |  |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name  | Office sought Office held   |  |  |
| Date  | Payee name   |   |  |  |
| 1   |  |   |  |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code   |  |  |
| Amount (\$)  PURPOSE OF EXPENDITURE   | Payee address;  Category (See Categories listed at the top of this schedule)         | City; State; Zip Code  Description  |  |  |
| PURPOSE<br>OF   | •  |   |  |  |

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filter ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. 3 MS / MRS / MR 3 CANDIDATE/ AAT OFFICE USE ONLY **OFFICEHOLDER** RAFAT MRS U NAME NICKNAME SUFFIX JILANI 4 CANDIDATE/ APT / SUITE # ADDRESS / PO BOX STATE ZIP CODE OFFICEHOLDER 2023 PLANTATION BEND DR MAILING **ADDRESS** SUGAR LAND TX 77478 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (832)277 3230 PHONE Receipt # Amount S 6 CAMPAIGN MS / MRS / MR 5.81 TREASURER MARIUM MS Date Processed NAME NICKNAME LAST SUFFIX Date Imaged SIDDIQUI STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # 7 CAMPAIGN TREASURER 2190 N LOOP W, STE 104 HOUSTON, TX 770178 ADDRESS (Residence or Business) AREA CODE B CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 715-0733 / 832 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment Officeholder Only? July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 2 3 22 21 12 21 THROUGH ELECTION DATE 11 ELECTION ELECTION TYPE Primary Rumpff Month Day Year Description ■ General 1 21 Spacial OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (If known) FBISD Board of Trustees - Pos. 6 14 NOTICE FROM 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 KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| Rafat Ulain Jilani   | 16   | iler ID (Ethics Commission Filers)                |
|--|--|---|
| 7 CONTRIBUTION<br>TOTALS   | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   | s 0.00  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 7,175.00                                       |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE  | s 178.8°  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 4,438.58                                       |
| CONTRIBUTION<br>BALANCE  | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD.   | \$ 6,657.00                                       |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 500.00   |
| gen  | Please complete either option below:   |   |
|  | GARRETT DUANE ROSIER 3 132267296 13700 PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  |   |
|  | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023   |   |
| NOTARY STAMP/SEAL  | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  Defore me by Rafat Ulain Zilani  this the  | day of April                                      |
| NOTARY STAMP/SEAL  | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  Defore me by Rafat Ulain Zilani  which, witness my hand and seal of office.  | day of April                                      |
| NOTARY STAMP/SEAL worn to and subscribed to 21, to certify w   | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  Defore me by Rafat Ulain Jilani this the I  Which, witness my hand and seal of office.  Garrett Drane Resiev Exective Assist   |   |
| NOTARY STAMP/SEAL worn to and subscribed to 21 to certify worn to defice administent   | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  Defore me by Rafat Ulain Zilani this the I  which, witness my hand and seal of office.  Garrett Duane Rosiev Exective Assisting oath  Printed name of officer administering oath   | land to the BOT                                   |
| NOTARY STAMP/SEAL Worn to and subscribed to 21 to certify worn advantage of officer administers of officer adminis | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  Defore me by Rafat Ulain Jilani this the I  which, witness my hand and seal of office  Which, witness my hand and seal of office  Our Garrett Duane Rosier Exective Assisting oath  Printed name of officer administering oath  OR | and to the BOT  Title of officer administering as |
| NOTARY STAMP/SEAL  NOTARY STAMP/ | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023  Defore me by Rafat Ulain Zilani this the I  which, witness my hand and seal of office  Correct Duane Rosier Exective Assisting oath  Printed name of officer administering oath  OR  and my date of birth is 04/0                  | Title of officer administering as                 |
| NOTARY STAMP/SEAL worn to and subscribed it of 21  | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES  NOVEMBER 25, 2023  Printed name of office.  OR  and my date of birth is  OH/O  tation Bend Dr.  Sugar Land  TX   | Title of officer administering as                 |

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

|     | ER NAME 20 Filer I  | 20 Filer ID (Ethics Commission Filers) |  |
|-----|---|--|--|
|     | HEDULE SUBTOTALS<br>ME OF SCHEDULE  | SUBTOTAL<br>AMOUNT                     |  |
| 1.  | SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS  | s 7,175.00                             |  |
| 2   | SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                          | s                                      |  |
| 3.  | SCHEDULE B PLEDGED CONTRIBUTIONS  | \$                                     |  |
| 4   | SCHEDULE E LOANS  | \$ 500.00                              |  |
| 5   | SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                |  |  |
| 6.  | SCHEDULE F2. UNPAID INCURRED OBLIGATIONS  | \$ 3,420.58                            |  |
| 7   | SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU                    | TIONS \$                               |  |
| 8.  | SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD  |  |  |
| 9.  | SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                          | 5                                      |  |
| 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. |  |  |

### SCHEDULE A1

| The                              | Instruction Guide explains how to complete th   | is form.              | 1 Total pages Schedule A1: 6          |
|----------------------------------|---|-----------------------|---------------------------------------|
| FILER NAME                       | PAFAT ULAIN JILAT   | 1 /                   | 3 Filer ID (Ethics Commission Filers) |
| Date 2  22 2  Principal occu     | 5 Full name of contributor  MOHAMMED ABDULHW 6 Contributor address;  City;  S18 GVASSWEN PD Popation / Job title (See Instructions)   | State: Zip Code       |                                       |
|                                  | BASEER HASSAN PI Contributor address UVOF SCARLET SUGGR WAPLE CT LAND   | PHADA                 | Amount of contribution (\$)           |
| Principal occuj                  | pation / Job title (See Instructions)   | Employer (See Instru  | ctions)                               |
| Date  3/17   21  Principal occur | Full name of contributor  LAIDUE ZEHWAN  Contributor address:  City:  5075 WCJTHRWEZ HOUSTO  \$\frac{\pmathbb{H}}{2} \frac{\pmathbb{H}}{2} \pmathbb{H | State, Zip Code       | Amount of contribution (\$)           |
| Date 5/17/21                     | SULTAN MAHMOOD OF STAR POUS TO SULTAN MAHMOOD OF STAR POUS TO SULTAN MAHMOOD OF STAR POUS TO SULTAN STORY   | DENNYS)               | Amount of contribution (\$)           |
| Principal occup                  | pation / Job title (See Instructions)   | Employer (See Instruc | ctions)                               |
|                                  | ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst  | OF THIS SCHEDULE AS N | NEEDED                                |

### SCHEDULE A1

| The             | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1             |
|-----------------|---|---------------------------------------|
| FILER NAME      | PAPAT WAIN JUANI  | 3 Filer ID (Ethics Commission Filers  |
| 3/16/21         | 5 Full name of contributor  \$\frac{\text{TATYAT MERCHANT}}{\text{TATYAT MERCHANT}}\$  6 Contributor address  \$\frac{\text{City.}}{\text{SUGGN LAMD TX MM}}\$  \$\frac{\text{SUGGN LAMD TX MM}}{\text{DR}}\$  pation / Job title (See Institutions)  \$\frac{\text{9} \text{ Employer (See Institutions)}}{\text{9}  Employer (See | 8                                     |
| Date            | Full name of contributor out-of-state PAC (ID#  |                                       |
| 3/18/21         | MUNAMMED TAHLE JAVED  Contributor address, City, State, Zip Code  2295 AVALON BLOWMONT IX MO  | \$1000.00                             |
| Principal occup | sation / Job title (See Instructions) Employer (See   | Instructions)                         |
| 3/20/21         | CT-1 Land IX 119  | Amount of contribution (\$)  \$500.00 |
| Principal occup | eation / Job title (See Instructions) Employer (See   | Instructions)                         |
| Date 3/20/21    | Full name of contributor  MT KHAN  Contributor address.  [120   WILDING HOUSTON X 70  | #1000.00                              |
| Principal occup | ation / Job title (See Instructions) Employer (See  | Instructions)                         |
|                 |   |                                       |

#### SCHEDULE A1

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

| nstruction Guide explains how to complete this form.                                   | 1 Total pages Schedule A1  |
|--|--|
| PAFAT ULAIN JILANI   | 3 Filer ID (Ethics Commission Filers   |
| ABDUL ZAKARIA  | 41140 00   |
| ation / Job title (See Instructions)  9 Employer (See                                  | Instructions)  |
|  | randant of contribution (a)  |
| 5751 WILLOWBEND HOUSTON TX TO  | \$100.00   |
| ion / Job title (See Instructions) Employer (See I                                     | nstructions)   |
| Full name of contributor out-of-state PAC :ID#   | Amount of contribution (\$)  |
| 4701 BYACBURN DE DELIAIRE TV 77  | \$100.00   |
| ion / Job title (See Instructions) Employer (See I                                     | nstructions)   |
| SMAIL MOHAMMED  Contributor address: 522 SVMMER Sugar TX 7747  FOREST DR LOADD TX 7747 | Amount of contribution (\$)  |
| ion / Job title (See Instructions) Employer (See I                                     | nstructions)   |
|  | PAFAT ULALIN JILANI  5 Full name of contributor  ABDUL ZAKARIA  6 Contributor address, City, State; Zip Code  400 3 THISTE HILL CT. SWAV TX 774  LAND TX 774  ation / Job title (See Instructions)  9 Employer (See Instructions)  9 Employer (See Instructions)  Full name of contributor  9 City, State; Zip Code  5751 WILLOW BAND HOUSTON TX 76  BLVD  Contributor address; City, State; Zip Code  5751 WILLOW BAND HOUSTON TX 76  BLVD  Full name of contributor  PARL DA K ABDULIALT  Contributor address  City, State; Zip Code  4701 BYACRUPN DR BENALET TX 76  UNIT A  Lion / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  Oul-ct-state PAC (IDs)  Full name of contributor  Oul-ct-state PAC (IDs)  Full name of contributor  Oul-ct-state PAC (IDs) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

|  | . 0                              | ,                                     |
|--|----------------------------------|---------------------------------------|
| The Instruction Guide explains how to comp   | lete this form.                  | 1 Total pages Schedule A1             |
| FILER NAME RAFAT ULAIN JILY  | 1/14                             | 3 Filer ID (Ethics Commission Filers) |
| Date e e e   | -state PAC (ID#) State; Zip Code | 7 Amount of contribution (\$)         |
| Principal occupation / Job title (See Instructions)  | 9 Employer (See Instruct         | ions)                                 |
|  | -state PAC (ID#                  | Amount of contribution (\$)           |
| 3/20/21 FRONTIER MEDICAL Contributor address: Gity. 1234 REGALSIDE CT P  | ACHMOND TX TM 60                 | \$100.00                              |
| Principal occupation / Job title (See Instructions)  | Employer (See Instructi          | ons)                                  |
| Date Full name of contributor A BATE BULLTHAR BATE   | SETECTION SILVER                 | Amount of contribution (\$)           |
| Full name of contributor A BATE BULLTHAR BATE BULLTHAR BATE BULLTHAR BATE BULLTHAR BATE BULLTHAR BATE BULL SENTOSA RICINIO RICINIO SENTOSA RICINIO RIC | MOND TX 7407                     | \$200.00                              |
| Principal occupation / Job title (See Instructions)  | Employer (See Instructi          | ons)                                  |
|  | -state PAC (IDA)                 | Amount of contribution (\$)           |
| 5/20/21 Salman RALLAC<br>Contributor address: City:<br>6119 CREEK PLOIDE<br>MINNETONEA   | State; Zip Code                  | (p) \$500.00                          |
| Principal occupation / Job title (See Instructions)  | Employer (See Instructi          | ons)                                  |
|  |                                  |                                       |
|  |                                  |                                       |
|  |                                  |                                       |
| ATTACH ADDITIONAL CO   | OPIES OF THIS SCHEDULE AS NE     | EEDED                                 |

#### SCHEDULE A1

|                 |   |                                    | 1 Total pages Schedule A1             |
|-----------------|---|------------------------------------|---------------------------------------|
| The             | Instruction Guide explains how to complete this                 | form.                              | Total pages Schedule AT               |
| FILER NAME      | AT ILLAIN JILLANI   |                                    | 3 Filer ID (Ethics Commission Filers) |
| Date            | 5 Full name of contributor out-of-state PAC                     |                                    | 7 Amount of contribution (\$)         |
| 3/20/21         | MOHAMMED S. MIAN 6 Contributor address: City: 14922 HONDALEDR   | State, Zip Code On TX 77062        | \$500.00                              |
| Principal occu  | pation / Job title (See Instructions)                           | 9 Employer (See Instruct           | ions)                                 |
| Date            |   | (ID9)                              | Amount of contribution (\$)           |
| 3/20/21         | Contributor address, City 32301 BPNDGEBERRY H                   | State: Zip Code -00510V) -7X 77082 | \$500.00                              |
| Principal occup | vation / Job title (See Instructions)                           | Employer (See Instruct             |                                       |
| Date            |   | (ID#)                              | Amount of contribution (\$)           |
| 3/20/21         | LaigUE REHMAN  Contributor address  5078 WESTHEIMER  ROAD # 875 | State Zip Code 100501              | \$100.00                              |
| Principal occup | pation / Job title (See Instructions)                           | Employer (See Instruct             | ions)                                 |
| Date            | Full name of contributor out-of-state PAC                       | (ID#                               | Amount of contribution (\$)           |
| 3/20/21         | SEHRISH & PAHYAD + Contributor address. [09]   WKCALDY RU RD TX | HOSSAIN<br>HMOND<br>17407          | \$750.00                              |
| Principal occup | pation / Job title (See Instructions)                           | Employer (See Instruct             | ions)                                 |
|                 |   |                                    |                                       |
|                 |   |                                    |                                       |
|                 |   |                                    |                                       |
|                 |   |                                    |                                       |

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

| Th             | e Instruction Guide explains how t   | o complete thi  | is form.                             | 1 Total pages Schedule A1            |
|----------------|--|-----------------|--------------------------------------|--------------------------------------|
| FILER NAM      | FAT ULAIN JU   | IVA             |                                      | 3 Filer ID (Ethics Commission Filers |
| 2/1 ()         | 5 Full name of contributor  FCROZ ROOP)  6 Contributor address.            | ANI City        | State; Zip Code                      | 7 Amount of contribution (\$)        |
| Principal occ  | SUGAR Supation / Job title (See Instructions)                              | anpt            | X 77479<br>9 Employer (See Instructi | ons)                                 |
| Date 3/22      | Full name of contributor  20 HRA IZIKA  Contributor address  9201 POCK CF4 |                 |                                      | Amount of contribution (\$)          |
|                |  | CH.             | NS TX 78414.                         | \$175.00                             |
| Principal occi | upation / Job title (See Instructions)                                     |                 | Employer (See Instruction            | ons)                                 |
| Date           | Full name of contributor   | out-of-state PA | C (ID#                               | Amount of contribution (\$)          |
|                | Contributor address  |                 | State: Zip Code                      |                                      |
| Principal occi | upation / Job title (See Instructions)                                     |                 | Employer (See Instruction            | ons)                                 |
| Date           | Full name of contributor   | out-of-state PA | C (ID#                               | Amount of contribution (\$)          |
|                | Contributor address  | City,           | State, Zip Code                      |                                      |
| Principal occu | upation / Job title (See Instructions)                                     |                 | Employer (See Instruction            | ons)                                 |
|                |  |                 |                                      |                                      |

### LOANS

### SCHEDULE E

| The Instruction Guide explains how to complete this form.   |   |  | 1 Total pages Schedule E.  |
|---|---|--|--|
| PAPAT   | VLAIN THAN  |  | 3 Filer ID (Ethics Commission File   |
| TOTAL OF UN   | ITEMIZED LOANS  |  | s np   |
| 2/16/21   | 7 Name of lender out PAFIAT UUALV   | 9 Loan Amount (\$)   |  |
| Is lender<br>a financial<br>Institution   | 8 Lender address. Cit<br>2023 PLANTAT<br>BEND DR SV   | YON State Zip Code   | 10 Interest rate  N/A  11 Maturity date  N/A   |
| 2 Principal occupation  | on / Job title (See Instructions)   | 13 Employer (See Instructions)   | 1,1,1  |
| 4 Description of Colla  | ateral  | 15   | nds were deposited into political tions)   |
| GUARANTOR   | 17 Name of guarantor  |  | 19 Amount Guaranteed (\$)  |
| not applicable  | 18 Guarantor address, Cit   | y. State: Zip Code   |  |
|   |   | State: Zip Code  21 Employer (See Instructions)  | NIV  |
|   | on (See Instructions)   |  |  |
| Principal Occupati  | on (See Instructions)   | 21 Employer (See Instructions)   | Loan Amount (\$)   |
| Principal Occupation  Date of loan  Is lender a financial Institution?  Y N   | on (See Instructions)  Name of lender Dout-  Lender address City                                | 21 Employer (See Instructions) of-state PAC (IDs   | W   VA   |
| Principal Occupation  Date of loan  Is lender a financial institution?  Y N   | on (See Instructions)  WA  Name of lender   | 21 Employer (See Instructions)   | Loan Amount (\$)   |
| Principal Occupation  Date of loan  Is lender a financial Institution?  Y N   | on (See Instructions)  Name of lender Dut-  Lender address City  1 Job httle (See Instructions) | 21 Employer (See Instructions) of-state PAC (IDs  State: Zip Code  Employer (See Instructions)   | Loan Amount (\$)  Interest rate  Maturity date  ds were deposited into political       |
| Principal Occupation  Date of loan  Is lender a financial Institution?  Y N  Principal occupation  Description of Collaboration | on (See Instructions)  Name of lender Dut-  Lender address City  1 Job httle (See Instructions) | 21 Employer (See Instructions)  of-state PAC (IDs  State: Zip Code  Employer (See Instructions)  | Loan Amount (\$)  Interest rate  Maturity date  ds were deposited into political       |
| Principal Occupation  Is lender a financial Institution?  Y N  Principal occupation  Description of Collatione  GUARANTOR       | Name of lender out- Lender address Gits  n / Job title (See Instructions)                       | 21 Employer (See Instructions)  of-state PAC (IDs  State: Zip Code  Employer (See Instructions)  Check if personal fund account (See Instructions) | Loan Amount (\$)  Interest rate  Maturity date  ds were deposited into political ions) |

### SCHEDULE F1

|   | <b>EXPENDITURE CATE</b>  | GORIES FOR BOX 8(a)  |   |
|---|--|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Politica<br>Credt Card Payment |  | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Mages/Contract Labor   | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| Credit Card Hayment   | The Instruction Guide explain  | ns how to complete this form.  |   |
| 1 Total pages Schedule F1   | 2 FILER NAME PAFAT JU  | Hall   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 3/22/21  | 5 Payee name<br>ELITE BANOVET HA   | L GOABDOLM   | AJEED MOHAMA  |
| 6 Amount (\$)   | 7 Payee address  | SUJANUANE  | State: Zip Code   |
| 8 PURPOSE OF EXPENDITURE  | (a) Catagory (See Catagories has do at the top of this EVENT EXPENSE to 000 & 13 eVEY age  (c) Check if travel outside of Texas Complete S | Expense caw  | PARTIAL PMINT OF STREET FOR   |
| 9 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought  | Office held   |
| Date  | Payee name   |  |   |
| 3/22/21   | ELITE BANQUET  | HALL GO A  | MOHAMMED MOHED  |
| Amount (\$)   | Payee address.   | City;  | State; Zip Code   |
| \$400.00  | 11315 3 HWY 6 5  | sugar Lann T   | Y TTUGO<br>PARTIMIPMETER  |
| PURPOSE<br>OF   | Category (See Categories listed at the top of this to  | CAN  | PIDATE MEET &   |
| EXPENDITURE   | FOOD & Beverage  | Expense 1  | LICKOFPEVENK  |
|   | Check if travel outside of Texas, Complete S   | AND THE STATE OF T | on, TX officeholder living expanse  |
| 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<br>OF<br>EXPENDITURE  | Category (See Categories I sted at the top of this s   | chadula) Description   |   |
|   | Check if travel outside of Texas, Complete S.  | chedule T Check if Aust  | in, TX officeholder living expense  |
| Complete <u>ONLY</u> if airect expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought  | Office held   |
|   | ATTACH ADDITIONAL COPIES   | OF THIS SCHEDULE AS NE   | EDED  |

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

|  | <b>EXPENDITURE CATEGO</b>  | RIES FOR BOX 10(a)  |   |
|--|--|---|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Poliusa | Foos Food/Beverage Expense Gift/Awards/Memonals Expense Committee Legal Services   | oan Repayment/Reimbursement<br>Mice Overhead/Rental Expense<br>folling Expense<br>rinting Expense<br>islanes/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 I   | now to complete this form.  |   |
| Total pages Schedule F2  | 2 FILER NAME RATION UL   | AW JUAN   | 3 Filer ID (Ethics Commission Filers)   |
| TOTAL OF UNITEM  | IZED UNPAID INCURRED OBLIGA  | TIONS   | \$ 60.87  |
| Date   | 6 Payee name   | HALL  |   |
| 3/20/21  | ELLIE BANQUET  | Wash C/O x  | 430ULMarteco Moin   |
| Amount (\$)  | 8 Payee address.   | City.   | State, Zip Code   |
| [do.00]  | 11315 8 MWy 4  | sugar LA  | op tr myap  |
| TYPE OF<br>EXPENDITURE   | Political  | Non-Political   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this sort EVENT EXPENCE FOOD SUBJECT. EXPEN  (c) Check firsyel published of Texas, Complete Sched  | ISE. FOWAY,   | ning Balance our<br>ols meet of creek<br>nool a Food of Ber   |
|  |  |   |   |
| Complete GNLY if direct  | Candidate / Officeholder name  | Office remah!   | Office hold   |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought   | Office held   |
| expenditure to benefit C/OH  |  | Office sought   | Office held   |
| expenditure to benefit C/OH  | Payee name   |   | Office held   |
| Date 3   22 /2   | Payee name AIIIED SIENS Payee address.   | City  | State: Zip Code   |
| Date 3   22 /2   | Payee name AIIIED SIGNS  | City  | State: Zip Code   |
| Date 3/22/2  Amount (\$)  TYPE OF  | Payee name AIIIED SIGNS Payee address.  V 220 Hayrwin  | City  | State: Zip Code   |
| Date 3/22/2  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF  | Payee name  AIIIED SIGNS  Payee address.  UR20 HAURWIN  Political  Category (See Categories listed at the top of this set PRINTING EXP.  ADVENTISING EXP.  | Non-Political  Non-Political  Ply- PMRC Ya  | on N 77036  |
| Date 3/22/2  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF  | Payee name  AIIIED SIGNS  Payee address.  UR20 HOURWIN  Political  Category (See Categories listed at the top of this set PRINTING EXP   | Non-Political  Description  Pry-  PMRC Y a  | State Zip Code ON N 77036 BANNEY, STAND URS, POST CARDS,  |
| Date 3/22/2  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE   | Payee name  AIIIED SIGNS  Payee address.  UR20 HOURWIN  Political  Category (See Categories listed at the top of this act PRINTING EXP.  ADVENTISING EXP.  Check I gravel outside of Texas. Complete Sch.  Candidate / Officeholder name | Non-Political  Description  Pry-  PMRC Y a  | State Zip Code ON N 77036 BANNEY, STAND URS, POST CARDS, IRO SIGNS  |
| Date  3/22/2   Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete QNLY if direct                                     | Payee name  AIIIED SIGNS  Payee address.  UR20 HOURWIN  Political  Category (See Categories listed at the top of this act PRINTING EXP.  ADVENTISING EXP.  Check I gravel outside of Texas. Complete Sch.  Candidate / Officeholder name | Non-Political  Non-Political  Ply  Per C Y a  edule T Check if A  | State Zip Code ON N 77036  BANNEY, STAND ERS, POST CARDS, RD 516NS  ustin TX, officencider living expense   |

# **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

| Accounting/Banking Faes Office Overhead/Rental Expense Transportation Face (September 1)   |                         | <b>EXPENDITURE CAT</b>   | EGORIES FOR BOX 10(a)  |  |
|--|-------------------------|--|--|--|
| Total pages Schedule F2 2 FILERNAME 2 PAPAT U. JILMM 3 Filer ID (Ethics Commission Filers)  TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 60.87  Date 3/17/21 6 Payee name HAWKTELH COUNTIONS BUSINESS 9 THUTWOLOGY  Amount (s) 8 Payee address; WWW. HAWKTELH City. State. Zip Code SHAJEPET SATURE CENTER SHAJEPET HYDIVALISHO, IN TYPE OF EXPENDITURE Political Non-Political (b) Description Website Pessign, Poma Registration, Graphita Scredule) (b) Description Website Fire Species Non-Political Conditions to benefit C/OH Candidate / Office holds a forest Complete Scredule) (c) Check first of based of Taxas Complete Scredule) (d) Description Graphita Forest Complete Scredule) (d) Description Graphita Forest Complete Scredule) (e) Check first of benefit C/OH Candidate / Office holds of Taxas Complete Scredule) (d) Description Graphita Forest Complete Scredule) (d) Description Graphita Forest Complete Scredule) (d) Description Coffice held Candidate / Office holds of Taxas Complete Scredule) (d) Description (d) Candidate / Office holds (d) First Scredule) (d) Description (d) Candidate / Office holds (d) First Complete Scredule (d) Description (d) Candidate / Office holds (d) First Complete Scredule (d) Check / Austin, TX, discreduler siving expense (c) Candidate / Office holds (d) Complete Scredule (d) Check / Austin, TX, discreduler siving expense (c) Complete Chilly if direct (c) Candidate / Office holds (d) Complete Scredule (d) Check / Austin, TX, d) Controlled (d) Complete Chilly if direct (c) Candidate / Office holds (d) Complete Chilly if direct (d) Chill if d) Complete Chilly if d) Complete Chilly if d) Complete Chilly if d) Complete Chilly if d) Complete Ch  |                         | Fass Food/Beverage Expense  y Gat/Awards/Memorials Expense al Committee Legal Services | Office Overhead/Rental Expens<br>Polling Expense<br>Printing Expense<br>Selaries/Wages/Contract Labor  | Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS  Date 3/17/21 6 Payee name 1+AWICTECH SOUUTIONS BUSINESS 91 TELLIWOLOGY AMOUNT (S) 8 Payee address: WWW HYAWITTELH City: State: Zip Code 5+BUSINESS EXCEL 5th Flock CENTER SHALL BE HYAWISHO, IN EXPENDITURE PORT EXPENDITURE  PORT (a) Category: Issue Categories based at the top of the schedule:  (b) Description WEBSUTE DESIGN, Poma Registration, Grantilla Des EXPENDITURE  (c) Check if now loaded of texas Complete Schedule:  (d) Check if now loaded of texas Complete Schedule:  (e) Check if now loaded of texas Complete Schedule:  Complete QNLY if direct  Candidate / Office holdser name  Office sought  Category: Issue Categories based at the top of this schedule:  TYPE OF EXPENDITURE  Payee address:  City: State: Zip Code  Category: Issue Categories based at the top of this schedule:  Category: Issue Categories based at the top of this schedule:  Category: Issue Categories based at the top of this schedule:  Category: Issue Categories based at the top of this schedule:  Category: Issue Categories based at the top of this schedule:  Category: Issue Categories based at the top of this schedule:  Category: Issue Categories based at the top of this schedule:  Complete QNLY if direct  Candidate / Office holds and Complete Schedule:  Complete QNLY if direct  Candidate / Office holds and Complete Schedule:  Complete QNLY if direct  Candidate / Office holds and Complete Schedule:  Complete QNLY if direct  Candidate / Office holds and The top of This schedule:  Complete QNLY if direct  Complete QNLY if direct  Complete QNLY if direct  Candidate / Office holds and Complete Schedule:  Complete QNLY if direct  Complete QNLY if direct  Candidate / Office holds and The top of This schedule:  Complete QNLY if direct  Complete QNLY if direc   | Total pages Schedule F2 |  | The state of the s |  |
| Date  3/1/21 6 Payee name HAWICTECH COULTIONS BUSINESS 9 TELLIWOLOG Amount (s) 8 Payee address; WWW-FTAWETECH City. SOUTON: COM SH BUSINESS EXCEL 5th Flock CENTER SHUPLY GUARY TYPE OF EXPENDITURE  (a) Category (See Categories lated at the top of this schedule)  ADVENTS I WC EXPENDITURE  (c) Check frame outlinds of Taxas Complete Schedule T  Check of Austin TX, officeholder fiving expense  Complete QNLY if direct  Candidate / Officeholder name  Category (See Categories fiving at the top of this schedule)  Payee name HAWTECH  Candidate / Officeholder name  Citype OF EXPENDITURE  Payee address.  City. State: Zip Code  Category (See Categories fiving at the top of this schedule)  Payee name HAWTECH  Category (See Categories fiving at the top of this schedule)  Description  Category (See Categories fiving at the top of this schedule)  Category (See Categories fiving at panse  Check if Justic TX, officeholder living at panse  Complete QNLY if direct  Candidate / Officeholder name  Office sought  Office held  Complete QNLY if direct  Candidate / Officeholder name  Office sought  Office held  Complete QNLY if direct  Complete QNLY if di   | 2                       | RAFAT U.JII  | LANI   | 3 Filer ID (Etnics Commission Filers)  |
| Amount (\$)  8 Payee address; WWW - FrankFTCL+ City. State: Zip Code  \$ WWW - SAUCHON - COME SHALKPET  TYPE OF EXPENDITURE  Political Non-Political  (a) Category: See Categories lated at the top of this schedule: Website Design, Pomal Polytical Candidate / Office holder name  (b) Description Website Design, Pomal Polytical Candidate / Office holder name  (c) Check fravel culture of these Complete Schedule: Check if Austin. TX, afficeholder flowing expense  (d) Category: See Categories lated at the top of this schedule: Check if Austin. TX, afficeholder flowing expense  (e) Check fravel culture of these Complete Schedule: City. State: Zip Code  Type OF EXPENDITURE  Payee address: City. State: Zip Code  Type OF EXPENDITURE  Category: See Categories based at the top of this schedule; Description  Office hold  Check if savel culture and of these Complete Schedule: Check if Austin. TX, afficeholder living expense  Complete ONLY if direct  Check if savel culture and of these Complete Schedule: Check if Austin. TX, afficeholder living expense  Complete ONLY if direct  Complete ONLY if di | TOTAL OF UNITER         | MIZED UNPAID INCURRED OB   | LIGATIONS  | \$ 60.87   |
| TYPE OF EXPENDITURE    Calegory   See Categories bited at the top of this schedule)   Calegory   See Categories bited at the top of this schedule)   Calegory   See Categories bited at the top of this schedule)   Calegory   See Categories bited at the top of this schedule)   Calegory   See Categories bited at the top of this schedule)   Calegory   See Categories bited at the top of this schedule)   Calegory   See Categories bited at the top of this schedule)   Calegory   See Categories bited at the top of this schedule)   Categories bited at   | 3/17/21                 | HAWKTELH &   |  | isiness & tactwolog  |
| PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  (c) Check if ravel outside of Taxas Complete Schedule (Page 1) STATE (Page 2) STATE (Pa   | 400.90                  |  | L 5th Flock  | SYAIKPET   |
| PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  City. State: Zip Code  Type OF EXPENDITURE  Political  Category (See Categories Instead at the top of this acheaules)  Purpose OF EXPENDITURE  Check if Austin. TX. difficeholder living expense  Check flavvelousside of Texas Complete Schedules T  Check if Austin. TX. difficeholder living expense  Complete QNLY if direct  Candidate / Officeholder name  Office sought  Office sought  Office held  Complete QNLY if direct  Candidate / Officeholder name  Office sought  Office sought  Office held  |                         | Political  | Non-Political  |  |
| Complete QNLY if direct expanditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  | PURPOSE                 | Expense Expense  | Regist   | vaction, Evapetic Des<br>website mainter   |
| Amount (\$) Payee address. City. State: Zip Code  TYPE OF EXPENDITURE Political Non-Political  Category (See Categories fisted at the top of this achedular) Description  PURPOSE OF EXPENDITURE  Check if travel putitide of Texas Complete Schedule T Check if Austin. TX. officeholder living expense  Complete ONLY if direct Candidate / Officeholder name Office sought Office held  |                         | Candidate / Officeholder name  | Office sought  | Office held  |
| TYPE OF EXPENDITURE Political Non-Political  Category (See Categories Inster at the top of this achedular)  PURPOSE OF EXPENDITURE  Check I travel putside of Texas Complete Schedule T Check I Austin. TX officeholder living expense  Complete ONLY if direct Candidate / Office holder name Office sought Office held   | Date                    | Payee name   |  |  |
| Category (See Categories fisced at the top of this scheduler)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas Complete Schedule T  Check if fixed outside of Texas Complete Schedule T  Complete ONLY If direct  Candidate / Office holds  Non-Political  Description  Description  Office holds  Category (See Categories fixed at the top of this scheduler)  Category (See Categories fixed at the top of this scheduler)  Category (See Categories fixed at the top of this scheduler)  Description  Office holds  Office hold   | Amount (\$)             | Payee address.   | City   | State; Zip Code  |
| PURPOSE OF EXPENDITURE  Check if travel outside of Texas: Complete Schedule T. Check if Austin. TX. officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name Office sought Office held  |                         | Political  | Non-Political  |  |
| Complete ONLY If direct Candidate / Officeholder name Office sought Office held  |                         | Category (See Categories listed at the top of  | Pis achedulay Description  |  |
|  | PURPOSE<br>OF           |  |  |  |
|  | PURPOSE<br>OF           | Check if travel outside of Texas. Comple   | lele Schedule T Check  | FAustin, TX, officeholder living expense   |

| CAMPAIG                                    | NFINAN                | CE REPORT                     | ARCHIBITION                         | COVER SHEET PG  |
|--|-----------------------|-------------------------------|-------------------------------------|---|
| The C/OH Instruction                       | Guide explains ho     | w to complete this form.      | 1 Filer ID (Ethics Commission File  | ers) 2 Total pages filed:   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME      | MS / MRS / MR         | FIRST,<br>Edtri               | na Mi                               | OFFICE USE ONLY   |
|  | NICKNAME              | MOS                           | SUFFIX                              | DECEIVE   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BO       | x: APT/SUITE#:<br>Perenni     | city: STATE; ZIP CODE<br>al Mist Dr | APR - 1 2021<br>BY: 60K   |
| Change of Address                          | Miss                  | ouri Cityi                    | TX 77459                            |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE      | (832)                 | 978-498                       | EXTENSION 7                         | Date Hand-delivered or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER                    | MS) MRS / MR          | Torkeisha                     | MI                                  | Receipt # Amount \$   |
| NAME                                       | NICKNAME              | LAST                          | SUFFIX                              | Date Processed  |
|  |                       | TIME                          | 1er                                 | Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS         | STREET ADDRESS        | (NO PO BOX PLEASE); APT/S     | suite #: city:                      | STATE; ZIP CODE   |
| (Residence or Business)                    | Ho                    | uston To                      | 77084                               |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE           | (713)                 | 304 - 12                      | EXTENSION 8                         |   |
| 9 REPORT TYPE                              | January 15            | 30th day before               |                                     | 15th day after campaign treasurer appointment (Officeholder Only)   |
|  | J July 13             | 8th day before ele            | Reporting Limit                     | Final Report (Attach C/OH - FR)   |
| OVERED                                     | Month                 | Day Year / 1 / 2021           | Mon THROUGH                         | th Day Year<br>1/1/2021   |
| 11 ELECTION                                | ELECTION D            |                               | ELECTION TO                         |   |
|  | Month Day 05/01       | Year                          | Runoff Other Descriptio             | n   |
| 2 OFFICE                                   | OFFICE HELD (if any   | )                             | 13 OFFICE SOUGHT (If ke             | N TSD Toustee Ro  |
| 4 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S) | I THE CANDIDATE / OFF | CENULUER. I NESE EXPENUITURE: | S MAY HAVE BEEN MADE WITHOUT THE C  | S MADE BY POLITICAL COMMITTEES TO SUPPORT<br>CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| 30   | COMMITTEE TYPE        | COMMITTEE NAME                |                                     |   |
| Additional Pages                           | GENERAL               | COMMITTEE ADDRESS             |                                     |   |
|  | SPECIFIC              | COMMITTEE CAMPAIGN TRE        | ASURER NAME                         |   |
|  |                       | COMMITTEE CAMPAIGN TRI        | EASURER ADDRESS                     |   |

|                                  | TE / OFFICEHOLDER N FINANCE REPORT   | FORM C/OH<br>COVER SHEET PG 2          |
|----------------------------------|--|--|
| 15 C/OH NAME EATY                | ing Moss   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION<br>TOTALS        | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 5                                   |
|                                  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 0                                   |
| EXPENDITURE<br>TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 427.00                              |
|                                  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 427.00                              |
| CONTRIBUTION<br>BALANCE          | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD   | ST DAY \$                              |
| OUTSTANDING<br>LOAN TOTALS       | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD  | F THE \$                               |
|                                  | Signature of ¢a  | andidate or Officeholder               |
| (1) Affidavit  NOTARY STAMP/SEAL | JONATHAN CAREY  Notary Public, State of Texas  Comm. Expires 11-26-2023  Notary ID 132265877                                       |  |
| Swom to and subscribed           | before me by Fatrina Mos> this the   | day of April                           |
| Yorkun Com                       | which, witness my hand and seal of office.   | Natura Public                          |
| Signature of officer administer  | ring oath Printed name of officer administering oath   | Title of officer administering oath    |
|                                  | OR -   |  |
| (2) Unsworn Declaration          | on .   |  |
| My name is                       | , and my date of birth is  |  |
| My address is                    |  |  |
|                                  | (street) (city) (s   | state) (zip code) (country)            |
| Executed in                      | County, State of, on theday of(month   | ., 20<br>(year)                        |
|                                  | Signature of Candid  | date/Officeholder (Declarant)          |

## SUBTOTALS - C/OH

| 19 FILERNAME 20 Filer ID (Ethics Co  | mmission Filers)   |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE   | SUBTOTAL<br>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                         | \$ 427.00          |
| 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

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

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (See Categories listed at the top of this schedule **PURPOSE** OF **EXPENDITURE** (c) 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 Payee name Amount (\$) State; Zip Code 00 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** 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/ MS / MRS / MR **OFFICEHOLDER** MR. NADEEM OFFICE USE ONLY NAME MAIK APT / SUITE #; CITY; 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** 15210 DELBARTON M MAILING **ADDRESS** Change of Address 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered or Date Postmarked PHONE 6 CAMPAIGN Receipt # Amount \$ TREASURER NAME Date Processed STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: Date Imaged 7 CAMPAIGN TREASURER STATE: ZIP CODE HOUSTON, TX. 77083 ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE TREASURER PHONE (832) 876-2398 9 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 3/31/21 11 ELECTION ELECTION TYPE Month Other Description 5/01/21 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

|                              | E / OFFICEHOLDER I FINANCE REPORT CO   | FORM C/OH<br>VER SHEET PG 2                      |
|------------------------------|--|--|
| 15 C/OH NAME                 | VANCEM NAIK  | ID (Ethics Commission Filers)                    |
| 17 CONTRIBUTION<br>TOTALS    | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$   |
|                              | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 1050.00                                       |
| EXPENDITURE<br>TOTALS        | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$   |
|                              | 4. TOTAL POLITICAL EXPENDITURES  | \$ 1,617.69                                      |
| CONTRIBUTION<br>BALANCE      | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD  | \$ 1,050-00                                      |
| OUTSTANDING<br>LOAN TOTALS   | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$567.69   |
|                              | Signature of Candidate  Please complete either option below:   | or Officeholder                                  |
| (1) Affidavit                | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023                             |  |
| NOTARY STAMP/SE              |  | _ day of April                                   |
| 20 21 to certif              | y which, witness my hand and seal of office.   | 4  |
| JACOB CO. T. CO.             |  | Title of officer administering oat               |
| Signature of officer adminis | tering oath Printed name of officer administering oath   | Tide of officer admirristering oath              |
|                              | OR   | 74. T 23. A TO A T |
| (2) Unsworn Declara          |  |  |
| My name is                   | , and my date of birth is  |  |
| My address is                |  |  |
| Executed in                  | (street) (city) (state) County, State of, on theday of(month)  | (zip code) (country), 20 (year)                  |
|                              | Signature of Candidate/Off   | iceholder (Declarant)                            |

# SUBTOTALS - C/OH FORM C/OH

# COVER SHEET PG 3

|          | NADEEM NAIK   | 0 Filer ID (Ethics Con | nmission Filers)   |
|----------|---|------------------------|--------------------|
| 21       |   |                        |                    |
| 1.       |   |                        | SUBTOTAL<br>AMOUNT |
|          | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |                        | \$ 1050,0          |
| 2.       | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |                        | \$                 |
| 3.       | SCHEDULE B: PLEDGED CONTRIBUTIONS   | - 4                    | \$                 |
| 4.       | SCHEDULE E: LOANS   |                        | Φ                  |
| 5.       | SCHEDULE F1: POLITICAL EXPENDITURES MADE TO SCHEDULE                      |                        | \$                 |
| 6.       | ENDITORES MADE FROM POLITICAL CONTR                                       | IBUTIONS               | \$ 1619.6          |
| 7.       | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |                        | \$                 |
| <u> </u> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS    |                        | \$                 |
| 8.       | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |                        | ş                  |
| 9.       | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS               |                        |                    |
| 0.       |   |                        |                    |
|          |   |                        |                    |
| <u>.</u> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIL        | BUTIONS \$             |                    |
|          | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED \$            |                    |

#### SCHEDULE A1

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

|                  | The state of the s | page III the              | report.                               |
|------------------|--|---------------------------|---------------------------------------|
| The              | Instruction Guide explains how to complete thi   | s form.                   | 1 Total pages Schedule A1: 2          |
| 2 FILER NAME     | NADEEM NAIK  |                           | 3 Filer ID (Ethics Commission Filers) |
| 3 /1/21          | 5 Full name of contributor  ut-of-state PA   | C (ID#:) State; Zip Code  | 7 Amount of contribution (\$)         |
| 8 Principal occu | pation / Job title (See Instructions)  | 9 Employer (See Instruct  | ions)                                 |
| Date             | Full name of contributor out-of-state PAC  | C (ID#)                   | Amount of contribution (\$)           |
| 3/1/21           | Contributor address; City;   | State; Zip Code           | 10000                                 |
| Principal occup  | ation / Job title (See Instructions)   | Employer (See Instructi   | ons)                                  |
| Date             | 3 1 1. 11  | (ID#:)                    | Amount of contribution (\$)           |
| 3/1/21           | Contributor address; City;   | State; Zip Code           | 100-                                  |
| Principal occup  | ation / Job title (See Instructions)   | Employer (See Instruction | ons)                                  |
| Date             |  | (ID#:)                    | Amount of contribution (\$)           |
| 3/1/21           | Contributor address; City;   | State; Zip Code           | 250.00                                |
| Principal occupa | ation / Job title (See Instructions)   | Employer (See Instruction | ns)                                   |
|                  |  |                           |                                       |
|                  |  |                           |                                       |

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

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

| e Instruction Guide explains how to    | complete this form.   | 1 Total pages Schedule A1: 2          |
|--|---|---------------------------------------|
| NAD EEM NA                             | IK  | 3 Filer ID (Ethics Commission Filers) |
| 5 Full name of contributor             | out-of-state PAC (ID#:  | 7 Amount of contribution (\$)         |
| Mohamad 6 Contributor address;         | City; State; Zip Code   | 500-2                                 |
| upation / Job title (See Instructions) | 9 Employer (See Instr   | ructions)                             |
| Full name of contributor               | out-of-state PAC (ID#:  | Amount of contribution (\$)           |
| Contributor address;                   | City; State; Zip Code   |                                       |
| pation / Job title (See Instructions)  | Employer (See Instr   | uctions)                              |
| Full name of contributor               | out-of-state PAC (ID#:  | Amount of contribution (\$)           |
|  |   |                                       |
| pation / Job title (See Instructions)  | Employer (See Instru  | uctions)                              |
| Full name of contributor               | out-of-state PAC (ID#:)   | Amount of contribution (\$)           |
|  |   |                                       |
| pation / Job title (See Instructions)  | Employer (See Instru  | ctions)                               |
|  |   |                                       |
|  |   |                                       |
|  | 5 Full name of contributor  Muhamad  6 Contributor address;  upation / Job title (See Instructions)  Full name of contributor  Contributor address;  pation / Job title (See Instructions)  Full name of contributor  Contributor address;  pation / Job title (See Instructions)  Full name of contributor  Contributor address; | S Full name of contributor            |

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

## SCHEDULE F1

|   |  |   | - P   |
|---|--|---|---|
|   | EXPENDITURE CATEGO   | RIES FOR BOX 8(a)   |   |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Fees Cod/Beverage Expense P Gift/Awards/Memorials Expense P  | oan Repayment/Reimbursement office Overhead/Rental Expense rinting Expense alarles/Wages/Contract Labor ow to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1   | 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers)   |
| 8   | NADEEM NAIL  |   | 3 Filer 1D (Ethics Commission Filers)   |
| 4 Date  | 5 Payee name   |   |   |
| 2 28 >1<br>6 Amount (\$)  | SHANN RECTURA  | NT  |   |
| 6 Amount (\$)   | 7 Payee address;   | City;   | State; Zip Code   |
| TALL  | 11 21 7 11   | or M)   |   |
| 541.00  | HILLCRIFT, 14  |   | Tx.   |
| 8   | (a) Category (See Categories listed at the top of this sche  | dule) (b) Description   |   |
| PURPOSE   | EVENT EXPENSE  |   |   |
| OF<br>EXPENDITURE   | CAMPAIGN KUCOF   | e DINNER  | for fuitees.  |
|   | (c) Check if travel outside of Texas. Complete Schedu  | ule T. Check if Austin  | n, TX, officeholder living expense  |
| 9 Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought   | Office held   |
| Date  | Payee name   |   |   |
| 3/1/21  | MNS ENTERPR  | 158   |   |
| Amount (\$)   | Payee address;   | City;   | State; Zip Code   |
| 259.80  | Houston  | •   | TX 77083  |
| PURPOSE   | Category (See Categories listed at the top of this schedules of the Control of th | de) Description   |   |
| OF<br>EXPENDITURE   | CAMPAGIN PRINTIL   | Va CARDS  | & BAUNGE  |
|   | Check if travel outside of Texas. Complete Schedul   |   | TX, officeholder living expense   |
| Complete ONLY if direct   | Candidate / Officeholder name  | Office sought   |   |
| expenditure to benefit C/OH   |  | Since sought  | Office held   |
| Date  | Payee name   |   |   |
| 3/4/21  | MNS ENTERJ   | 21585   MEH   | mood April  |
| Amount (\$)   | Payee address;   | City;   | State; Zip Code   |
| 21027   |  |   | Zip Code  |
| 5/4.2   | Louston  |   | Tx 77087  |
|   | Category (See Categories listed at the top of this schedul   | e) Description  |   |
| PURPOSE   | Anventiston  |   | ,   |
| EXPENDITURE   | CAMPAGIN PRINTIN   | a CARIC   | & RANGERC   |
|   | Check if travel outside of Texas. Complete Schedule  |   | 9 18/10/11  |
| Complete ONLY if direct   | Candidate / Officeholder name  | Oneck ii Austin,  | TX, officeholder living expense   |
| expenditure to benefit C/OH   | , smoonder Hame  | Office sought   | Office held   |
|   | ATTACH ADDITIONAL COPIES OF T  | HIS SCHEDULE AS NEED  | ED  |
| Anna Carretta Anna Carrett                              |  |   | 1   |

### 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Politica redit Card Payment |  | pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above) |
|---|--|--|
| Total pages Schedule F1:  | 2 FILER NAME<br>NAMEEM NAIL                                      | 3 Filer ID (Ethics Commission Filers)  |
| Date  | 5 Payee name   |  |
| 3/0/21  | STAIMAD SWEETS   |  |
| Amount (\$)   | 7 Payee address;   | City; State; Zip Code  |
| 6.50  | Sulan Lawn   | Tx.  |
| 1   | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
| PURPOSE   | _  | ~ 0 ,  |
| OF<br>EXPENDITURE   | von I BEVLAMAS Sep   | for Justee   |
|   | (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/OF   | Candidate / Officeholder name                                    | Office sought Office held  |
| Date  | Payee name   |  |
| 3/8/21  | Alita Zerce  |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code  |
| 31-96   | Sugar land   | TX   |
|   | Category (See Categories listed at the top of this schedule)     | Description  |
| PURPOSE<br>OF<br>EXPENDITURE  | From BENEAURE SAF  | Comprain nuling  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/Ol-  | Candidate / Officeholder name                                    | Office sought Office held  |
| Date  | Payee name   |  |
| 3/8/21  | Primani & more   |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code  |
|   | Sugar Lan  | D TX   |
|   | Category (See Categories listed at the top of this schedule)     | Description  |
| PURPOSE<br>OF<br>EXPENDITURE  | FOOD & BENERMS   | CAMPAGIN MISETIME  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense   |
|   |  | Office sought Office held  |

#### 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Printing Expense Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) WADEEM NAIK 4 Date 6 Amount (\$) City: State: Zip Code STAR Rucky 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF ampagin Merti N. G COD+ REUSAGE SEP **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name SHEU SERVICE STATION City; Zip Code 49-81 **PURPOSE** Polley Experse EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3/10/1 Amount (\$) Payee address: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Evew 1 OF CAMPAGIN EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

|  |  |  | T   |
|--|--|--|---|
|  | EXPENDITURE CATEGO   | ORIES FOR BOX 8(a)   |   |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment | Fees Cod/Beverage Expense FOOd/Beverage Expense FOOd/Beverage Expense FOOD FOOD FOOD FOOD FOOD FOOD FOOD FOO | coan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salarles/Wages/Contract Labor How to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:   | 2 FILER NAME .   |  | 3 Filer ID (Ethics Commission Filers)   |
| B  | NADEEN 1   | UATIC  | 3 File 1D (Edilos Commission Filers)  |
| 4 Date 3       31  | 5 Payee name   | 6  |   |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State; Zip Code   |
| 7.99   | Corjon (   | oud 7  | $T_{\infty}$  |
| 8  | (a) Category (See Categories listed at the top of this scho  | edule) (b) Description   |   |
| PURPOSE<br>OF  | Food Bruge &x  | p. MEE   | T.Na  |
| EXPENDITURE  | (c) Check if travel outside of Texas. Complete Sched   |  |   |
|  |  |  | n, TX, officeholder living expense  |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought  | Office held   |
| Date   | Payee name   |  |   |
| 3/15/21  | Autha Juca   |  |   |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code   |
| 12.48  | Sugarlen   | 1 TX   |   |
|  | Category (See Categories listed at the top of this sched   | ule) Description   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Food Berye Ex  | ) MEE  | Trah  |
|  | Check if travel outside of Texas. Complete Schedu  | le 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   |  |   |
| 3/16/21  | Allto Juice  |  |   |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code   |
| 8.57   | Superland  | TX   | g.  |
|  | Category (See Categories listed at the top of this schedu  | le) Description  |   |
| PURPOSE  |  |  |   |
| OF<br>EXPENDITURE  | tapo / Beverye Ex  | A MEE  | TINU  |
|  | 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 CODIES OF  | THIS SOUTH IN THE SECOND   |   |
|  | ATTACH ADDITIONAL COPIES OF T  | HIS SCHEDULE AS NEED   | ED  |

### SCHEDULE F1

|  |   |   | 23 <b>1</b> 77-2-179  |
|--|---|---|---|
|  | EXPENDITURE CATEGORII   | ES FOR BOX 8(a)   |   |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment | Fees Office Food/Beverage Expense Pollin.  By Gift/Awards/Memorials Expense Printir | Repayment/Reimbursement<br>o Overhead/Rental Expense<br>g Expense<br>ng Expense<br>les/Wages/Contract Labor<br>to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:   | 2 FILER NAME NAME NAME NA   | 114   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date   | 5 Payee name KAO G TA   |   |   |
| 6 Amount (\$)  | 7 Payee address;  | City;   | State; Zip Code   |
| 8.00   | Hw b  |   | Tx  |
| 8  | (a) Category (See Categories listed at the top of this schedule                     | (b) Description   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Food Beruje Sto   | pollu   | vorter  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                          | Check if Austin   | n, TX, officeholder living expense  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought   | Office held   |
| Date   | Payee name  |   |   |
| 3/17/21  | ALHA Jeyer  |   |   |
| Amount (\$)  | Payee address;  | City;   | State; Zip Code   |
| 6-92   | Cryenland   | 17.   |   |
| 220000000000000000000000000000000000000  | Category (See Categories listed at the top of this schedule)                        | Description   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | From / Berry Exp  | nut   | in,   |
|  | 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  |   |   |
| 3/17/1   | Auffor Jeger  |   |   |
| Amount (\$)  | Payee address;  | City;   | State; Zip Code   |
| 13.88  | 3 /   | ul TX   |   |
| BUDDOOF  | Category (See Categories listed at the top of this schedule)                        | Description   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Fron Bevage Exp   | MEST  | 1144  |
|  | Check if travel outside of Texas. Complete Schedule T.                              | Check if Austin,  | TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought   | Office held   |
|  | ATTACH ADDITIONAL COPIES OF THIS  | S SCHEDULE AS NEED  | DED   |

### SCHEDULE F1

| Advertising Expense   | EXPENDITURE CATEGORIE   | S FOR BOX 8(a)   | The state of the s |
|---|---|--|--|
| Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment | Event Expense Loan F Fees Office Food/Beverage Expense Gift/Awards/Memorials Expense Printin          | depayment/Reimbursement<br>Overhead/Rental Expense<br>Expense<br>g Expense<br>s/Wages/Contract Labor   | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expens<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above)   |
| 1 Total pages Schedule F1   | 2 FILER NAME  | (4)  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date 3/17/1   | 5 Payee name  |  |  |
| 6 Amount (\$)   | 7 Payee address;  | City;  | State; Zip Code  |
| 51.83   | SHELL SERVICE   | 2 STATIO   |  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule)                                      | (b) Description  |  |
| OF<br>EXPENDITURE   | EVENT EXP   | SA   |  |
|   | (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  |  |  |
| 3/2/21  | CZ RESTURANT  |  |  |
| Amount (\$)   | Payee address;  | City;  | State; Zip Code  |
| 22.59   | Hourson   | TX   |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule)  | Description  |  |
| OF<br>EXPENDITURE   | toon / Beverye Exp  | MEET   | chu  |
|   | Check if travel outside of Texas, Complete Schedule T.  |  | West Land Control of the Control of  |
| Complete ONEX II  |   | Check if Austin, T   | X, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought  | X, officeholder living expense Office held   |
| expenditure to benefit C/OH   |   | the second secon |  |
| Date  3   M   | Candidate / Officeholder name   | the second secon |  |
| Parpenditure to benefit C/OH  Date  Amount (\$)   | Candidate / Officeholder name Payee name  | the second secon |  |
| Date  3   M   | Payee name  AZHA Juice  Payee address;  | Office sought  | Office held  |
| Pexpenditure to benefit C/OH  Date  3   m/m  Amount (\$)  22 9 8  | Candidate / Officeholder name  Payee name  AZIHA Juice  | Office sought  City;   | Office held  |
| Purpose of  | Payee name  AZHA Juice  Payee address;  | Office sought  City;   | Office held  State; Zip Code   |
| PURPOSE   | Payee name  AZIHA Juice  Payee address;  Category (See Categories listed at the top of this schedule) | City;  City;  Description  MECTI   | Office held  State; Zip Code   |

### SCHEDULE F1

| Advertising Expense<br>Accounting/Banking  | EXPENDITURE CATEGORI   |  |  |
|--|--|--|--|
| Advertising Expense  |  | ES FOR BOX 8(a)  |  |
| Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment | Event Expense Loan Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi | Repayment/Reimbursement<br>e Overhead/Rental Expense<br>ig Expense<br>ng Expense<br>les/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expens<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
| 1 Total pages Schedule F   | 1: 2 FILED NAME  | complete tilla (Otif).   |  |
| 0  | WADCEM NAT   | 16   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date 3/13/M  | 5 Payee name AGUNT Jul   |  |  |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State; Zip Code  |
| 17-12  | Cycleno  | 171  |  |
| 3  | (a) Category (See Categories listed at the top of this schedule)                                 |  |  |
| PURPOSE<br>OF  |  |  |  |
| EXPENDITURE  | tood Reverge   | MZE  | TIMES  |
| Complete Children  | (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/O   | Candidate / Officeholder name  | Office sought  | Office held  |
| Date   | Payee name   |  |  |
| 3/25/21  | So Danny Con   | ~  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code  |
| 89-79  | 480-105-000  | 12   | Zip Code   |
|  | Category (See Categories listed at the top of this schedule)                                     | Description  |  |
| PURPOSE  | <u> </u>   |  |  |
| EXPENDITURE  | An Ex  | WEB SI   | TE AMOREMNAIL CU   |
| Complete ONLY if direct  | Check if travel outside of Texas. Complete Schedule T.   | Check if Austin, T   | X, officeholder living expense   |
| expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought  | Office held  |
| Date   | Payee name   |  |  |
| 3/31/21  | SHEU SERVICE   |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code  |
| 40.32  | Swanland   | TX   | p soud   |
| FOR HER PARTY  | Category (See Categories lister at the top of this schedule)                                     | Description  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Trasl Sx.  | l si   |  |
|  | Check if travel outside of Texas, Complete Schedule T.   | Check if Austin TV   | officeholder living expense  |
| omplete ONLY if direct   | Candidate / Officeholder name  | L  | omcendider living expense  |

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Candidate/Officeholder/Polit<br>Credit Card Payment | The Instruction Guide explains how t                             | s/Wages/Contract Labor<br>o complete this form. | Travel Out Of District<br>Other (enter a category not listed above)  |
|---|--|---|--|
| 1 Total pages Schedule F                            | 1: 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date 2 12/12/                                     | 5 Payee name FLOYDS CASO   | 4.7   |  |
| 6 Amount (\$)                                       | 7 Payee address;   |   |  |
| 138.72  | r rayee address,   | City;   | State; Zip Code  |
| 8   | (a) Category (See Categories listed at the top of this schedule) | 71  |  |
| PURPOSE   | () The Categories listed at the top of this schedule)            | (b) Description                                 |  |
| OF<br>EXPENDITURE                                   | Form / Renye Soxp.   | Guers/<br>MATOR                                 | Superland.   |
|   | (C) Check if travel outside of Texas, Complete Schedule T.       | promise and the second                          | n, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/Oi | Candidate / Officeholder name                                    | Office sought                                   | Office held  |
| Date  | Payee name   |   |  |
|   |  |   |  |
| Amount (\$)   | Payee address;   | City;   | Chate  |
|   | _  | ,1  | State; Zip Code  |
| Sec. 4 and the second                               | Category (See Categories listed at the top of this schedule)     | Description                                     |  |
| PURPOSE<br>OF<br>EXPENDITURE                        |  |   |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin.                                | TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought                                   | Office held  |
| Date  | Payee name   |   |  |
|   | - selvere tientie  |   | The state of the s |
| Amount (\$)   | Payee address;   | Cit   |  |
|   |  | City;   | State; Zip Code  |
|   | Category (See Categories listed at the top of this schedule)     | Description                                     |  |
| PURPOSE   |  | N   |  |
| OF<br>EXPENDITURE                                   |  |   |  |
| EXPENDITURE  Complete ONLY If direct                | Check if travel outside of Texas. Complete Schedule T.           | Check if Augilia To                             | C, officeholder living expense   |

| The C/OH Instruction G                     | uide explains how to complete this form.  1 Filer ID (Ethlcs Commission Filers) | 2 Total pages filed:  |  |  |  |
|--|---|---|--|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME      | MS/MRS/MR AGEDIA O SUFFIX   | OFFICE USE ONLY   |  |  |  |
|  | Addie Heyliger  | FEB 2 6 2021  |  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  4222 Oak Forest         | BY: GD/C 2: 34pm  |  |  |  |
| Change of Address                          | Missouri City ,TX 77459   |   |  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE      | AREA CODE PHONE NUMBER EXTENSION (832) 244 -58 61                               | Date Hand-delivered or Date Postmarked                            |  |  |  |
| 6 CAMPAIGN<br>TREASURER                    | MS/MRS/MR MILTON  | Receipt # Amount \$  Date Processed                               |  |  |  |
| NAME                                       | NICKNAME HAST SUFFIX  | Date Imaged   |  |  |  |
| ,  |   | ZIP CODE  |  |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS         | 4222. Cak. Forest   | ZIF CODE  |  |  |  |
| (Residence or Business)                    | Missouri City, TX 77459   |   |  |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE           | AREA CODE PHONE NUMBER EXTENSION (832) 922 - 5123                               |   |  |  |  |
|  |   |   |  |  |  |
| 9 REPORT TYPE                              | January 15 30th day before election Runoff                                      | 15th day after campaign treasurer appointment (Officeholder Only) |  |  |  |
|  | July 15 . Sth day before election Exceeded \$500 limit                          | Final Report (Attach C/OH - FR)                                   |  |  |  |
| 10 PERIOD<br>COVERED                       | Month Day Year Month 12/  | Day Year / 31 / 20  |  |  |  |
| 11 ELECTION                                | ELECTION DATE  ELECTION TYPE  Month Pour Year Primary Runoff Other              |   |  |  |  |
| ·  | Month Day Year General Special  |   |  |  |  |
| 12 OFFICE                                  | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known                                 | n)  |  |  |  |
|  | FBISD Pos. 6  |   |  |  |  |
| GO TO PAGE 2                               |   |   |  |  |  |

| 14 C/OH NAME  | O. Hen         | lige-   | 15 Filer ID (Ethics Commission Filers) |  |  |
|---|----------------|---|--|--|--|
| THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                |   |  |  |  |
| ,   | COMMITTEE TYPE | COMMITTEE NAME  |  |  |  |
| 1 %   | GENERAL        | * * *   |  |  |  |
|   | SPECIFIC       | COMMITTEE ADDRESS   |  |  |  |
|   |                |   |  |  |  |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |  |
|   | 2              | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |  |
| Additional Pages  |                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |  |  |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |  |  |
|   | <i>8</i> .     |   |  |  |  |
| 17 CONTRIBUTION<br>TOTALS   |                | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | AN \$ /1.65                            |  |  |
| >   |                | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                | \$ 11.65<br>\$ 11.65<br>\$ 273.96      |  |  |
| EXPENDITURE<br>TOTALS   |                | POLITICAL EXPENDITURES OF \$100 OR LESS,  | \$ 273.96                              |  |  |
|   | 4. TOTAL       | POLITICAL EXPENDITURES  | \$ 373.96<br>\$ 844.66                 |  |  |
| CONTRIBUTION<br>BALANCE   |                | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD                                      | DAY \$ 844.66                          |  |  |
| OUTSTANDING<br>LOAN TOTALS  |                | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>Y OF THE REPORTING PERIOD                         | THE \$ D                               |  |  |
| 18 AFFIDAVIT  |                |   |  |  |  |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  NOVEMBER 25, 2023  Signature of Candidate or Officeholder   |                |   |  |  |  |
| AFFIX NOTARY STAMP / SEALABOVE  |                |   |  |  |  |
| Adopt Herliner 20   |                |   |  |  |  |
| Sworn to and subscribed before me, by the said / C LOIQ HYIILL , this the day of Floring, 20 1 , to certify which, witness my hand and seal of office.  |                |   |  |  |  |
|   |                |   |  |  |  |
| Navett Duane Rosin Garrett Duane Rosier Exective Assistant to BOT   |                |   |  |  |  |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath  |                |   |  |  |  |

## SUBTOTALS - C/OH

| 19 FILER NAME  20 Filer ID (Ethics Commission Filers)                                  |                    |  |  |  |
|--|--------------------|--|--|--|
| Adula O. fley liger  |                    |  |  |  |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>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               | \$ 100.00          |  |  |  |
| 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 | \$                 |  |  |  |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

| Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | ages/Contract Labor Other (enter a category not listed above) |
|--|--|---|
| 1 Total pages Schedule F1:   | Maeola. Nel  | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date 7/20  | 5 Payee name Lynn Clouse   |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code                           |   |
| \$ 100.00  | Missouri C   | ity, Texas  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description   |
| PURPOSE  |  | Check if travel outside of Texas. Complete Schedule T.        |
| OF<br>EXPENDITURE  |  | 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                             | 1   |
| 4  | , 1,000  |   |
|  |  |   |
| 1  | Category (See Categories listed at the top of this schedule)     | Description   |
| PURPOSE  |  | Check if travel outside of Texas. Complete Schedule T.        |
| OF<br>EXPENDITURE  |  | 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   | •   |
| 1  |  |   |
| Amount (\$)  | Payee address; City; State; Zip Code                             | _   |
| 1  |  |   |
|  |  |   |
|  | Category (See Categories listed at the top of this schedule)     | Description   |
| PURPOSE  |  | Check If travel outside of Texas. Complete Schedule T.        |
| OF<br>EXPENDITURE  | , ,  | Check if Austin, TX, officeholder living expense              |
|  |  | · '   |
| Complete ONLY if direct  | Candidate / Officeholder name                                    | Office sought Office held                                     |
| expenditure to benefit C/OH  |  |   |
|  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEEDED  |

| The C/OH Instruction C  | Guide explains how   | to complete this form.       | 1 Filer ID (Ethics Commission Filers)    | 2 Total pages filed:  | 1 |
|---|--|------------------------------|--|---|---|
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS / MRS / MR<br>Mr.   | FIRST<br>David               | MI<br>B.                                 | OFFICE USE ONLY   |   |
| NAME  | NICKNAME<br>Dave   | LAST<br>Rosenthal            | SUFFIX                                   | Date Received   |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | ADDRESS / PO BOX<br>6910 Oak Bay Circle<br>Missouri City, Texas 77 |                              | CITY; STATE; ZIP CODE                    | JAN 2 2 2021<br>BY: GDR 12:30   |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE  | PHONE NUMBER<br>685-1081     | EXTENSION                                | Date Hand-delivered or Date Postmarked  |   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / MR<br>Mrs.  | FIRST<br>Joan                | MI<br>B.                                 | Receipt #   Amount \$   |   |
|   | NICKNAME   | LAST<br>Rosenthal            | SUFFIX                                   | Date Imaged   |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS<br>6910 Oak Bay Circle<br>Missouri City, Texas 77   | NO PO BOX PLEASE); APT / S   | SUITE #; CITY;                           | STATE; ZIP CODE   |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE  | PHONE NUMBER<br>685-1081     | EXTENSION                                |   |   |
| 9 REPORT TYPE   | X January 15   | 30th day before 6            | election Runoff                          | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)   |   |
| r Kar   | July 15  | 8th day before ele           | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR)   |   |
| 10 PERIOD<br>COVERED  | Month<br>7   | Day Year / 16 / 2020         | THROUGH 1                                | Day Year  15 2021   |   |
| 11 ELECTION   | Month Day 5 1  | Year Primary  2021 X General | Runoff Other Description Special         |   | _ |
| 12 OFFICE   | OFFICE HELD (if any) FBISD Position 7                              |                              | 13 OFFICE SOUGHT (if known               | 1)  |   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                         | THE CANDIDATE / OFFIC  | EHOLDER. THESE EXPENDITURE   | S MAY HAVE BEEN MADE WITHOUT THE CAN     | NADE BY POLITICAL COMMITTEES TO SUPPOR<br>DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF<br>THEY RECEIVE NOTICE OF SUCH EXPENDITURES | R |
| 001111111111111111111111111111111111111                       | COMMITTEE TYPE   | COMMITTEE NAME               |  |   |   |
| Additional Pages  | GENERAL  | COMMITTEE ADDRESS            |  |   |   |
| ,,  | SPECIFIC   | COMMITTEE CAMPAIGN TRE       | EASURER NAME                             | ,   |   |
|   |  | COMMITTEE CAMPAIGN TR        | EASURER ADDRESS                          |   |   |
|   |  | <b>GO TO</b>                 | PAGE 2                                   |   |   |

| 15 C/OH NAME<br>David B. Rosenthal |  | <b>16</b> F                  | Filer ID (Ethics Commission Filers) |
|------------------------------------|--|------------------------------|-------------------------------------|
| 17 CONTRIBUTION TOTALS             | TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON   | S OF LOANS, OR               | \$ 0                                |
|                                    | 2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O  |                              | \$ 0                                |
| EXPENDITURE<br>TOTALS              | 3. TOTAL UNITEMIZED POLITICAL EXP  | ENDITURE.                    | \$ 0                                |
|                                    | 4. TOTAL POLITICAL EXPENDITURE   | ES                           | \$ 0                                |
| CONTRIBUTION<br>BALANCE            | 5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD   | MAINTAINED AS OF THE LAST DA | Y \$ 0                              |
| OUTSTANDING<br>LOAN TOTALS         | 6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER   |                              | \$ 2,518.74                         |
| (1) Affidavit                      | GARRETT DUANE RO   | SIER &                       |                                     |
| NOTARY STAMP/SEAL                  | NOVEMBER 25, 2   | 023 🞖                        |                                     |
| Sworn to and subscribed I          | before me by David B. Rosenthal  | this the22                   | 2 day of January ,                  |
| 20 21 , to certify v               | which, witness my hand and seal of office.   |                              |                                     |
| Sault Duane                        | Rosu Garrett Duane Rosier  | Executive A                  | Assistant to the Board of Trustees  |
| signature of officer administer    | ing oath Printed name of officer ad  | ninistering oath             | Title of officer administering oath |
|                                    | OR   |                              |                                     |
| (2) Unsworn Declaratio             | n  |                              |                                     |
| My name is                         | the state of the s | , and my date of birth is    |                                     |
|                                    |  |                              | ,                                   |
|                                    | (street)   | (city) (state)               | (zip code) (country)                |
| Executed in                        | County, State of , on  | the day of(month)            | , 20<br>                            |
|                                    |  | Signature of Candidate/O     | fficeholder (Declarant)             |

| The C/OH Instruction G  | iuide explains how            | to complete this form.                                 | 1 Filer ID (Ethics Commission          | Filers) 2 Total pages fil  | led:                  |
|---|-------------------------------|--|--|--|-----------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER   | MS MRS MR                     | GRAYLE   | MI                                     | OFFICE   | USEONLY               |
| NAME  | NICKNAME                      | JAMES  | SUFFIX                                 | Date   | EIVEN                 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address   | ADDRESS / PO BOX              | Majdenhar<br>ar Land, Ty                               | CITY: STATE: ZIP CO                    | JAN<br>By: G. R  | 0 6 2021<br>sier      |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE   | AREA CODE                     | 9HONE NUMBER<br>565-7191                               | EXTENSION                              | Date Hand-delivered  | or Date Postmarked    |
| 5 CAMPAIGN<br>TREASURER   | MSV MRS / MR                  | 5 HARUN  | MI                                     | Receipt #  | Amount \$             |
| NAME  | NICKNAME                      | GREGO  | SUFFIX                                 |  |                       |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)   | 1803                          | (NO PO BOX PLEASE): APT / S<br>RUCK Fence<br>und, Tx 7 |  | STATE:   | ZIP CODE              |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE ( 8 32)             | PHONE NUMBER 443-350                                   | EXTENSION                              |  | • • •                 |
| 9 REPORT TYPE   | January 15                    | 30th day before e                                      | election Runoff                        | 15th day af treasurer ag (Officeholde                            |                       |
|   | July 15                       | 8th day before ele                                     | ection Exceeded Mod<br>Reporting Limit | dified Final Repor   | rt (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month<br>67                   | Day Year   |  | Month Day Year   |                       |
| 11 ELECTION   | ELECTION DA                   |  | ELECTION                               | N TYPE   |                       |
|   | Month Day                     | Year Primary General                                   | Runoff Other Descr                     | ription  |                       |
| 12 OFFICE   | FT. DEND 1                    | rsn - trustee Pos                                      | 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 COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) |                               |  |  | MITTEES TO SUPPORT<br>DER'S KNOWLEDGE OR<br>F SUCH EXPENDITURES. |                       |
|   | COMMITTEE TYPE COMMITTEE NAME |  |  |  |                       |
| Additional Pages  | GENERAL                       | COMMITTEE ADDRESS                                      |  |  |                       |
|   | SPECIFIC                      | COMMITTEE CAMPAIGN TRE                                 | ASURER NAME                            |  | -                     |
|   |                               | COMMITTEE CAMPAIGN TRE                                 | EASURER ADDRESS                        |  |                       |
|   |                               | 00.70  |  |  |                       |
|   |                               | GO 10  | PAGE 2                                 |  |                       |

| 15 C/OH NAME GR   | CAYLE JAMES   | 16 Filer ID (Ethics Commission Filers) |  |  |
|---|---|--|--|--|
| 17 CONTRIBUTION<br>TOTALS   | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ .06                                 |  |  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)   | (s) \$                                 |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ —                                   |  |  |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$                                     |  |  |
| CONTRIBUTION<br>BALANCE   | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD  | LAST DAY \$ 1279.38                    |  |  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD  | \$ OF THE                              |  |  |
| Signature of Candidate or Officerolder  Please complete either option below:  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES  NOVEMBER 25, 2023 |   |  |  |  |
| NOTARY STAMP/SEAL   |   |  |  |  |
| Sworn to and subscribed   | before me by Grayle James this th   | day of January.                        |  |  |
| 20 21 to certify  | which, witness my hand and seal of office.  | 3                                      |  |  |
| Sant Duena Co   | pur Garrett Duane Kosier Executive  | e Assistant to the BOT                 |  |  |
| Signature of officer administer   | ing oath Printed name of officer administering oath   | Title of officer administering oath    |  |  |
| OR  |   |  |  |  |
| (2) Unsworn Declaration   | on  |  |  |  |
| My name is  | , and my date of birth  | ie                                     |  |  |
| My address is   | , and my date of birth  | 13                                     |  |  |
|   | (abract)  | (444-)                                 |  |  |
| Executed in   | (city) (city) County, State of, on the day of   | (state) (zip code) (country)           |  |  |
|   | , on the day of   | nth) (year)                            |  |  |
|   | Signature of Can  | didate/Officeholder (Declarant)        |  |  |

## **SUBTOTALS - C/OH**

| 19  | GRAYLE JAMES  | 20 Filer ID (Ethics Co | mmission Filers)   |
|-----|---|------------------------|--------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                        |                        | SUBTOTAL<br>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 CO    | NTRIBUTIONS            | \$                 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                      |                        | \$                 |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL      | CONTRIBUTIONS          | \$                 |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                 |                        | \$                 |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI     | NDS                    | \$                 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A    | BUSINESS OF C/OH       | \$                 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | ONTRIBUTIONS           | \$                 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT  | TIONS RETURNED         | \$ .06             |

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

### SCHEDULE K

| The          | Instruction Guide explains how to complete this form  | 1.    | 1            | Total pages Sc       | hedule K:               |
|--------------|---|-------|--------------|----------------------|-------------------------|
| 2 FILER NAME | GRATLE JAMES  |       | 3            | Filer ID (Ett        | nics Commission Filers) |
| July 20      | 5 Name of person from whom amount is received  WELLS FARGO  6 Address of person from whom amount is received; |       | State;       | Zip Code             | 8 Amount (\$)           |
|              | 7 Purpose for which amount is received  INTENEST  |       | Check if po  | litical contribution | on returned to filer    |
| Date         | Name of person from whom amount is received   |       |              |                      | Amount (\$)             |
|              | Address of person from whom amount is received;   | City; | State        | ; Zip Code           |                         |
|              | Purpose for which amount is received  |       | Check if po  | ditical contribution | on returned to filer    |
| Date         | Name of person from whom amount is received   |       |              |                      | Amount (\$)             |
|              | Address of person from whom amount is received; C   | City; | State;       | Zip Code             |                         |
|              | Purpose for which amount is received  |       | Check if pol | litical contribution | on returned to filer    |
| Date         | Name of person from whom amount is received   |       |              |                      | Amount (\$)             |
|              | Address of person from whom amount is received;   | City; | State        | ; Zip Code           |                         |
|              | Purpose for which amount is received  |       | Check if pol | litical contributio  | on returned to filer    |
|              | ATTACH ADDITIONAL COPIES OF THE   | SSCH  | EDULE AS     | S NEEDED             |                         |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction 6                                       | Guide explains how to complete this form.     | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:                                 |  |  |  |  |
|--|---|---------------------------------------|--|--|--|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                        | Shirley A                                     | MI SUFFIX                             | OFFICE USE ONLY  Date Received                       |  |  |  |  |
| <u>\</u> \\_\\   | Rose-Gilli                                    | IAM                                   | RECEIVEN   |  |  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | 3011 Bonney Brian                             | CITY; STATE: ZIP CODE                 | JAN 1 5 2021<br>BY: GDR 11:35 am                     |  |  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                        | AREA CODE PHONE NUMBER (281) 799-5065         | EXTENSION                             | Date Hand-delivered or Date Postmarked               |  |  |  |  |
| 6 CAMPAIGN<br>TREASURER                                      | MSY MRS MR FIRST                              | MI                                    | Receipt # Amount \$                                  |  |  |  |  |
| NAME   | NICKNAME LAST                                 | SUFFIX                                | Date Processed                                       |  |  |  |  |
|  |   | ,                                     | Date Imaged  |  |  |  |  |
| 7 CAMPAIGN<br>TREASURER                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUI  | JITE #; CITY;                         | STATE; ZIP CODE                                      |  |  |  |  |
| ADDRESS  | 16115 Beckridge                               | Houston T                             | V 77053  |  |  |  |  |
| (Residence or Business)                                      | 10115 Decritinge                              | , louding,                            | ( ( ( ) )  |  |  |  |  |
|  |   |                                       |  |  |  |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                             | AREA CODE PHONE NUMBER (281) 870-302          | EXTENSION<br>13                       |  |  |  |  |  |
| 9 REPORT TYPE  | January 15 30th day before elec               | ection Runoff                         | 15th day after campaign treasurer appointment        |  |  |  |  |
|  | July 15 8th day before electi                 | tion Exceeded \$500 limit             | (Officeholder Only)  Final Report (Attach C/OH - FR) |  |  |  |  |
| 10 PERIOD<br>COVERED   | Month Day Year .                              | Month                                 | Day Year   |  |  |  |  |
|  | 10/26/2020                                    | THROUGH 01/                           | 15/2021  |  |  |  |  |
| 11 ELECTION  | ELECTION DATE                                 | ELECTION TYPE                         |  |  |  |  |  |
|  | Month Day Year Primary  1 / 03 / 2020 General | Runoff Other Description Special      |  |  |  |  |  |
| 12 OFFICE  | OFFICE HELD (if any)                          | 13 OFFICE SOUGHT (if known)           |  |  |  |  |  |
|  | FRISD BOT POSA                                |                                       |  |  |  |  |  |
|  | GO ТО Р                                       | AGE 2                                 | 2  |  |  |  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME  | irley     | Rose-Guiam  |  | 16 Filer                                | ID (Ethic                               | s Commission Filers) |
|---|-----------|---|--|---|---|----------------------|
| 17 CONTRIBUTION<br>TOTALS   | 1.        |   | AL CONTRIBUTIONS (OTHER THAI   | N                                       | \$                                      | 0                    |
|   | 2.        | TOTAL POLITICAL CONTRIB<br>(OTHER THAN PLEDGES, LOAI                  | BUTIONS<br>NS, OR GUARANTEES OF LOANS  |   | \$                                      | 2030.00              |
| EXPENDITURE<br>TOTALS   | 3.        | TOTAL UNITEMIZED POLITICA   | L EXPENDITURE,   |   | \$                                      | A                    |
|   | 4.        | TOTAL POLITICAL EXPEND  | TURES  |   | \$ ,                                    | 2019.00              |
| CONTRIBUTION<br>BALANCE   | 5.        | TOTAL POLITICAL CONTRIBUT<br>OF REPORTING PERIOD                      | IONS MAINTAINED AS OF THE LA   | ST DAY                                  | \$                                      | 7.64                 |
| OUTSTANDING<br>LOAN TOTALS  | 6.        | TOTAL PRINCIPAL AMOUNT OF<br>LAST DAY OF THE REPORTING                | FALL OUTSTANDING LOANS AS O  | FTHE                                    | \$                                      | 8                    |
| Please complete either option below:  GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES  MOVEMBER 25, 2023 |           |   |  |   |   |                      |
| NOTARY STAMP/SEAL   |           |   |  |   |   |                      |
| Sworn to and subscribed   | before me | by Shirley Rose - Gr  | liam this the  | 15                                      | day of                                  | January,             |
|   | Rosi      | ess my hand and seal of office.  Gara H Daure  Printed name of office | e Roser Executiv   | e Assi                                  |   | to the BOT           |
|   |           |   | OR   |   |   |                      |
| (2) Unsworn Declaration   |           |   |  |   |   |                      |
| My name is  |           |   | , and my date of birth is  |   |   |                      |
|   |           |   |  | *************************************** | *************************************** | *                    |
|   |           | (street)  | The second secon | ctato) /                                | zin enda'                               | (oount)              |
| Executed in   | 0         |   | _, on theday of<br>(month  | state) (                                |   |                      |
|   |           |   | Signature of Candid  | date/Office                             | eholder (D                              | Jeclarant)           |

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. V 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  \$ SUBTOTAL AMOUNT  \$ 2090-2  \$ 2 |      |
|--|------|
| 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 \$   |      |
| 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 \$   | 00   |
| 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 \$  | 00   |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$079.  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  |      |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  |      |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  | 1.00 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  |      |
| SCHEDULE F4. EXPENDITURES MADE BY CREDIT CARD  |      |
| 9. SCHEDULE G. POLITICAL EXPENDITURES MADE EDOM DEPROMAL FUNDS   |      |
| SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$   |      |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$   |      |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  |      |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER   |      |

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1000.00 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Darry B. Carter Contributor address; City; State; Zip Co State; Zip Code 500.00 5651 Willers Way Houston TX 77054 Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Lina Sabouni Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 30.00 Principal occupation / Job title (See Instructions ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

| Т   | he Instruction Guide explains how to complete this for      | n.                    | 1 Total pages Schedule A2:                        |  |  |
|---|---|-----------------------|---|--|--|
| 2 FILER NAM   | Shirley Rose-Gilliam  | 3 Filer ID (Ethics Co | ommission Filers)                                 |  |  |
| 4 TOTAL O   | F UNITEMIZED IN-KIND POLITICAL CONTRI                       | BUTIONS               | \$ 1000.  | 00   |  |
| 5 Date  | Full name of contributor out-of-state PAC (ID#:             | Zip Code<br>7745      | Check if travel outsi                             | In-kind contribution   description   POLL WORKERS,   ALVERTISING,   DUSH CARDS   de of Texas. Complete Schedule T.   AL)(See Instructions) |  |
| 12 Contributor's                                    | s principal occupation (FOR JUDICIAL)                       | 13 Contribute         | or's job title (FOR JU                            | DICIAL) (See Instructions)   |  |
| 14 Contributor's                                    | employer/law firm (FOR JUDICIAL)                            | 15 Law firm           | n of contributor's spouse (if any) (FOR JUDICIAL) |  |  |
| 16 If contributor                                   | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                       |   |  |  |
| Date  | Full name of contributor                                    | Zip Code              | Amount of Contribution \$                         | In-kind contribution description   |  |
| Principal occ                                       | supation / Job title (FOR NON-JUDICIAL) (See Instructions)  | Employer              |   | AL)(See Instructions)  |  |
| Contributor's                                       | principal occupation (FOR JUDICIAL)                         | Contributo            | or's job title (FOR JU                            | DICIAL) (See Instructions)   |  |
| Contributor's                                       | employer/law firm (FOR JUDICIAL)                            | Law firm (            | of contributor's spous                            | se (if any) (FOR JUDICIAL)   |  |
| If contributor                                      | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |                       |   |  |  |
|   |   |                       |   | , ,  |  |
| ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED |   |                       |   |  |  |

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment              |   | Wages/Contract Labor Other (enter a category not listed above)   |  |  |
|---|---|--|--|--|
|   | The Instruction Guide explains how to   | complete this form,  |  |  |
| 1 Total pages Schedule F1:  | Shirley Kose-Gilli  | 3 Filer ID (Ethics Commission Filers)  |  |  |
| 10 30 2020  | Next Wave Strate  | gies ,LLC  |  |  |
| 6 Amount (\$)   | 7 Payee address;<br>9600 Blenfield Court  | + #148 Houstonitx 77036  |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule)                      | (b) Description  |  |  |
| PURPOSE   | 1   | Acres 1 time   |  |  |
| OF<br>EXPENDITURE   | POLL WORKER Expense   | Consulting   |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                            | Check if Austin, TX, officeholder living expense   |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>H  | Office sought Office held  |  |  |
| Date  | Payee name 0  |  |  |  |
| 10/30/2020  | Texas Victory Con   | sulting  |  |  |
| Amount (\$)   | Payee address;  | City; State; Zip Code  |  |  |
| 306 00 s.q.   | 1034 Sauliner St. Hr  | 8uston, TX 77019   |  |  |
|   | Category (See Categories listed at the top of this schedule)                          | Description  |  |  |
| PURPOSE   | A , /   | 11:  |  |  |
| OF<br>EXPENDITURE   | Advertising   | Consulting Fees  |  |  |
|   | Check if travel outside of Texas, Complete Schedule T.                                | Check if Austin, TX, officeholder living expense   |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                 | Candidate / Officeholder name<br>H  | Office sought Office held  |  |  |
| Date ;  | Payee name  |  |  |  |
| 11 /03/2070   | Victoria McCRAY   |  |  |  |
| Amount (\$)   | Payee address;  | City; State; Zip Code  |  |  |
| 460.00  | 3024 Lakefiell Way. S   | Sugar Land TX 77479  |  |  |
|   | Category (See Categories listed at the top of this schedule)                          | Description  |  |  |
| PURPOSE   | N   |  |  |  |
| OF<br>EXPENDITURE   | Polling Fromso  | Push Courd Distribution  |  |  |
|   | Charle if trough autoids of Town Computato Cabadula T                                 | The state of the s |  |  |
| Camplete ONLY if direct   | Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name | Check if Austin, TX, officeholder living expense   |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                 |   | 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 **Event Expense**

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| Candidate/Officeholder/Politica<br>Credit Card Payment    | al Committee | Legal Services          |                           | Salaries/Wa | ges/Contract Labor | Other (enter a cate        | gory not listed above) |    |
|---|--------------|-------------------------|---------------------------|-------------|--------------------|----------------------------|------------------------|----|
| The Instruction Guide explains how to complete this form. |              |                         |                           |             |                    |                            |                        |    |
| 1 Total pages Schedule F1:                                | 2 FILER NA   | tey Ro                  | se-Gru                    | 1 Am        |                    | 3 Filer ID (Ethic          | cs Commission Filers)  |    |
| 4 Date 01 08 21   | 5 Payeeman   | hirley                  | Guur                      | 4m          |                    |                            |                        |    |
| 6 Amount (\$)<br>\$1,11500                                | 7 Payee ad   | tress;                  | ney Bri                   | ar D        | City;              | State;                     | Zip Code               |    |
| 7,1110  |              |                         |                           |             | 1550uri a          | ry 1x                      | 77459                  |    |
| 8   | (a) Category | (See Categories II      | sted at the top of this s | chedule)    | (b) Description    | L. 14 0004                 | 110,200,000            | ,  |
| PURPOSE<br>OF   | 1 000        | Repayi                  | mout/Ro                   | inha        | Commun             | ry impact                  | - Newspaper            | -  |
| EXPENDITURE   | Luin         | repaye                  | nevul re                  | mage        | 09-30.20-          | -Schedul                   | e G                    |    |
|   | (c)          | Check if travel outside | of Texas. Complete Sci    | hedule T.   | Check if Aust      | in, TX, officeholder livir | ng expense             |    |
| 9 Complete ONLY if direct expenditure to benefit C/Oi     |              | ate / Officeholde       | er name                   |             | Office sought      |                            | Office held            |    |
| Date  | Payee nar    | ne                      |                           |             |                    |                            |                        | _  |
| 01/08/21  | Shi          | rley G                  | LLIAM                     | •           |                    |                            |                        |    |
| Amount (\$)   | Payee add    | dress;                  |                           |             | City;              | State;                     | Zip Code               | -  |
| * 144.90  | 30 U         | Bonn.                   | eyBrian                   | - D         | Mossuno            | tly TX 7                   | 7459                   |    |
|   | Category     | (See Categories list    | ed at the top of this sci | hedule)     | Description        |                            |                        |    |
| PURPOSE   | 1 mn Re      | paymen                  | HROUNDELLO                | Esma. H     | Fuzzy To           |                            | _                      |    |
| EXPENDITURE   | Durita       | Juli III                | Theuriou                  | Senous      | Hundrai            | sing Eve                   | ent                    |    |
|   |              | Check if travel outside | of Texas. Complete Sch    | nedule T.   | Check if Austi     | in, TX, officeholder livin | ng expense             |    |
| Complete ONLY if direct expenditure to benefit C/Oh       |              | te / Officeholde        | er name                   |             | Office sought      |                            | Office held            |    |
| Date  | Payee na     | me                      |                           |             |                    |                            |                        | _  |
|   |              |                         |                           |             |                    |                            |                        |    |
| Amount (\$)   | Payee add    | dress;                  |                           |             | City;              | State;                     | Zip Code               |    |
|   |              |                         |                           |             |                    |                            |                        |    |
|   | Category     | (See Categories list    | ed at the top of this sch | nedule)     | Description        |                            |                        | į. |
| PURPOSE<br>OF<br>EXPENDITURE                              |              |                         |                           |             |                    |                            |                        |    |
|   |              | heck if travel outside  | of Texas. Complete Sch    | edule T.    | Check if Austi     | n, TX, officeholder livin  | g expense              |    |
| Complete ONLY if direct expenditure to benefit G/Oh       |              | te / Officehold         | er name                   |             | Office sought      |                            | Office held            |    |
|   | ATT          | ACH ADDITIC             | NAL COPIES O              | OF THIS S   | CHEDULE AS NEE     | EDED                       |                        | -  |
| I'  |              |                         |                           |             |                    |                            |                        |    |

#### DIDATE / OFFICEHOLDER FORM C/OH MPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. angiehanan@gmail.com MS / MRS / MR 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** Mrs. Angu NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** 903 Goldfinch Ave Sugarland TX MAILING **ADDRESS** Change of Address AREA CODE CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281)8:59 an GOK 460.0330 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Mrs. NAME Date Processed Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 7 CAMPAIGN STATE: ZIP CODE TREASURER **ADDRESS** 2203 Madewood Drive Missouri aty TX 77459 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (832) 419.1457 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 10 / 26 / 2020 15 /2021 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Day Other Description 11 /03 /2020 General OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) FBISD Board of Trystees THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

Forms provided by Texas Ethics Commission

COMMITTEE CAMPAIGN TREASURER ADDRESS

### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Angie angiehanan@gmail.com 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS **TOTAL POLITICAL EXPENDITURES** 5562,29 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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 of Candidate or Officeholder Please complete either option below: STATES STATES STATES GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES (1) Affidavit **NOVEMBER 25, 2023** NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. ignature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration \_, and my date of birth is \_ My name is My address is \_\_ (street) (city) (zip code) (country) \_\_\_\_\_ County, State of \_\_\_\_\_ , on the \_\_\_\_ day of \_

(month)

Signature of Candidate/Officeholder (Declarant)

(year)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

| 19  | FILER N                                 | A   | 20 Filer ID (Ethics Co |                    |   |
|-----|---|---|------------------------|--------------------|---|
|     | *************************************** | Angie Hanan   | angie hanan@g          | mail com           |   |
|     |   | JLE SUBTOTALS<br>F SCHEDULE   |                        | SUBTOTAL<br>AMOUNT |   |
| 1.  |   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |                        | \$                 |   |
| 2.  |   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           |                        | \$ 750.°           | >                                       |
| 3.  |   | SCHEDULE B: PLEDGED CONTRIBUTIONS                                     | ,                      | \$                 |   |
| 4.  |   | SCHEDULE E: LOANS   |                        | \$                 |   |
| 5.  |   | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO            | NTRIBUTIONS            | \$ 5562.           | 20                                      |
| 6.  |   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              |                        | \$                 |   |
| 7.  |   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL              | CONTRIBUTIONS          | \$                 |   |
| 8.  |   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                         |                        | \$                 |   |
| 9.  |   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN             | IDS                    | \$                 |   |
| 10. |   | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A            | BUSINESS OF C/OH       | \$                 |   |
| 11. |   | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO         | NTRIBUTIONS            | \$                 |   |
| 12. |   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED          | \$                 | *************************************** |
|     |   |   |                        | 1                  |   |
|     |   |   |                        |                    |   |

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

| TI   | ne Instruction Guide explains how to complete this for    | n.  | 1 Total pages Schedule A2:                                       |  |  |  |
|--|---|---|--|--|--|--|
| 2 FILER NAM  | E Angi Hanan  |   | 3 Filer ID (Ethics Commission Filers)                            |  |  |  |
| 4 TOTAL O  | F UNITEMIZED IN-KIND POLITICAL CONTRII                    | BUTIONS   | \$   |  |  |  |
|  | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | J   | 8 Amount of Contribution \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |  |  |
|  | principal occupation (FOR JUDICIAL)                       |   |  |  |  |  |
| 12 Contributors  | principal occupation (FOR SUBICIAL)                       | 13 Contribu   | tor's job title (FOR JUDICIAL) (See Instructions)                |  |  |  |
| 14 Contributor's   | employer/law firm (FOR JUDICIAL)                          | 15 Law firm   | n of contributor's spouse (if any) (FOR JUDICIAL)                |  |  |  |
| 16 If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |  |  |  |  |
| Date   | Full name of contributor                                  | Zip Code  | Amount of In-kind contribution description                       |  |  |  |
| Principal occ  | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe   | er (FOR NON-JUDICIAL)(See Instructions)                          |  |  |  |
| Contributor's  | principal occupation (FOR JUDICIAL)                       | Contributor's job title (FOR JUDICIAL) (See Instructions) |  |  |  |  |
| Contributor's employer/law firm (FOR JUDICIAL)   |   |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)         |  |  |  |
| If contributor   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   | ,  |  |  |  |
|  |   |   |  |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |  |  |  |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |  |   |  |  |
|--|---|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica | Fees Offi<br>Food/Beverage Expense Pol<br>By Gift/Awards/Memorials Expense Prin | an Repayment/Reimbursement<br>fice Overhead/Rental Expense<br>illing Expense<br>inting Expense<br>llaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |  |  |
| Credit Card Payment  | The Instruction Guide explains ho   | ow to complete this form.  |   |  |  |
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>Angie Hanan   |  | 3 Filer ID (Ethics Commission Filers)<br>angle hanana gmail.com   |  |  |
| 4 Date 11/17/20  | 5 Payee name Go Dacidy  |  | Total Control of the Control  |  |  |
| 6 Amount (\$)  | 7 Payee address:  | City;  | State; Zip Code   |  |  |
| \$84.48  | Suite<br>14455 N. Hagden Road   |  | ale AZ 85240  |  |  |
| 8  | (a) Category (See Categories listed at the top of this sched                    | dule) (b) Description  |   |  |  |
| PURPOSE<br>OF  | *   |  |   |  |  |
| EXPENDITURE  | Advertising expense   | websi  | te  |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedul                          | le T. Check if Aust  | tin, TX, officeholder living expense  |  |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name<br>H  | Office sought  | Office held   |  |  |
| Date   | Payee name  |  | 1   |  |  |
| 12/16/20   | Angie Hanan   |  | *   |  |  |
| Amount (\$)  | Payee address;  | City;  | State; Zip Code   |  |  |
| \$3277.81  | 903 Goldfinch Ave   | Sugarland  | TX 77478  |  |  |
|  | Category (See Categories listed at the top of this schedul                      | lle) Description   |   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Loan Repayment/Reimburse  | ement Credit   | Card Charge for Signs   |  |  |
| 1  | Check if travel outside of Texas. Complete Schedule                             |  | in, TX, officeholder living expense   |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought  | Office held   |  |  |
|  |   |  |   |  |  |
| Date   | Payee name  |  |   |  |  |
| 1/7/21   | Angie Hanan   | 1  |   |  |  |
| Amount (\$)  | Payee address;  | City;  | State; Zip Code   |  |  |
| \$2200.00  | 903 Goldfinch Ave   | e SugarLa  | and TX 77478  |  |  |
| L 1  | Category (See Categories listed at the top of this schedule                     | le) Description  |   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Loan Repayment  | Partial  | repayment of<br>personal loan   |  |  |
|  | Check if travel outside of Texas. Complete Schedule                             | T. Check if Austir   | n, TX, officeholder living expense  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought  | Office held   |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |   |  |   |  |  |

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| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT              |                                |  |                                |                               |   | ORM C/OH<br>HEET PG 1                 |
|---|--------------------------------|--|--------------------------------|-------------------------------|---|---------------------------------------|
| The C/OH Instruction  | Guide explains ho              | w to complete this form.   | 1 Filer ID (Ethics C           | Commission Filers)            | 2 Total pages f                               | iled: 5                               |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS MR                    | first Jan  | nes                            | мі Д.                         | Control of the second                         | USEONLY                               |
|   | NICKNAME                       | n Rich   | e                              | SUFFIX                        | Date Received                                 |                                       |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | 5402<br>Sugar                  | oban Terr<br>Land, Tx.   | ett; state;<br>ace Lan<br>7747 | ZIP CODE  V  9                |   |                                       |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | (28/) 4                        | 180. 8071  | EXTENSION                      | NC                            |   | d or Date Postmarked                  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS (MR) / MR                   | Doro   | thy                            | Š.                            | Receipt #                                     | Amount \$                             |
|   | SUZAN                          | ne Ramo.   | 5                              | SUFFIX .                      | Date Imaged                                   |                                       |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS<br>3907<br>SUAA | (NO PO BOX PLEASE); APT / SU<br>Senna Plac<br>r Land, T  |                                | 79                            | STATE;  | ZIP CODE                              |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE (281)                | PHONE NUMBER<br>180. 9051  | EXTENSIO                       | N<br>x                        |   |                                       |
| 9 REPORT TYPE   | January 15                     | 30th day before ele  | ection Runo                    | off                           | 15th day aft<br>treasurer ap<br>(Officeholder | ter campaign<br>ppointment<br>r Only) |
|   | July 15                        | 8th day before elect   | uon l                          | eded Modified<br>orting Limit | Final Report                                  | t (Attach C/OH - FR)                  |
| 10 PERIOD<br>COVERED  | Month 7                        | Day Year / 1 / 2020  | THROUGH                        | Month 12                      | Day Year / 31 / 26                            |                                       |
| 11 ELECTION   | ELECTION DAY  Month Day        | Year Primary General   | Runoff Special                 | Other Description             | o .   |                                       |
| 12 OFFICE   | OFFICE HELD (if any)           | or Trustee   | 13 OFFICE SC                   | DUGHT (if known)              | 70  |                                       |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                   | THE CANDIDATE / OFFICE         | CE OF POLITICAL CONTRIBUTIONS AGE CEHOLDER. THESE EXPENDITURES IN S AND OFFICEHOLDERS ARE REQUIRE COMMITTEE NAME | MAY HAVE BEEN MADE WI          | THOUT THE CANDIL              | DATE'S OR OFFICEHOLD                          | DER'S KNOWLEDGE OR                    |
| Additional Pages  | GENERAL                        | COMMITTEE ADDRESS  |                                |                               |   |                                       |
|   | SPECIFIC                       | COMMITTEE CAMPAIGN TREAS   | SURER NAME                     |                               | =   |                                       |
|   |                                | COMMITTEE CAMPAIGN TREA  | SURER ADDRESS                  |                               |   |                                       |
| GO TO PAGE 2  |                                |  |                                |                               |   |                                       |

p. 2 of 5

## CANDIDATE / OFFICEHOLDER

## FORM C/OH

| CAMPAIGN   | N FINANCE REPORT   | COVER SHEET PG 2                        |  |  |  |
|--|--|---|--|--|--|
| 15 C/OH NAME   | Jim Rice (James D. Rice) 16  | Filer ID (Ethics Commission Filers)     |  |  |  |
| 17 CONTRIBUTION<br>TOTALS  | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | \$ 0.00                                 |  |  |  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 0.00                                 |  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 0.00                                 |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES From Schedule G  | \$ 263.03                               |  |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST COFF REPORTING PERIOD   | \$ 222.76.                              |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 18,229.17                            |  |  |  |
|  | wear, or affirm, under penalty of perjury, that the accompanying report is true ar uired to be reported by me under Title 15, Election Code.                   | nd correct and includes all information |  |  |  |
| 104  | Aleens   | D. Rui                                  |  |  |  |
|  | Signature of Candid  | date or Officeholder                    |  |  |  |
|  |  |   |  |  |  |
|  | Please complete either option below:   |   |  |  |  |
| (1) Affidavit  CHRISTEL A CORRAL  Notary ID #130768971  My Commission Expires  August 8, 2024        |  |   |  |  |  |
| NOTARY STAMP/SEAL  |  |   |  |  |  |
| Sworn to and subscribed before me by <u>James D. Rice</u> this the <u>II</u> day of <u>Jamuary</u> , |  |   |  |  |  |
| to certify which, witness my hand and seal of office.  Christel A. Corral  Administrative Assistant  |  |   |  |  |  |
| Signature of officer administeri   |  | Title of officer administering oath     |  |  |  |
| (2) Unsworn Declaratio   | OR OR  |   |  |  |  |
| (2) Gilowolli Dediaratio   | ••   |   |  |  |  |
| 2015 (2010) 100  | , and my date of birth is  |   |  |  |  |
| My address is  | (street) (city) (state   |   |  |  |  |
| Executed in  | County, State of, on the day of  |   |  |  |  |

Signature of Candidate/Officeholder (Declarant)

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### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  21 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED | 19 FILER NAME  20 Filer ID (Ethics Commission Filers)                           |          |  |  |  |  |  |  |  |
|--|---|----------|--|--|--|--|--|--|--|
| NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED  | Jim Rice (James D. Rice)  |          |  |  |  |  |  |  |  |
| 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   |   |          |  |  |  |  |  |  |  |
| 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 \$   | 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                | \$       |  |  |  |  |  |  |  |
| 4. SCHEDULE E: LOANS \$  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$  | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                  | \$       |  |  |  |  |  |  |  |
| 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   | 3. SCHEDULE B: PLEDGED 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   | 4. SCHEDULE E: LOANS  | \$       |  |  |  |  |  |  |  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$243.03  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 \$  | 5. SCHEDULE F1: POLITICAL EXPENDITURES 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   | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                     | \$       |  |  |  |  |  |  |  |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$263.03  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 \$   | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS       | \$       |  |  |  |  |  |  |  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$  | 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                | \$       |  |  |  |  |  |  |  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED  \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED  | 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                  | \$263.03 |  |  |  |  |  |  |  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$   | 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$       |  |  |  |  |  |  |  |
|  | 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    | \$       |  |  |  |  |  |  |  |
|  |   | \$       |  |  |  |  |  |  |  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

|  | E   | XPENDITURE CAT  | EGORIES   | FOR BOX 8(a)                    |  |                      |
|--|---|---|---|---------------------------------|--|----------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Politic<br>Credit Card Payment | Fees<br>Food/B<br>By Gift/Aw<br>cal Committee Legal S | Expense<br>Beverage Expense<br>vards/Memorials Expense<br>Services<br>Instruction Guide expla | Office Over<br>Polling Ex<br>Printing E<br>Salaries/V | Expense<br>Wages/Contract Labor | Solicitation/Fundraising I<br>Transportation Equipmer<br>Travel In District<br>Travel Out Of District<br>Other (enter a category r | nt & Related Expense |
| 4 T-tal manas Schedule G   | 2 FILER NAME  |   |   | *                               | 3 Filer ID (Ethics Co  | ammission Filers)    |
| 1 Total pages Schedule G:  | JIM   | Rice  |   |                                 | 3 FIRE ID (EUROS C.  | ommission rhers,     |
| 1/2/20   | 5 Payee name  | Bend In   | depl  | endent                          |  |                      |
| 6 Amount (\$)  | 7 Payee address;                                      | ox 623  |   | City;                           | State;   | Zip Code             |
| Reimbursement from political contributions intended  | Sugar   | · Land, -   | 女一  | 17487                           | · ·  |                      |
| 8<br>PURPOSE   | (a) Category (See Cat-                                | tegories listed at the top of this  | s schedule)   | (b) Description                 |  |                      |
| OF<br>EXPENDITURE  | Ad ver  | rtising   |   | Newspa                          | per ad   |                      |
|  | (c) Check if tra                                      | avel outside of Texas. Complete S   | Schedule T.   | Check if Austin,                | , TX, officeholder living expe   | inse                 |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate / Of  | Rice  | FBISI   | Office sought  Trustee          | 12   | ffice held           |
| Date 9/10/20   | Payee name  | wer Con-  | sulti   | ng, LLC                         |  |                      |
| Amount (\$)  | Payee address;  | rrowhead  | A   | City;                           | State;   | Zip Code             |
| political contributions intended   | Sugar   | land, 1x  | . 77  | 479                             |  |                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Congulti  | tegories listed at the top of this  | s schedule)   | Campaig                         | n Consul   | lting                |
|  | Check if tra  | avel outside of Texas. Complete S   | Schedule T.   | Check if Austin,                | , TX, officeholder living expe   | inse                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  | A   | File  |   | office sought<br>SD Truste      | -  | ffice held           |
| Date 11/17 /20   | 10.   | Bend St   | tar   |                                 |  |                      |
| Amount (\$)  106.25  Reimbursement from political contributions  | Payee address;<br>P.O. Bo;<br>Staff                   | x 2369  | 77.   | City;                           | State;   | Zip Code             |
| intended   | Cotogony (See Cat.                                    | egories listed at the top of this   | - cabadula)   | Description                     |  |                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Advert  | ssina   |   | News pa                         | aper ab  | ١.                   |
|  |   | vel outside of Texas. Complete S  |   |                                 | TX, officeholder living exper  |                      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Of  | Rice 7  | FBIS  | Office-sought  D Trustee        | 1  | fice held            |
|  | ATTACH AD   | DITIONAL COPIES (   | OF THIS SC  | CHEDULE AS NEEDE                | ĒD   |                      |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

|  | EXP   | ENDITURE CATEGO                         | ORIES FOR BOX  | (8(a)  |   |                      |
|--|---|---|--|--|---|----------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Politic<br>Credit Card Payment | By Gift/Awards, cal Committee Legal Service | rage Expense F<br>s/Memorials Expense F | Loan Repayment/Reimb<br>Office Overhead/Rental<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contrac<br>how to complete thi | I Expense Trar<br>Trav<br>Trav<br>oct Labor Othe | icitation/Fundraising B<br>nsportation Equipmer<br>vel In District<br>vel Out Of District<br>er (enter a category n | nt & Related Expense |
|  | Ť   |   | . 35   |  | - /= /= /- O  |                      |
| 1 Total pages Schedule G:  | 2 FILER NAME                                | Rice                                    |  | 3 +  | iler ID (Ethics Co  | ommission Filers)    |
| 12 /27 /20   | 5 Payee name                                | zend Inc                                | depund   | leut   |   |                      |
| 6 Amount (\$)<br>\$ 5000   | 7 Payee address;                            | 623                                     |  | City;  | State;  | Zip Code             |
| Reimbursement from political contributions intended  | Sugar T                                     | and, T                                  | × 774  | 87   |   |                      |
| 8<br>PURPOSE<br>OF   | (a) Category (See Categorie                 | •                                       |  | iption<br>WS PA                                  | per Ad  | -2-                  |
| EXPENDITURE  | (c) Check if travel ou                      | utside of Texas. Complete Schedu        |  |  | fficeholder living exper  | nse                  |
| 9  | Candidate / Office                          |   | Office soug  | glit   | Of  | fice held            |
| Complete ONLY if direct expenditure to benefit C/OH  |   |   | ISD True   |  | scrition  | 3                    |
| Date   | Payee name                                  |   |  |  |   |                      |
| Amount (\$)  | Payee address;                              |   |  | City;  | State;  | Zip Code             |
| Reimbursement from political contributions intended  |   |   |  |  |   |                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categorie                     | ies listed at the top of this sched     | dule) Descri   | íption   |   |                      |
| EXPENDITOR   | Check if travel or                          | utside of Texas. Complete Schedu        | uleT. C  | heck if Austin, TX, of                           | fficeholder living exper  | nse                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  | Candidate / Officel                         | holder name                             | Office soug  | ght  | Off   | fice held            |
| Date   | Payee name                                  |   |  |  |   | ,                    |
| Amount (\$)  | Payee address;                              |   | Ci   | ity;   | State; 2  | Zip Code             |
| Reimbursement from political contributions intended  |   | #                                       |  |  |   |                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categorie                     | es listed at the top of this sched      | dule) Descrip  | ption  |   |                      |
|  | Check if travel out                         | tside of Texas. Complete Schedul        | te T. Ch   | neck if Austin, TX, off                          | ficeholder living expen   | ise                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officel                         | holder name                             | Office soug  | jht  | Off   | fice held            |
|  | ATTACH ADDIT                                | IONAL COPIES OF T                       | HIS SCHEDULE   | AS NEEDED  |   |                      |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| Grand St. Barrier |                                   |  |                      |  |   |
|---|-----------------------------------|--|----------------------|--|---|
| The C/OH Instruction G  | uide explains how t               | o complete this form.                    | 1 Filer ID (Ethica   | s Commission Filers)                           | 2 Total pages filed:  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR NICKNAME            | Ha<br>Willian                            | n 5                  | SUFFIX   | OFFICE USE ONLY  Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | ADDRESS / PO BOX;<br>3309<br>Pear |  | 130 Ca<br>1775 8     |  | JAN 2 7 2021<br>Sagroun GOR   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE   | (413) 6                           | 57. 93°                                  | <b>7</b> /           | vsion  | Da Frand-delivered or Date Postmarked  Receipt #   Amount \$  |
| 6 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR // MS / MR NICKNAME | Senet<br>William                         | ta<br>15             | SUFFIX   | Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS  | 3309 F                            | NO PO BOX PLEASE); APT / S<br>D/IM/03e ( | Canyon               | IN. Pea  | erland TX 77584   |
| (Residence or Business)   |                                   |  | a/_dst/21_           | <u> </u>                                       |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | (7/3) 6                           | рноле number<br>57-93                    |                      | NSION  |   |
| 9 REPORT TYPE   | January 15  July 15               | 30th day before a                        | ection E             | Runoff<br>Exceeded Modified<br>Reporting Limit | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)                      |
| 10 PERIOD<br>COVERED  | 10                                | 26 / 20                                  | THROUGH              | Month  | Day Year / 15/2/  |
| 11 ELECTION   | Month Day                         | Year Primary                             | Runoff Special       | Other Description                              |   |
| 12 OFFICE   | FBISA                             | Trustee H                                | 255 13 OFFIC         | CE SOUGHT (if known                            | )   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)   | THE CANDIDATE / OFFIC             | EHOLDER. THESE EXPENDITURE               | ES MAY HAVE BEEN MAI | DE WITHOUT THE CANL                            | ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| Additional Pages  | GENERAL SPECIFIC                  | COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TR | EASURER NAME         |  |   |
|   |                                   | COMMITTEE CAMPAIGN TE                    | REASURER ADDRESS     | S  |   |
|   |                                   | GO TO                                    | PAGE 2               | <u> </u>                                       |   |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME   |  | 16 Filer ID (Ethics Commission Filers)                            |  |  |  |  |
|--|--|---|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS                                  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$325.00  |  |  |  |  |
| 1  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  |  |  |  |  |
| EXPENDITURE<br>TOTALS                                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$  |  |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 55/.91   |  |  |  |  |
| CONTRIBUTION<br>BALANCE                                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD  | T DAY \$  |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | THE \$  |  |  |  |  |
| Please complete either option below:  GARRETT DUANE ROSIER |  |   |  |  |  |  |
| (1) Affidavit  | 132267296 NOTARY PUBLIC, STATE OF TEXAS A MY COMMISSION EXPIRES NOVEMBER 25, 2023  | 2 1.1 /   |  |  |  |  |
| March Norman D   | which, witness my hand and seal of office.   | 27 day of January.  |  |  |  |  |
| Signature of officer administer                            |  | Title of officer administering oath                               |  |  |  |  |
| OR (2) Unquiero Declaration                                |  |   |  |  |  |  |
| My name is Solution  My address is 330  Executed in FFBe   | Street)  County, State of Texas, on the 35 day of County.  | tate) (zip code) (country)  (ygar)  (ate/Officeholder (Declarant) |  |  |  |  |

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

| Senetta R. Williams  20 Filer ID (Ethics C   | Commission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$325.00           |
| 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               | \$                 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 150.00          |
| 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                         | \$551.97           |
| 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.

# Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.

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

| 1 Total pages Schedule G:  | BENETTA R. Will   | iam 3            | 3 Filer ID (Ethics         | Gommission Filers) |
|--|---|------------------|----------------------------|--------------------|
| 10.26.20   | 5 Payee name HOUSTON TShirt   | Printe           | R                          |                    |
| Amount (\$)  Reimbursement from political contributions intended   | 7 Payee address;<br>9777 Harwin Di<br>Houston, TX 770   | (, city;         | State;                     | Zip Code           |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  | irt Pr                     | nting              |
|  | (c) Check if travel outside of Texas. Complete Schedule T.  |                  | n, TX, officeholder living |                    |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought    |                            | Office held        |
| //· 01.20  | Allied Sign   | <b>3</b>         |                            |                    |
| Amount (\$)  Reimbursement from political contributions intended   | 6820 Harwin   | HOUS             | State;                     | Zip Code<br>77036  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)  Advertising   | Description      | Paign                      | Signs              |
|  | Check if travel outside of Texas. Complete Schedule T.  | Check if Austi   | n, TX, officeholder living | expense            |
| Complete ONLY If direct expenditure to benefit C/                  |   | Office sought    |                            | Office held        |
| 11.01.20   | The Home De   | epot             |                            |                    |
| Amount (\$)  Belimbursement from political contributions intended  | Pearland TX   | 77584            | State;                     | Zip Code           |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of his schedule)  Guanting  Check if travel outside of Texas, Complete Schedule T. | Description 5    | 1005-                      | <i>t</i> 5         |
|  |   |                  | n, TX, officeholder living |                    |
| Complete ONLY if direct expenditure to benefit C/OH                | Candidate / Officeholder name   | Office sought    |                            | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NEED | DED                        |                    |

### **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

**Event Expense** Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/Donations Made E<br>Candidate/Officeholder/Politic      |  | ng Expense<br>es/Wages/Contract Labor  | Travel Out Of District Other (enter a category not listed above) |
|---|--|--|--|
| Credit Card Payment   | The Instruction Guide explains how                               | Section Contracts - Section Committee of Contracts - C |  |
| Total pages Schedule G:   | Benetta R. Wil   | lians  | 3 Filer ID (Ethics Commission Filers)                            |
| 11.2.20 -   | The Home Se  | epot   |  |
| Amount (\$) 53.91 Reimbursement from political contributions intended | 7 Payee address;<br>10419 HNY 6 500<br>Sugarhand                 | 4h 7749  | State; Zip Code  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |  |
| OF<br>EXPENDITURE   | Equipment  | 6 01   | 005+5  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin,   | TX, officeholder living expense                                  |
| complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH         | Candidate / Officeholder name                                    | Office sought  | Office held  |
| Date  | Payee name   |  |  |
| Amount (\$)   | Payee address;   | City;  | State; Zip Code  |
| Reimbursement from political contributions intended                   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule      | ) Description  |  |
| EM ENDITORE   | Check if travel outside of Texas. Complete Schedule T            | . Check if Austin,   | TX, officeholder living expense                                  |
| Complete ONLY if direct expenditure to benefit C/                     | Candidate / Officeholder name                                    | Office sought  | Office held  |
| Date  | Payee name   |  | =1   |
| Amount (\$)   | Payee address;   | City;  | State; Zip Code  |
| Reimbursement from political contributions intended                   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule      | ) Description  |  |
| EXPENDITURE   | Check if travel outside of Texas. Complete Schedule T            | . Check if Austin,   | TX, officeholder living expense                                  |
| Complete ONLY if direct expenditure to benefit C/OH                   | Candidate / Officeholder name                                    | Office sought  | Office held  |
|   | ATTACH ADDITIONAL COPIES OF TH                                   | S SCHEDULE AS NEEDI  | ED   |

### **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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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. FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 7 Amount (\$ State; Zip Code TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; State; City; Zip Code TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

### 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 | s form.                 | 1 Total pages Schedule A1:            |  |  |
|---|--|------------------|-------------------------|---------------------------------------|--|--|
| 2 FILER NAME  | eHa R. Wi  | lliam            | 15                      | 3 Filer ID (Ethics Commission Filers) |  |  |
| 1.7,20  | 5 Full name of contributor  Belinda 5 6 Contributor address: | COLO             |                         | 7 Amount of contribution (\$)         |  |  |
|   | 6 Contributor address;                                       | Lous-10          | State; Zip Code         |                                       |  |  |
| 8 Principal accu                                    | pation / Job title (See Instructions)                        |                  | 9 Employer (See Instruc | tions)                                |  |  |
| 11.16.2E  | Contributor address;   | out-of-state PA  | State; Zip Code         | Amount of contribution (\$)           |  |  |
| Principal occu                                      | pation / Job title (See Instructions)                        | issouri          | Employer (See Instruc   | tions) Texas                          |  |  |
| Date  | Full name of contributor                                     | out-of-state PA  | C (ID#:)                | Amount of contribution (\$)           |  |  |
|   | N 25 N2 N2   | City;            | State; Zip Code         |                                       |  |  |
| Principal occu                                      | pation / Job title (See Instructions)                        |                  | Employer (See Instruc   | tions)                                |  |  |
| Date  | Full name of contributor                                     | out-of-state PA  | C (ID#:)                | Amount of contribution (\$)           |  |  |
|   | Contributor address;   | City;            | State; Zip Code         |                                       |  |  |
| Principal occu                                      | pation / Job title (See Instructions)                        |                  | Employer (See Instruc   | tions)                                |  |  |
|   |  |                  |                         |                                       |  |  |
| 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 G  | Guide explains how to complete this form.  | 1 Filer ID (Ethics Commission Filers)    | <ul><li>2 Total pages filed:</li><li>2</li></ul>                  |  |  |  |
|---|--|--|---|--|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS MRS MR FIRST AFSHI  | MI                                       | OFFICE USE ONLY   |  |  |  |
| NAME  | NICKNAME CHARANIA  | SUFFIX                                   | Date Received   |  |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS           | ADDRESS / PO BOX; APT / SUITE #; 7343 CHATHAM GREEN DR SUGAR LAND, TX 77479  | CITY; STATE; ZIP CODE                    |   |  |  |  |
| Change of Address   |  |  |   |  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | ( 832 ) 687-6097   | EXTENSION                                | Date Hand-delivered or Date Postmarked  Receipt #   Amount \$     |  |  |  |
| 6 CAMPAIGN  | MS / MRS / MR FIRST  | MI                                       | Amount \$   |  |  |  |
| TREASURER<br>NAME   | SUMITA   |  | Date Processed  |  |  |  |
|   | NICKNAME LAST  GHOSH   | SUFFIX                                   | Date Imaged   |  |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / ST<br>4607 KENESHAW CT<br>SUGAR LAND, TX 77479  | UITE #; CITY;                            | STATE; ZIP CODE   |  |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER ( 713 ) 471-6620  | EXTENSION                                |   |  |  |  |
| 9 REPORT TYPE   | January 15 30th day before e   | lection Runoff                           | 15th day after campaign treasurer appointment (Officeholder Only) |  |  |  |
|   | July 15 Sth day before ele   | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR)                                   |  |  |  |
| 10 PERIOD<br>COVERED  | Month Day Year   | Month                                    | Day Year  |  |  |  |
| OOVERED   | 07 /01 / 2020  | THROUGH 12                               | 31 / 2020   |  |  |  |
| 11 ELECTION   | ELECTION DATE  | ELECTION TYPE                            |   |  |  |  |
|   | Month Day Year Primary   | Runoff Other Description                 |   |  |  |  |
|   | 05 /04 /2019 General   | Special                                  |   |  |  |  |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known               | )   |  |  |  |
|   | N/A  | FORT BEND TRU                            | STEE POSITION 3   |  |  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                         | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS. THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUII | S MAY HAVE BEEN MADE WITHOUT THE CAN     | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR                           |  |  |  |
| GOWINIT TEE(G)  | COMMITTEE TYPE   COMMITTEE NAME  |  |   |  |  |  |
| Additional Pages  | GENERAL COMMITTEE ADDRESS  |  |   |  |  |  |
|   | SPECIFIC COMMITTEE CAMPAIGN TRE  | ASURER NAME                              |   |  |  |  |
|   | COMMITTEE CAMPAIGN TRE   | EASURER ADDRESS                          |   |  |  |  |
| GO TO PAGE 2  |  |  |   |  |  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

| CAMPAIGN  | FINANCE   | REPUR   | Callada Isel a            |                 |            | CU           | WER S                        | HEET PG              |
|---|---|---|---------------------------|-----------------|------------|--------------|------------------------------|----------------------|
| 15 C/OH NAME<br>AFSHI CHARAN                            | NIA   | A SMC TOWN STOCK<br>TIME IN A SMC SMC TO THE<br>A SMC TOWN SMC TO |                           |                 | 1          | 6 Filer      | ID (Ethics (                 | Commission Filers)   |
| 17 CONTRIBUTION TOTALS                                  | PLEDGES   | NITEMIZED POLIT<br>5, LOANS, OR GUA<br>UTIONS MADE EL             | ARANTEES OF               | LOANS OF        | R THAN     |              | \$ <sub>0</sub>              |                      |
| \$2.00<br>62.02<br>76.09<br>60<br>60                    | 2. TOTAL PO<br>(OTHER TH  | DLITICAL CONT<br>HAN PLEDGES, L                                   | RIBUTIONS<br>OANS, OR GUA | ARANTEES OF I   | LOANS)     | 815<br>510   | \$ <sub>0</sub>              |                      |
| EXPENDITURE<br>TOTALS                                   | 3. TOTAL UNI  | ITEMIZED POLITI   | ICAL EXPENDI              | TURE.           | Pa Indon   |              | \$ <sub>0</sub>              |                      |
| 69 / 6   80   80   80   80   80   80   80               | 4. TOTAL PO   | DLITICAL EXPE   | NDITURES                  |                 |            | a a constant | \$ <sub>0</sub>              |                      |
| CONTRIBUTION<br>BALANCE                                 | 5. TOTAL POL<br>OF REPOR  | LITICAL CONTRIB   | BUTIONS MAIN              | TAINED AS OF T  | THE LAST   | DAY          | \$3,179.                     | 06                   |
| OUTSTANDING<br>LOAN TOTALS                              | 6. TOTAL PRII   | NCIPAL AMOUNT<br>OF THE REPORT                                    | OF ALL OUTS               | TANDING LOAN    | IS AS OF T | HE           | \$25,000                     |                      |
| Comm. Expi  | c, State of Texas<br>ires 06-04-2023<br>0 13204698-0  | Za  | hl                        |                 |            |              |                              |                      |
| NOTARY STAMP/SEAL                                       |   | /   |                           |                 |            |              |                              |                      |
| Sworn to and subscribed before 20 21 , to certify which | ore me by AFSH<br>ch, witness my hand a   |   |                           | thi             | is the 15  | TH           | day of JA                    | NUARY,               |
| Signature of officer administering o                    | oath  | Printed name of o   | officer administer        | ing oath        |            |              | Title of office              | r administering oath |
| A PRINCIPLE OF MAIN                                     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |   | OR S                      | No.             | E LANGE    |              |                              |                      |
| (2) Unsworn Declaration                                 | Per<br>Per<br>Per INC   |   |                           |                 |            | Ol Ten       | retail<br>Vancin             | # 12 1d 12           |
| My name is  | 11 mm - 198 - 1 <sub>800</sub> - 1 <sub>9</sub> - |   | а                         | nd my date of b | Cidh ia    |              |                              |                      |
| My address is   |   |   | , i                       | na my uate or a | ointh is   | range (      |                              |                      |
|   | (street)  |   | ,                         | / mid. ,\       | /atata     |              | 3                            |                      |
| Executed in   | ,   | of  | , on the                  |                 | (state     | 3) (c        | zip code)<br>_, 20<br>(year) | (country)            |
|   |   |   |                           | Signature of (  | Candidate/ | /Officel     | holder (Deck                 | arant)               |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (                      | Suide explains how     | to complete this form.       | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages             | filed: (13)  |
|---|------------------------|------------------------------|---|---------------------------|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME       | MS / MRS / MR          | ASH ISH                      | MI<br>1   |                           | E USE ONLY   |
| 147m2                                       | NICKNAME               | AGRAW                        | SUFFIX  | Date Receive              | CEIVED   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING    | 6714 AP                | SLEY CREUK                   | CITY; STATE; ZIP CODE   | S                         | EP - 7 REC'D   |
| ADDRESS  Change of Address                  | LuGA                   | e LAND, Tx                   | 77479   | Superi                    | intendent's Office<br>Bend I.S.D.                                    |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE       | AREA CODE<br>(P3 L) 78 | PHONE NUMBER P6 -9138        | EXTENSION   | Date Hand-delivere        | ed or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME             | MS MRS MR              | ALAW A                       | Mł  | Receipt #  Date Processed | Amount \$  |
| NOWL  | NICKNAME               | Mckes                        | SUFFIX  | Date Imaged               |  |
| 7 CAMPAIGN<br>TREASURER                     |                        | (NO PO BOX PLEASE); APT / SI | UITE #; CITY;   | STATE;                    | ZIP CODE   |
| ADDRESS (Residence or Business)             | DEW                    | BRIDGE CT,                   | Sugarland, (7   | - 774                     | 79   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE            | AREA CODE              | 2 4 -454                     | EXTENSION 9   |                           |  |
| 9 REPORT TYPE                               | January 15 July 15     | 30th day before e            | ection Runoff  Exceeded Modified  | treasurer (Officehold     | after campaign<br>appointment<br>Jer Only)<br>ort (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED                        | Month 04               | Day Year /23 /2021           | Reporting Limit  Month  THROUGH 07  | Day Yes                   |  |
| 11 ELECTION                                 | Month Day              | Year Primary                 | Runoff Other Description  | School                    | BOAR)  |
| 12 OFFICE                                   | OFFICE HELD (if any)   |                              | 13 OFFICE SOUGHT (if known  | n)                        |  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S) | THE CANDIDATE / OFFIC  | CEHOLDER. THESE EXPENDITURES | ACCEPTED OR POLITICAL EXPENDITURES IN<br>S MAY HAVE BEEN MADE WITHOUT THE CAN<br>RED TO REPORT THIS INFORMATION ONLY IF | DIDATE'S OR OFFICEHO      | I DER'S KNOWLEDGE OR   |
|   | COMMITTEE TYPE         | COMMITTEE NAME               |   |                           |  |
| Additional Pages                            | GENERAL                | COMMITTEE ADDRESS            | y E   |                           |  |
|   | SPECIFIC               | COMMITTEE CAMPAIGN TRE       | ASURER NAME   |                           | DV-1812  |
| 86<br>68                                    |                        | COMMITTEE CAMPAIGN TRE       | EASURER ADDRESS   |                           |  |
|   |                        | GO TO                        | PAGE 2  |                           |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME                    | CHISH AGRAWAL 16 F  | iler ID (Ethics Commission Filers)   |
|---------------------------------|---|--------------------------------------|
| 17 CONTRIBUTION<br>TOTALS       | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)            | \$ Ø                                 |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,201/                            |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 6                                 |
|                                 | 4. TOTAL POLITICAL EXPENDITURES   | \$10,822.60                          |
| CONTRIBUTION<br>BALANCE         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA<br>OF REPORTING PERIOD  | * \$ Ø                               |
| OUTSTANDING<br>LOAN TOTALS      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$18,082.50                          |
|                                 | vear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code. | correct and includes all information |
|                                 | Heliah Haw  | l                                    |
|                                 | Signature of Candida  | te or Officeholder                   |
|                                 |   |                                      |
|                                 | Please complete either option below:  |                                      |
| Notary Pul                      | ENIK PATEL  blic, State of Texas   kpires 06-27-2025  ID 129472676  |                                      |
| NOTARY STAMP/SEAL               | ARLICH ACRAINAL OT  | h day of Settempe                    |
| 20 Z) to cerulity               | which, witness my hand and seal of office. PATCL ASTARY PUR   | dic                                  |
| Signature of officer administer | ing oath Printed name of officer administering oath   | Title of officer administering oath  |
| (2) Unsworn Declaration         | or<br>on  |                                      |
| My name is                      | , and my date of birth is   |                                      |
| My address is                   |   |                                      |
|                                 | (street) (city) (state)   | (zip code) (country)                 |

Signature of Candidate/Officeholder (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

| 19 FILERNAME<br>ACHISH RULLAWAL   | 20 Filer ID (Ethics Con  | mmission Filers)           |  |  |  |
|---|--|----------------------------|--|--|--|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE                                  | a  | SUBTOTAL<br>AMOUNT         |  |  |  |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                        |  | \$1,201/                   |  |  |  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS          | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           |                            |  |  |  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                    |  | \$                         |  |  |  |
| 4. SCHEDULE E: LOANS  |  | \$ 6,500/-                 |  |  |  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (            | CONTRIBUTIONS  | \$ 6,500/-<br>\$ 10,822.60 |  |  |  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                             | \$   |                            |  |  |  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA              | AL CONTRIBUTIONS   | \$                         |  |  |  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                        | \$   |                            |  |  |  |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F              | \$   |                            |  |  |  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO            | \$   |                            |  |  |  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL          | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS |                            |  |  |  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER | BUTIONS RETURNED   | \$                         |  |  |  |
|   | 6  |                            |  |  |  |

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

| if the requested information is not applicable, bo Not include this page in the report.  |  |  |  |  |
|--|--|--|--|--|
| The  | Instruction Guide explains how to complete this form.                      | 1 Total pages Schedule A1:   |  |  |
| 2 FILER NAME   | ASHISH AGRAMA  | 3 Filer ID (Ethics Commission Filers)  |  |  |
| 4 Date 4/23/21   | 5 Full name of contributor out-of-state PAC (ID#:                          | de \$100/-   |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (Se                      | e Instructions)  |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                            | Amount of contabution (\$)   |  |  |
| 4/28/21  | Contributor address; City; State; Zip Co                                   | \$50/  |  |  |
|  | Sugar laws 1x 77   | 1479   |  |  |
| Principal occup  | eation / Job title (See Instructions) Employer (Se                         | e Instructions)  |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                            | Amount of contribution (\$)  |  |  |
| 4/28/21  | VISAT PALLOD  Contributor address; City; State; Zip Con  Sulphabland To 77 | 7501/  |  |  |
| Principal occup  |  | e Instructions)  |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                            | 22-000 CONTROL |  |  |
| 4/28/01  | Contributor address; City; State; Zip Cool  Sugar Law T> 77                | 9250/  |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |  |  |  |  |
|  |  |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

| The Instruction Guide explains how to complete this form. |  |                  | 1 Total pages Schedule A1:  |                                       |
|---|--|------------------|-----------------------------|---------------------------------------|
| FILER NAME  | ASHICH AGRA                            | ur               |                             | 3 Filer ID (Ethics Commission Filers) |
| Date  | 5 Full name of contributor  RAMETH SHY | ~ I              | (10#)                       | 7 Amount of contribution (\$)         |
| 13/21   | 6 Contributor address;                 | City;            | State: Zip Code             | 4300/-                                |
| Principal occu  | pation / Job title (See Instructions)  |                  | 9 Employer (See Instruct    | tions)                                |
| Date  | Full name of contributor               | out-of-state PAC | : (ID#:)                    | Amount of contribution (\$)           |
|   | Contributor address;                   | City;            | State; Zip Code             |                                       |
| Principal occu  | pation / Job title (See Instructions)  |                  | Employer (See Instruc       | tions)                                |
| Date Full name of contributor out-of-state PAC (ID#       |  | C (ID#)          | Amount of contribution (\$) |                                       |
|   | Contributor address;                   | City;            | State; Zip Code             |                                       |
| Principal occu  | pation / Job title (See Instructions)  |                  | Employer (See Instruc       | tions)                                |
| Date  | Full name of contributor               | out-of-state PA  | C (ID#)                     | Amount of contribution (\$)           |
|   | Contributor address;                   | City;            | State; Zip Code             |                                       |
| Principal occu  | upation / Job title (See Instructions) |                  | Employer (See Instruc       | etions)                               |
| N 11  |  |                  |                             |                                       |

### LOANS

### SCHEDULE E

| If the requested information is not applicable, bo Not include this page in the report.   |  |  |  |  |
|---|--|--|--|--|
| The   | 1 Total pages Schedule E:                  |  |  |  |
| 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)      |  |  |  |
| 4 TOTAL OF UN   | NITEMIZED LOANS                            |  | \$                                     |  |
| 5 Date of loan 4/23/21  | 7 Name of lender out-of-state F            | 9 Loan Amount (\$)  \$2000/                    |  |  |
| 6 Is lender<br>a financial<br>Institution?  | 8 Lender address; City;                    | State; Zip Code                                | 10 Interest rate                       |  |
| Y 🔞   | > h last                                   | LAND Ty 77479                                  | 11 Maturity date                       |  |
| 12 Principal occupati   | on / Job title (See Instructions)          | 13 Employer (See Instructions)                 |  |  |
| 14 Description of Col   | lateral                                    | 15 Check if personal fundaccount (See Instruct | ds were deposited into political ions) |  |
| 16 GUARANTOR INFORMATION  | 17 Name of guarantor                       |  | 19 Amount Guaranteed (\$)              |  |
| not applicable  | 18 Guarantor address; City;                | State; Zip Code                                |  |  |
| 20 Principal Occupa   |  |  |  |  |
| Date of loan 4/24/21  | Name of lender out-of-state  ASHSH AGRAVAL | PAC (ID#:)                                     | Loan Amount (\$)                       |  |
| Is lender<br>a financial<br>Institution?  | Lender address; City;                      | State; Zip Code                                | Interest rate                          |  |
| Y 100   | SUGAR                                      | LAND TX 77479                                  | Maturity date                          |  |
| Principal occupat   | ion / Job title (See Instructions)         | Employer (See Instructions)                    |  |  |
| Description of Col  | lateral                                    | Check if personal fund account (See Instruct   | ds were deposited into political ions) |  |
| GUARANTOR<br>INFORMATION  | Name of guarantor                          | 1  | Amount Guaranteed (\$)                 |  |
|   | Guarantor address; City;                   | State; Zip Code                                | N.                                     |  |
| not applicable  |  |  | 5                                      |  |
| Principal Occupat   | ion (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

| ii tiie requested   | Information is not appli        | Cable, DO NO    | i morace uno pe  | ge the rep                              | 010                                   |
|---|---------------------------------|-----------------|------------------|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. |                                 |                 |                  | 1 Total pages Schedule E:               |                                       |
| 2 FILER NAME  | ASHISH AGRAWAL                  |                 |                  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UN   | ITEMIZED LOANS                  |                 |                  |   | \$                                    |
| 5 Date of loan 5/3/2\                                     | 7 Name of lender  ASHSH A       | out-of-state F  | PAC (ID#:        | )                                       | 9 Loan Amount (\$) \$2000/            |
| 6 Is lender<br>a financial<br>Institution?                | 8 Lender address;               | City;           | State;           | Zip Code                                | 10 Interest rate                      |
| Y 🕥   | × _                             | Sugar LA        | wo The           | 77479                                   | 11 Maturity date                      |
| 12 Principal occupation                                   | on / Job title (See Instruction | ns)             | 13 Employer (See | Instructions)                           |                                       |
| 14 Description of Colla                                   | ateral                          |                 |                  | if personal fund<br>nt (See Instruction | s were deposited into political ons)  |
| 16 GUARANTOR INFORMATION                                  | 17 Name of guarantor            |                 | d                |   | 19 Amount Guaranteed (\$)             |
| not applicable  | 18 Guarantor address;           | City;           | State;           | Zip Code                                |                                       |
| not applicable  |                                 |                 |                  |   |                                       |
| 20 Principal Occupat                                      | ion (See Instructions)          |                 | 21 Employer (See | Instructions)                           |                                       |
| Date of loan  | Name of lender                  | out-of-state    | PAC (ID#:        | 1                                       | Loan Amount (\$)                      |
| 5/14/21   | ASHISH A                        | 42AUAL          | ~                |   | 9500/-                                |
| Is lender<br>a financial<br>Institution?                  | Lender address;                 | City;           | State;           | Zip Code                                | Interest rate                         |
| Y 10  |                                 | sugar l         | AND To           | 77479                                   | Maturity date                         |
| Principal occupation                                      | n / Job title (See Instruction  | ns)             | Employer (See    | Instructions)                           |                                       |
| Description of Colle                                      | ateral                          |                 | Check            | if personal fund                        | s were deposited into political       |
| none  |                                 |                 |                  | nt (See Instruction                     |                                       |
| GUARANTOR<br>INFORMATION                                  | Name of guarantor               |                 |                  |   | Amount Guaranteed (\$)                |
|   | Guarantor address;              | City;           | State;           | Zip Code                                |                                       |
| not applicable  |                                 | ;=17 <b>3</b> ) | oute,            |   |                                       |
| Principal Occupation                                      | on (See Instructions)           |                 | Employer (See    | Instructions)                           |                                       |
| If le   | ATTACH AD                       |                 | IES OF THIS SCHE |   |                                       |

## 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 B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Pollin  y Gift/Awards/Memorials Expense Printt  Legal Services Salar | Repayment/Reimbursement<br>c Overhead/Rental Expense<br>g Expense<br>ng Expense<br>ies/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 ASH DSH AGR   | AWAL  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 4/23/21   | 5 Payee name<br>CSPAC  |   |   |
| 6 Amount (\$)  | 7 Payee address;   | City;   | State; Zip Code   |
| 9500/-   | 11418 DAK LAKE RIDER   | <del></del>   | 4WD Tx 77498  |
| 8  | (a) Category (See Categories listed at the top of this schedule  | (b) Description   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | CAMPAIGN ADVISOR   | · VOTER   | OUTRE4CH  |
|  | (c) Check if travel outside of Texas. Complete Schedule  | Check if Aust   | in, TX, officeholder living expense   |
| 9 Complete ONLY if direct expenditure to benefit C/Oh  | Candidate / Officeholder name  | Office sought   | Office held   |
| Date   | Payee name   |   |   |
| 2 27   |  |   |   |
| 4/27/21  | JIM RANDLE   |   | φ.  |
| Amount (\$)  | Payee address;   | City;   | State; Zip Code   |
| \$150/-  |  | STAFFOLD  | Tx  |
|  | Category (See Categories listed at the top of this schedule)   | Description   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | EVENT EXP  | CLOA  | rup   |
|  | Check if travel outside of Texas. Complete Schedule T  | Check if Austi  | n, TX, officeholder living expense  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought   | Office held   |
| Date   | Payee name   |   |   |
| 4/28/21  | BRANDING MATTERS   |   |   |
| Amount (\$)  | Payee address;   | City;   | State; Zip Code   |
| \$108.25   |  | FULFALAND   | Tx 77479  |
|  | Category (See Categories listed at the top of this schedule)   | Description   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Aov. Ex  | CAMPA   | IGN MATBRIAL  |
|  | Check if travel outside of Texas. Complete Schedule T.   | Check if Austin   | n, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought   | Office held   |
|  | ATTACH ADDITIONAL COPIES OF TH   | IIS SCHEDULE AS NEE   | DED   |
|  |  |   |   |

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Foot/Beverage Expense Gitt/Awards/Memorials Expense Lagal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name DEPOT 7 Payee address Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date XXAS CAMPAIGNLY Payee address; Amount (\$) City; State: Zip Code abod GENFIUS Category (See Categories listed at the top of this schedule) PURPOSE POLLWE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date THOMAS Amount (\$) Payee address: State: Zip Code MISSOUL CITY Category (See Categories listed at the top of this schedule) Description PURPOSE POLLING ET EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Contributions/Donations Made By 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 5 Pavee name CONNB ALION? 6 Amount 7 Pavee address: City: Zip Code PURPOSE OF Pour Workor EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date Payee address: Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Amount (\$ Payee address: State: Zip Code 77478 Category (See Categories listed at the top of this schedule) **PURPOSE**

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Credit Card Payment  | The Instruction Guide explains how to c                          |                                  | a category not listed above)   |
|--|--|----------------------------------|--|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME ASITISH AGRAM                                       | AL 3 Filer ID                    | (Ethics Commission Filers)   |
| 4 Date 5/4/2\  | 5 Payee name N. J. CONNEC  | TIONS                            |  |
| \$125)-  | 7 Payee address;   |                                  | te; Zip Code<br>77459  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description                  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | POLLING EXP  | VOTER Our                        | tedaci+  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, officehold  | der living expense   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought                    | Office held  |
| Date   | Payee name   |                                  |  |
| 5/4/21   | TEXAS CAMPALLIN.   | ľ                                |  |
| Amount (\$)  | Payee address;   | City; Sta                        | te; Zip Code   |
| \$250/-  | 9600 CTLENFIELD CT   | Houston T                        | ~ 77096  |
|  | Category (See Categories listed at the top of this schedule)     | Description                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | POLLING EXP  | Pour WORKOR                      |  |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Austin, TX, officehold  | er living expense  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought                    | Office held  |
| Date   | Payee name   |                                  |  |
| 5/6/21   | NAMASTU RADIO  |                                  |  |
| Amount (\$)  | Payee address;   | City; Sta                        | te; Zip Code   |
| \$100/-  | · · · · · · · · · · · · · · · · · · ·                            | HOUTTON: T                       | e  |
|  | Category (See Categories listed at the top of this achedule)     | Description                      | and the state of t |
| PURPOSE<br>OF<br>EXPENDITURE                                 | ADU EXP  | MEDIA                            | =  |
|  | Check if travel outside of Texas. Complete Schedule T            | Check if Auctin, TY, officeholds | ar living expense  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought                    | Office held  |
|  | ALIAGRADULLIONAL CUPIES OF THIS                                  | SUMEDULE AS NEEDED               |  |

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politica<br>Credit Card Payment     | The Instruction Guide explains how to c                          | /ages/Contract Labor<br>omplete this form. | Other (enter a cate     | gory not listed above) |
|--|--|--|-------------------------|------------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME ASITISH AGRAM                                       | AL   | 3 Filer ID (Eth         | lcs Commission Filers) |
| 4 Date 5/10(2)   | 5 Payee name MINUTEMAN PRESS                                     |  |                         |                        |
| 6 Amount (\$)  | 7 Payee address:   | City;                                      | State;                  | Zip Code               |
| \$4,200/-  | 1324 PIN DAK RD  | KATY                                       | TY                      | 77494                  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description                            |                         |                        |
| PURPOSE<br>OF<br>EXPENDITURE                               | PRINTING EXP   | CAMPI                                      | AIGN 1                  | MATERIAL               |
|  | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin,                           | . TX, officeholder livi | ng expense             |
| 9 Complete ONLY if direct expenditure to benefit C/OF      | Candidate / Officeholder name                                    | Office sought                              |                         | Office held            |
| Date   | Payee name   |  |                         |                        |
| 5/13/21  | BoA  |  |                         |                        |
| Amount (\$)  | Payee address;   | City;                                      | State;                  | Zip Code               |
| \$35/-   | 6  | Sugar                                      | how                     | Tr 77478               |
|  | Category (See Categories listed at the top of this schedule)     | Description                                | C.                      |                        |
| PURPOSE<br>OF<br>EXPENDITURE                               | Accounting BANKING   | FOUS                                       |                         |                        |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,                           | TX, officeholder living | ng expense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought                              |                         | Office held            |
| Date   | Payee name   | 4  |                         |                        |
| 6/1/21   | Bo A   |  |                         |                        |
| Amount (\$)  | Payee address;   | City;                                      | State;                  | Zip Code               |
| \$16/-   | Suca   | HE LAND                                    | Tx                      | 77478                  |
|  | Category (See Categories listed at the top of this achedule)     | Description                                |                         |                        |
| PURPOSE<br>OF<br>EXPENDITURE                               | ACCOUNTING /BANKIN   | FBB  | 2°S                     |                        |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,                           | TX, officeholder livin  | g expense              |
| Complete ONLY if direct expenditure to benefit C/OH        | Candidate / Officeholder name                                    | Office sought                              |                         | Office held            |
|  | ATTACH ADDITIONAL COPIES OF THIS S                               | CHEDULE AS NEED                            | ED                      |                        |

## 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

a 1 8

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

| Contributions/Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment   |  | ages/Contract Labor Other (  | Out Of District<br>enter a category not listed above) |
|--|--|--|---|
| 1 Total pages Schedule F1:   | 2 FILER NAME ASITISH AGRAM                                       | <del></del>  | r ID (Ethics Commission Filers)                       |
| 6/2/21   | 5 Payee name BoA, BANA   | - CARO   |   |
| 3 Amount (\$)  | 7 Payee address;   | City;  | State; Zip Code                                       |
| \$47-74  | Su   | cap land 1   | × 77478   |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | ACCOUNTING/BONKING   | Fees   |   |
|  | (G) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, off   | iceholder living expense                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought  | Office held   |
| Date   | Payee name   | The second secon |   |
| 7/1/21   | BA   |  |   |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                                       |
| \$16/-   | Suap   | e Laws T   | 4 77478   |
| The first state of the first sta | Category (See Categories listed at the top of this schedule)     | Description  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | ACCOUNTING/BANKING   | FAZ  | 2   |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Austin, TX, offi  | ceholder 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;   | Cíty;  | State; Zip Code                                       |
|  |  | 1940 <b>4</b> 90   | # 1 <b>*</b> 1  |
|  |  |  |   |
| PURPOSE<br>OF<br>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, office  | ceholder living expense                               |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name                                    | Office sought  | Office held   |
|  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEEDED   |   |

| The C/OH Instruction G  | Guide explains how   | to complete this form.   | 1 Filer ID (Ethics Com    | mission Filers)         | 2 Total pages fil                    | led:                  |
|---|--|--|---------------------------|-------------------------|--------------------------------------|-----------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS / MRS / MR<br>MRS   | FIRST<br>AFSHI   | 1                         | MI                      | OFFICE                               | USE ONLY              |
| NAME  | NICKNAME   | CHARANIA   |                           | SUFFIX                  | Date Received                        | EIVEN                 |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING                      | THE STATE OF STREET STREET, ST | IAM GREEN DR   | CITY; STATE; 2            | ZIP CODE                | JUL                                  |                       |
| ADDRESS Change of Address                                     | SUGAR LAN  | D, TX 77479  |                           |                         | BY: 6D                               | R                     |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | (832 )   | PHONE NUMBER 687-6097  | EXTENSION                 |                         |                                      | d or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / MR MS   | FIRST<br>SUMITA  |                           | MI                      | Receipt #                            | Amount \$             |
| 10 4012   | NICKNAME   | GHOSH  |                           | SUFFIX                  | Date Imaged                          |                       |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS ( 4607 KENESH SUGAR LAND  |  | SUITE #; CITY;            |                         | STATE;                               | ZIP CODE              |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | ( 713 )  | PHONE NUMBER 471-6620  | EXTENSION                 |                         |                                      |                       |
| 9 REPORT TYPE   | January 15   | 30th day before of   | election Runoff           |                         | 15th day at treasurer a (Officeholde |                       |
|   | July 15  | 8th day before ele   | ection Exceed Reporti     | ed Modified<br>ng Limit | Final Repo                           | rt (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month 1  | Day Year  / 1 / 21   | THROUGH                   | Month 6                 | Day Year / 21                        |                       |
| 11 ELECTION   | Month Day  | Primary  | Runoff                    | Other Description       |                                      |                       |
| 12 OFFICE   | OFFICE HELD (if any)   |  | FORT BE                   |                         | JSTEE POS                            | SITION 3              |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                         | THE CANDIDATE / OFFIC  | E OF POLITICAL CONTRIBUTIONS<br>EHOLDER. THESE EXPENDITURE<br>AND OFFICEHOLDERS ARE REQU | S MAY HAVE BEEN MADE WITH | HOUT THE CAND           | IDATE'S OR OFFICEHOL                 | LDER'S KNOWLEDGE OR   |
| (0)   | COMMITTEE TYPE   | COMMITTEE NAME   |                           |                         |                                      |                       |
| Additional Pages  | GENERAL  | COMMITTEE ADDRESS  |                           |                         |                                      |                       |
|   | SPECIFIC   | COMMITTEE CAMPAIGN TRE   | EASURER NAME              |                         |                                      |                       |
|   |  | COMMITTEE CAMPAIGN TR  | REASURER ADDRESS          |                         |                                      |                       |
|   |  | GO ТО  | PAGE 2                    |                         |                                      |                       |

| 15 C/OH NAME  | ANIIA  | 16 Filer ID (Ethics Commission Filers)       |
|---|--|--|
| AFSHI CHAR  | ANIA   | 20 C C C C C C C C C C C C C C C C C C C     |
| 17 CONTRIBUTION<br>TOTALS   | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHI<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | S O  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF  | LOANS) <sup>\$</sup> 0                       |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ <sub>0</sub>                              |
| ***********   | 4. TOTAL POLITICAL EXPENDITURES  | \$ <sub>0</sub>                              |
| CONTRIBUTION<br>BALANCE   | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD   |  |
| OUTSTANDING<br>LOAN TOTALS  | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAD LAST DAY OF THE REPORTING PERIOD  |  |
| (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed in the state of the state | Please complete either option Expires 06-04-2023 (ID 13204698-0  Defore me by AFSH1 CHARANIA   | below:  his the 157H day of TULY             |
|   | which, witness my hand and seal of office.   | 8  |
| Signature of officer administer   | ing oath Printed name of officer administering oath  | Title of officer administering oath          |
|   | OR   |  |
| (2) Unsworn Declaratio  | n  |  |
| My name is  | and my date of   | birth is                                     |
| My address is   |  | 8.   |
|   | (cteast)   | (state) (zip code) (country)                 |
| Executed in   | County, State of, on theday of   | (state) (zip code) (country)  (month) (year) |
|   | Signature o  | f Candidate/Officeholder (Declarant)         |

| The C/OH Instruction C                                       | Guide explains how to complete this form.   | 1 Filer ID (Ethics Commission Filers)                                     | 2 Total pages filed: 7  |
|--|---|---|---|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                        | MS / MRS / MR FIRST  MRS JUDY   | MI  | OFFICE USE ONLY   |
| NAME   | NICKNAME LAST DAE   | SUFFIX  | Date Received   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address |   | STATE; ZIP CODE<br>SAR LAND TX 77479                                      | JUL 27 2021<br>BY: GDK  |
| 5 CANDIDATE/   | AREA CODE PHONE NUMBER  | EXTENSION   |   |
| OFFICEHOLDER<br>PHONE  | (609 ) 216-4016   |   | Date Hand-delivered or Date Postmarked                                  |
| 6 CAMPAIGN<br>TREASURER                                      | MS / MRS / MR FIRST   | МІ  | Receipt # Amount \$   |
| NAME   | NICKNAME LAST   | SUFFIX  | Date Processed  |
|  | THO I WHE   | 30111   | Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                           | STREET ADDRESS (NO PO BOX PLEASE); APT / SL   | JITE #; CITY;   | STATE; ZIP CODE   |
| (Residence or Business)                                      |   |   |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                             | AREA CODE PHONE NUMBER  | EXTENSION   |   |
| 9 REPORT TYPE  | January 15 30th day before el   | ection Runoff   | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only) |
| <u></u>  | July 15 8th day before elec   | ction Exceeded Modified Reporting Limit                                   | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED   | Month Day Year  | Month   | Day Year  |
| COVERED  | 4 / 22 / 21   | THROUGH 7   | / 15 / 21   |
| 11 ELECTION  | ELECTION DATE   | ELECTION TYPE   |   |
|  | Month Day Year Primary  | Runoff Other Description  |   |
|  | 5 / 1 / 21 General  | Special   | 12  |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)   | )   |
|  | NONE  | FORT BEND I   | SD BOARD #2   |
| 14 NOTICE FROM<br>POLITICAL                                  | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS / THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR | ACCEPTED OR POLITICAL EXPENDITURES M. MAY HAVE BEEN MADE WITHOUT THE CAND | ADE BY POLITICAL COMMITTEES TO SUPPORT                                  |
| COMMITTEE(S)   | COMMITTEE TYPE   COMMITTEE NAME   |   |   |
| Additional Pages   | GENERAL COMMITTEE ADDRESS   |   |   |
|  | SPECIFIC COMMITTEE CAMPAIGN TREA  | ASURER NAME   |   |
|  | COMMITTEE CAMPAIGN TRE  | EASURER ADDRESS   |   |
|  | GO TO I   | PAGE 2  |   |
|  | GUIUI   | FAGE 4  |   |

| 15 C/OH NAME                              |  | 16 Filer ID (Ethics Commission Filers)  |
|---|--|---|
| 17 CONTRIBUTION<br>TOTALS                 | 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<br>TOTALS                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 569.24   |
|   | 4. TOTAL POLITICAL EXPENDITURES  | \$ 4,056.25   |
| CONTRIBUTION<br>BALANCE                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD   | \$ 4,300.72   |
| OUTSTANDING<br>LOAN TOTALS                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | * 0.00  |
|   | wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.  | and correct and includes all information  |
| (1) Affidavit                             | Please complete either option below GARRETT DUANE ROSIER 132267296 **NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 | adidate or Officeholder   |
| NOTARY STAMP/SEAL                         |  |   |
| Sworn to and subscribed                   | before me by Judy Dae this the   | 27 day of Jaly  |
| 20 21 to certify                          | which, witness my hand and seal of office.   |   |
| - CONTROL CONTROL AS                      | ou Govrett Duane Kosier Execul   |   |
| Signature of officer administe            | ring oath Printed name of officer administering oath  OR   | Title of officer administering oath   |
| (2) Unsworn Declaration                   |  |   |
| (_, _, _, _, _, _, _, _, _, _, _, _, _, _ |  |   |
| My name is                                | , and my date of birth is  |   |
| My address is                             | (distance)   | Intelligence of the second of |
| Executed in                               | (street) (city) (state of, on theday of(month)   | tate) (zip code) (country), 20 (year)   |
|   | Signature of Candida   | ate/Officeholder (Declarant)  |

## SUBTOTALS - C/OH

| 19  | FILER NAME 20  | Filer ID (Ethics Commission Filers) |  |
|-----|--|-------------------------------------|--|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                   | SUBTOTAL<br>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.  | S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              |                                     |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO.             | NTRIBUTIONS \$                      |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |                                     |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              | \$                                  |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU            | JSINESS OF C/OH \$                  |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT          | RIBUTIONS \$                        |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER | NS RETURNED \$                      |  |

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

| The                                      | Instruction Guide explains how to complete this form.                | 1 Total pages Schedule A1:              |  |  |  |
|--|--|---|--|--|--|
| 2 FILER NAME JUDY DA                     | E  | 3 Filer ID (Ethics Commission Filers)   |  |  |  |
| 4 Date                                   | 5 Full name of contributor out-of-state PAC (ID#:)  IUPAT            | 7 Amount of contribution (\$)           |  |  |  |
| 04/30/2021                               | 6 Contributor address; City; State; Zip Code                         | 1,500.00                                |  |  |  |
|  | 7234 Parkway Dr, Hanover, MD 21076                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |
| 8 Principal occup                        | pation / Job title (See Instructions)  9 Employer (See Instructions) | tions)                                  |  |  |  |
| Date                                     | Full name of contributor out-of-state PAC (ID#:)                     | Amount of contribution (\$)             |  |  |  |
| 05/05/2021                               | Domalapalli Kumar  | 100 00                                  |  |  |  |
|  | Contributor address; City; State; Zip Code                           | 100.00                                  |  |  |  |
| 3702 Springhill Ln, Sugar Land, TX 77479 |  |   |  |  |  |
| Principal occup                          | ation / Job title (See Instructions) Employer (See Instructions)     | tions)                                  |  |  |  |
| Date                                     | Full name of contributor out-of-state PAC (ID#:)                     | Amount of contribution (\$)             |  |  |  |
| 06/07/2021                               | Allen Owen   | 500 00                                  |  |  |  |
|  | Contributor address; City; State; Zip Code                           | 500.00                                  |  |  |  |
|  | 2022 Masters Ln, Missouri City, TX 77459                             |   |  |  |  |
| Principal occup                          | eation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                  |  |  |  |
| Date                                     | Full name of contributor out-of-state PAC (ID#:)                     | Amount of contribution (\$)             |  |  |  |
| 06/07/2021                               | David Rosenthal  | 150 00                                  |  |  |  |
| 00/01/2021                               | Contributor address; City; State; Zip Code                           | 150.00                                  |  |  |  |
|  | 6910 Oak Bay Cir, Missouri City, TX 77459                            |   |  |  |  |
| Principal occup                          | pation / Job title (See Instructions) Employer (See Instruc          | tions)                                  |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Credit Card Payment                                   | The Instruction Guide explains how to c                          | omplete this form. | Other (enter a catego       | ry not listed above) |
|---|--|--------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>JUDY DAE   |                    | 3 Filer ID (Ethics          | Commission Filers)   |
| 4 Date 04/26/2021                                     | 5 Payee name M3 GRAPHICS INC                                     |                    |                             |                      |
| 6 Amount (\$)   | 7 Payee address;   | City;              | State;                      | Zip Code             |
| 1,415.38  | 11730 Wilcrest Dr, Houston, TX 7709                              | 9                  |                             |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description    |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                          | ADVERTISING EXPENSE  | CAMPAIGN S         |                             |                      |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi     | in, TX, officeholder living | expense              |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought      |                             | Office held          |
| Date  | Payee name   |                    |                             |                      |
| 04/26/2021  | SUE HAUENSTEIN   |                    |                             |                      |
| Amount (\$)   | Payee address;   | City;              | State;                      | Zip Code             |
| 500.00  |  |                    |                             |                      |
|   | Category (See Categories listed at the top of this schedule)     | Description        |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                          | CONSULTING EXPENSE   | CAMPAIGN (         | CONSULTING                  |                      |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi     | in, TX, officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name                                    | Office sought      |                             | Office held          |
| Date  | Payee name   |                    |                             |                      |
| 04/29/2021  | JESSE TORRES   |                    |                             |                      |
| Amount (\$)   | Payee address;   | City;              | State;                      | Zip Code             |
| 120.00  |  |                    |                             |                      |
|   | Category (See Categories listed at the top of this schedule)     | Description        |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                          | ADVERTISING EXPENSE  | CAMPAIGN S         | IGNS                        | C-0012000            |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi     | in, TX, officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/OI   | Candidate / Officeholder name                                    | Office sought      |                             | Office held          |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEI    | EDED                        |                      |

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | Il Committee Legal Services Salaries A  The Instruction Guide explains how to a | Vages/Contract Labor | Other (enter a categor     |                      |
|--|---|----------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1:                             |   |                      | 3 Filer ID (Ethic          | s Commission Filers) |
| Date 05/11/2021  | 5 Payee name CARLOS MARTINEZ  |                      | <u> </u>                   |                      |
| 6 Amount (\$)  | 7 Payee address;  | City;                | State;                     | Zip Code             |
| 334.46   | 26 HESSENFORD STREET, SUGAR   |                      |                            | Zip Gode             |
| 3  | (a) Category (See Categories listed at the top of this schedule)                | (b) Description      |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | EVENT EXPENSES  | VOLUNTEER            | APPRECIAT                  | ION EVENT            |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                      | Check if Austin      | n, TX, officeholder living | j expense            |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name   | Office sought        |                            | Office held          |
| Date   | Payee name  |                      |                            |                      |
| 05/17/2021   | KEEPER'S RESTAURANT   |                      |                            |                      |
| Amount (\$)  | Payee address;  | City;                | State;                     | Zip Code             |
| 317.17   | 4654 Hwy 6, Sugar Land, TX 77478  |                      |                            |                      |
|  | Category (See Categories listed at the top of this schedule)                    | Description          |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | EVENT EXPENSES  | VICTORY PA           | RTY                        |                      |
| €  | Check if travel outside of Texas. Complete Schedule T.                          | Check if Austin      | n, TX, officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name   | Office sought        |                            | Office held          |
| Date   | Payee name  |                      |                            |                      |
| 05/24/2021   | ISABELLA KUMAR  |                      |                            |                      |
| Amount (\$)  | Payee address;  | City;                | State;                     | Zip Code             |
| 300.00   |   |                      |                            |                      |
|  | Category (See Categories listed at the top of this schedule)                    | Description          |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | CONSULTING EXPENSE  | CAMPAIGN LI          | AISON                      |                      |
|  | Check if travel outside of Texas. Complete Schedule T.                          | Check if Austin      | n, TX, officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/Oh    | Candidate / Officeholder name   | Office sought        |                            | Office held          |
|  |   |                      |                            |                      |

### 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

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

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

| Credit Card Payment  | The Instruction Guide explains how to d  | complete this form.         | Other (enter a catego        | ry not listed above) |
|--|--|-----------------------------|------------------------------|----------------------|
| Total pages Schedule F1:                                     | 2 FILER NAME<br>JUDY DAE   |                             | 3 Filer ID (Ethics           | Commission Filers)   |
| Date 07/15/2021  | 5 Payee name<br>SUE HAUENSTEIN   |                             |                              | ¥                    |
| 5 Amount (\$) 500.00   | 7 Payee address;   | City;                       | State;                       | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule)  CONSULTING EXPENSE | (b) Description  CAMPAIGN ( | CONSULTING                   | n n                  |
|  | (C) Check if travel outside of Texas. Complete Schedule T.                           | Check if Aus                | tin, 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<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)                         | Description                 |                              |                      |
|  | Check if travel outside of Texas. Complete Schedule T.                               | Check if Aust               | tin, 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<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)                         | Description                 |                              |                      |
|  | Check if travel outside of Texas. Complete Schedule T.                               | Check if Aust               | tin, 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 NE              | EDED                         |                      |
| orms provided by Texas Eth                                   | ics Commission www.ethics.state.tx.  | IIS                         |                              | Revised 8/17/20      |

| The C/OH Instruction  | Guide explains ho           | w to complete this form.       | 1 Filer ID (Ethics Commission Filers)            | 2 Total pages filed:  |
|---|-----------------------------|--------------------------------|--|---|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS/MRS/MR<br>Sh<br>NICKNAME | FIRST<br>Urley A<br>BOSO COL   | SUFFIX   | OFFICE USE ONLY  Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE                   | BonneyBria                     | CITY; STATE; ZIP CODE                            | JUL 2 0 2021  BY: 60X  Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER<br>NAME   | MS) MRS / MR ROSS           | FIRST<br>Si<br>Cast<br>Caulloz | SUFFIX   | Receipt # Amount \$ Date Processed  Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)                                   | 1                           | (NO PO BOX PLEASE); APT / SL   |  | STATE; ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE ( 28( )           | PHONE NUMBER                   | EXTENSION  |   |
| 9 REPORT TYPE   | January 15 July 15          | 30th day before elec           |  | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Atlach C/OH - FR)                        |
| 10 PERIOD<br>COVERED  | Month O                     | Day Year / 16 / 2021           | Month  | Day Year / 30 / 20 2 (  |
| 11 ELECTION   | Month Day                   | Year Primary                   | ELECTION TYPE  Runoff Other Description  Special |   |
| 12 OFFICE   | FBISD T                     | rustee, Positio                | 13 OFFICE SOUGHT (if known                       | n)  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages   |                             |                                | ED TO REPORT THIS INFORMATION ONLY IF T          | IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
|   |                             | GO TO P                        | AGE 2  |   |

| 15 C/OH NAME                    | Shirley Rose-Giu   | IAM 16                               | Filer ID (Ethics Commission Filers)    |
|---------------------------------|--|--------------------------------------|--|
| 17 CONTRIBUTION<br>TOTALS       |  | CONTRIBUTIONS (OTHER THAN            | \$                                     |
|                                 | 2. TOTAL POLITICAL CONTRIB:<br>(OTHER THAN PLEDGES, LOAN:  | UTIONS<br>S, OR GUARANTEES OF LOANS) | \$ 6                                   |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL  | EXPENDITURE.                         | \$ 6                                   |
|                                 | 4. TOTAL POLITICAL EXPENDIT  | URES                                 | \$ 0                                   |
| CONTRIBUTION<br>BALANCE         | 5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD  | DNS MAINTAINED AS OF THE LAST D      | s 7,64                                 |
| OUTSTANDING<br>LOAN TOTALS      | 6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING   | ALL OUTSTANDING LOANS AS OF TH       | #E \$ 6                                |
|                                 | wear, or affirm, under penalty of perjury, tha<br>guired to be reported by me under Title 15, Ele      |                                      | Du felle                               |
|                                 | Please comple  | ete either option below:             |  |
| (1) Affidavit                   | GARRETT DUANE ROSIER  132267296  NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 |                                      |  |
| NOTARY STAMP/SEAL               |  | . Wa                                 |  |
|                                 | before me by Shirley Rose - Gri  | 11iam this the 20                    | day of Jaly,                           |
| 1 10                            | pin Garrett Duane Rosie  | . 6. 1 1.1                           | 1 - 1 - 1 -                            |
| Sanety Duas K                   | l  |                                      | ent to the to                          |
| Signature of officer administer | ing oath Printed name of officer   | administering oath                   | Title of officer administering oath    |
| the state of the second         |  | R                                    |  |
| (2) Unsworn Declaration         | n  |                                      |  |
| My name is                      |  | , and my date of birth is            |  |
| My address is                   |  |                                      | *                                      |
| IAS2 SE-                        | (street)   | (city) (state)                       |  |
| Executed in                     |  |                                      | (zip code) (country)<br>, 20<br>(year) |
|                                 |  | Signature of Candidate/C             | Officeholder (Declarant)               |

## SUBTOTALS - C/OH

| Shirley Rose-GILLIAM 20 Filer ID (Ethics Co  | ommission Filers)  |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ 6               |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ 0               |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | s <u>e</u>         |
| 4. SCHEDULE E: LOANS   | \$ 0               |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | s                  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 6               |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$ &               |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ 0               |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ 6               |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ _               |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0               |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ -               |

| The C/OH Instruction G  | uide explains how                             | to complete this form.                                   | 1 Filer ID (Eth    | ics Commission Filers)                 | 2 Total pages filed:   |
|---|---|--|--------------------|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS (MRS) MR                                   | FIRST<br>Angre   |                    | M                                      | OFFICE USE ONLY  |
| NAME  | NICKNAME                                      | Hanan  |                    | SUFFIX                                 | Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | 903 GO  | apt/suite#; o  | Sugar L            | N-1284 PSS-N25- 3-10-0-3-0-4-3-0-3-0-4 | JUL 1 9 2021   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | ( 201)  | PHONE NUMBER 460-0336                                    |                    | ENSION                                 | Date and delivered or Date Postmarked  Receipt #   Amount \$   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS/MRS/MR                                     | Wendy Wendy  | *** ******* *****  | MI                                     | Date Processed   |
|   | NICKNAME                                      | Rachuk   |                    | SUFFIX                                 | Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | ,   | NO PO BOX PLEASE): APT / SI                              |                    | Missour                                | STATE: ZIP CODE  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE                                     | PHONE NUMBER   |                    | ENSION                                 |  |
| 9 REPORT TYPE   | January 15                                    | 30th day before e  | lection            | Runoff                                 | 15th day after campaign treasurer appointment (Officeholder Only)  |
|   | July 15                                       | 8th day before ele                                       | ection             | Exceeded Modified<br>Reporting Limit   | Final Report (Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED  | Month   | Day Year / 16/2021                                       | THROUGH            | Month $\phi$                           | Day Year / 30 / 2021   |
| 11 ELECTION   | Month Day                                     | Year Primary   | Runoff Special     | Other Description                      |  |
| 12 OFFICE   | OFFICE HELD (if any) FBISD Tru                | istee, Positio   | 100                | CE SOUGHT (if known                    | )  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                         | THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE | E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES | ACCEPTED OR POLITI | DE WITHOUT THE CANE                    | ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
|   | COMMITTEE TYPE                                |  |                    |  |  |
| Additional Pages  | GENERAL                                       | COMMITTEE ADDRESS  |                    |  |  |
|   | SPECIFIC                                      | COMMITTEE CAMPAIGN TRE                                   | ASURER NAME        | 000                                    |  |
|   | M   | COMMITTEE CAMPAIGN TR                                    | EASURER ADDRES     | S                                      |  |
|   |   | go то  | PAGE 2             |  |  |

| 15 C/OH NAME  | . \\   | 16 Filer ID (Ethics Commission Filers)     |
|---|--|--|
| 17 CONTRIBUTION   | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN                                     | angue hanan a gmail-con                    |
| TOTALS  | 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<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 0                                       |
| a construct a matrice of a  | 4. TOTAL POLITICAL EXPENDITURES  | \$   |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS                                | \$ 142.35                                  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD | \$ 142.35<br>FTHE \$ 1800.00               |
|   | wear, or affirm, under penalty of perjury, that the accompanying report is tru           | e and correct and includes all information |
| rec   | uired to be reported by me under Title 15, Election Code.                                |  |
|   | anthan   |  |
|   | Signature of Ca  | andidate or Officeholder                   |
|   |  |  |
|   |  |  |
|   | Please complete either option below  | N;   |
| 8   | GARRETT DUANE ROSIER   |  |
| 8   | 132267296<br>**NOTARY PUBLIC, STATE OF TEXAS   |  |
| (1) Affidavit   | NOVEMBER 25, 2023  |  |
| •   |  |  |
| NOTARY STAMP/SEA  | A n  | 10 TL                                      |
| 1   | 3  |  |
| 20 21 to certify  | Roser Garrett Dane Posier Executive A  | and I to the ROT                           |
| Signature of officer administr  | **************************************   | Title of officer administering oath        |
|   | OR OR  |  |
| (2) Unsworn Declarat  | on   |  |
| Munamaia  | , and my date of birth i   | S  |
| Lance control of the |  |  |
|   |  | (state) (zip code) (country)               |
| Executed in   | County, State of , on the day of<br>(mon   | th) , 20 (year) .                          |
|   | Signature of Cano  | lidate/Officeholder (Declarant)            |

## SUBTOTALS - C/OH

| 9 FILER NAME 20 Filer ID (Ethics Co                                       |                  |        |           |
|---|------------------|--------|-----------|
| Angie Hanan   | angui hanan      | @ amai | Lacom     |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE                                    | Ü                | SUBTO  | OTAL      |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |                  | \$ E   | 7         |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS            |                  | \$     |           |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                      |                  | \$     |           |
| 4. SCHEDULE E: LOANS  | 2                | \$     |           |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON            | NTRIBUTIONS      | \$     |           |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                               |                  | \$     |           |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (             | CONTRIBUTIONS    | \$     |           |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                          |                  | \$     |           |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN              | IDS              | \$     |           |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A            | BUSINESS OF C/OH | \$     |           |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO         | NTRIBUTIONS      | \$     |           |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED    | \$ .   | $\bigvee$ |

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / OFFICE USE ONLY GRATLE **OFFICEHOLDER** NAME Date Received JAMES NICKNAME 1 810 MAIDENITE # CITY. ADDRESS / PO BOX. 4 CANDIDATE / ZIP CODE **OFFICEHOLDER** MAILING SUGARLAND, TX 77979 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 565-7191 (186) PHONE Receipt # Amount \$ MRS / MR 6 CAMPAIGN **TREASURER** SHARON Date Processed NAME NICKNAME SUFFIX Date Imaged C-REGORY STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #: STATE ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** RICHMUND, 7x 77406 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION** TREASURER (832). 443-3502 PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 15/ 07/ 21 16 21 THROUGH UI ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Day Month Year General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

| 15 C/OH NAME                    | HILE TAMES   | <b>16</b> F               | Filer ID (Ethics Commission Filers)   |
|---------------------------------|--|---------------------------|---|
| 17 CONTRIBUTION<br>TOTALS       |  |                           |   |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GL                                     | JARANTEES OF LOANS)       | \$ .06  |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL EXPEND   | ITURE                     | \$ -  |
|                                 | 4. TOTAL POLITICAL EXPENDITURES  | A                         | \$ 748,77   |
| CONTRIBUTION<br>BALANCE         | 5. TOTAL POLITICAL CONTRIBUTIONS MAIN<br>OF REPORTING PERIOD   | NTAINED AS OF THE LAST DA | \$ 530.67   |
| OUTSTANDING<br>LOAN TOTALS      | TOTAL PRINCIPAL AMOUNT OF ALL OUT: LAST DAY OF THE REPORTING PERIOD                                    | STANDING LOANS AS OF THE  | s Ø   |
|                                 | Please complete eitl   | Signature of Candida      | te or Officeholder  |
| (1) Affidavit                   | GARRETT DUANE ROSIER 3 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023 |                           |   |
|                                 | before me by Grayle James  | this the 12               | day of July   |
| 20 21 , to certify w            | which, witness my hand and seal of office.   | Executive Assistan        |   |
| Signature of officer administer | ing oath Printed name of officer administ  | ering oath                | Title of officer administering oath   |
|                                 | OR   |                           | TO THE STATE OF T |
| (2) Unsworn Declaratio          | n  |                           |   |
| My name is                      |  | and my date of birth is   |   |
| My address is                   |  | inj sale of bill is       |   |
|                                 | (street)   | (city) (state)            | (zip code) (country)  |
| Executed in                     | County, State of, on the _   | 35 3530 5 123             | , 20<br>(year)  |
|                                 |  | Signature of Candidate/Of | ficeholder (Declarant)  |

## SUBTOTALS - C/OH

| 19  | GRAYLE JAMES  20 Filer ID (Ethics Con  | nmission Filers)   |
|-----|--|--------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>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              | 5 748.7)           |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |
| 7.  | SCHEDULE F3. PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                 |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                 |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | s.06               |

#### 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
Cedit 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)

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 GRAYLEJAMES 3 Filer ID (Ethics Commission Filers) 5 Payee name 4 Date DAVID OR GIZA TLE TIME T 7 Payee address: City: 5/12/21 6 Amount (\$) State: Zip Code \$748.77 SugarLand, Tr 77775

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

| ir the reques                    | sted information is not applicable, DO NOT include this pa  | ge in the report.                              |        |
|----------------------------------|---|--|--------|
| The                              | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule K:                      |        |
| 2 FILER NAME                     | AYLEJAME  | 3 Filer ID (Ethics Commission Filer            | s)     |
| 4 Date  Vary  Vak  1/30  (/30/21 | 5 Name of person from whom amount is received  WELLS FARGO  6 Address of person from whom amount is received; City; | State; Zip Code                                |        |
|                                  | 7 Purpose for which amount is received Che  | ck 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 Che  | ck 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 Che  | ck if political contribution returned to filer |        |
| Date                             | Name of person from whom amount is received   | Amoun  | t (\$) |
|                                  | Address of person from whom amount is received: City;   | State; Zip Code                                |        |
|                                  | Purpose for which amount is received Che  | ck if political contribution returned to filer |        |
|                                  | ATTACH ADDITIONAL COPIES OF THIS SCHEE  | DULE AS NEEDED                                 |        |

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

|              | JOHAN ON THAT I ON   | FORM OF OTT - TR  |
|--------------|--|---|
|              | The Instruction Guide explains how to complete the   | nis form.   |
|              | •• Complete only if "Report Type" on page 1 is marked  | "Final Report"  |
| 1 C/OH       | GRAFLE JAMES   | 2 Filer ID (Ethics Commission Filers)   |
| 3 SIGN       | ATURE  |   |
| design       | of expect any further political contributions or political expenditures in connection valuing a report as a final report terminates my campaign treasurer appointment. I sign contributions or make any campaign expenditures without a campaign treasurer   | also understand that I may not accept any   |
|              | Sig  | gnature of Candidate / Officeholder   |
| 10 95 WARREN | R WHO IS NOT AN OFFICEHOLDER  uplete A & B below only if you are not an officeholder. ••   |   |
| A.           | CAMPAIGN FUNDS   |   |
| Che          | ck only one:   |   |
|              | I do not have unexpended contributions or unexpended interest or income earn   | ned from political contributions.   |
| ×            | I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest of personal use. I also understand that I must file an annual report of unexpertune unexpended contributions or unexpended interest or income earned on political filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the requirements. | r income earned on political contributions to<br>nded contributions and that I may not retain<br>at contributions longer than six years after<br>political contributions and unexpended |
| В.           | ASSETS   |   |
| Che          | ck 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 incomplete that I may not convert assets purchased with political contributions or interest of personal use. I also understand that I must dispose of assets purchased with prequirements of Election Code, § 254.204.  | or other income from political contributions to   |
|              |  | Signature of Candidate  |
|              | CEHOLDER  Implete this section only if you are an officeholder ••  |   |
|              | I am aware that I remain subject to filing requirements applicable to an officeholder file. I am also aware that I will be required to file reports of unexpended contribut an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.   | ions if, after filing the last required report as   |
|              |  | Signature of Officeholder   |

| The C/OH Instruction (  | Guide explains how           | to complete this form.   | 1 Filer ID       | (Ethics Commission Filers)                         | 2 Total pages            | filed.   |
|---|------------------------------|--|------------------|--|--------------------------|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR  MS,  NICKNAME | FIRST<br>KNIST<br>LAST<br>MALO   |                  | D.<br>SUFFIX                                       | OFFIC<br>Date Received   | E USE ONLY   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  |                              |  | CITY. S          |  | JUL                      | 3 0 2021   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE (713)              | PHONE NUMBER<br>298-9619   | Ε                | EXTENSION  | Date Hand-delivere       | ed or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS/MRS/MR  M.  NICKNAME      | BRIAN<br>LAST<br>MALO  | NZ               | W.   | Date Imaged              | Amount 3   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | 3010                         | NO PO BOX PLEASE). APT 1:<br>VILLA LANG<br>OURI CITY.  |                  | CITY,  | STATE,                   | ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE                    | PHONE NUMBER   |                  | XTENSION   |                          |  |
| 9 REPORT TYPE   | January 15  July 15          | 30th day before  |                  | Runoff  Exceeded Modified Reporting Limit          | treasurer<br>(Officehold | after campaign<br>appointment<br>der Onlyj<br>ort (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month 4                      | Day Year / 19/21   | THROUG           | Month  GH  | Day Ye                   |  |
| 11 ELECTION   | Month Day                    | Year Primary   |                  | Description  |                          |  |
| 12 OFFICE   | OFFICE HELD (if any)         |  | # S.222 9        | OFFICE SOUGHT (If known)  OFFICE SOUGHT (If known) | S TRUSTE                 | é #6   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                   | THE CANDIDATE / OFFI         | CE OF POLITICAL CONTRIBUTIONS<br>CEHOLDER. THESE EXPENDITURE<br>AND OFFICEHOLDERS ARE REQU<br>COMMITTEE NAME | S ACCEPTED OR PO | LITICAL EXPENDITURES MA<br>MADE WITHOUT THE CANDI  | DE BY POLITICAL CO       | MMITTEES TO SUPPORT  |
| Additional Pages  | GENERAL<br>SPECIFIC          | COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TR   | EASURER NAME     |  |                          |  |
|   |                              | COMMITTEE CAMPAIGN TR  |                  | ESS  |                          |  |
|   |                              | 6010   | PAGE 2           |  |                          |  |

#### FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME KNISTEN D. MALONE TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS \$ 1,25000 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. TOTALS \$ 2352.71 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,253.81 BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 6. \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD crect and includes all information I swear, or affirm, under penalty of perjury, that the accompanying report is true and 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: HERNAN PEREZ Notary ID #132672008 (1) Affidavit My Commission Expires September 11, 2024 NOTARY STAMP/SEAL Kristen D Malone this the 30 day of Ju Swom to and subscribed before me by to certify which, witness my hand and seal of office. Notary Pub Hernan Verez Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is Missouricity 125 A (zip code) (country) (city) (state) Capdidate 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 explai                                       | ns how to complete th         | nis form.                 | 1 Total pages Schedule A1;            |
|--|-------------------------------|---------------------------|---------------------------------------|
| KRISTEN D. M.  | ALONÉ                         |                           | 3 Filer ID (Ethics Commission Filers) |
| Date  5 Full name of contribute  CLINTON  6 Contributor address:   | 7 Amount of contribution (\$) |                           |                                       |
| Principal occupation / Job title (See Instr                        | uctions)                      | 9 Employer (See Instruc   | tions)                                |
| Date Full name of contribut  4/26/24                               |                               | State; Zip Code           | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instru                       | uctions)                      | Employer (See Instruc     | tions)                                |
|  |                               | State; Zip Code           | 50 49                                 |
| Principal occupation / Job title (See Instr                        | uctions)                      | Employer (See Instruc     | itions)                               |
| Date Full name of contribut  5/6/21 S HANNON  Contributor address: | NEWMAN                        | PAC (ID#) State; Zip Code | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instr                        | uctions)                      | Employer (See Instru      | (ctions)                              |
|  |                               | S OF THIS SCHEDULE AS     |                                       |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

| FILER NAME                                     | KRISTEN D. MALONE  |                           | 3 Filer ID (Ethics Commission Filers              |  |
|--|--|---------------------------|---|--|
| 4/26/2/  | 5 Full name of contributor out-of-state PAC (ID#)  Urcronit Ponten  6 Contributor address; City. State. Zip Code |                           | 7 Amount of contribution (\$)  \$\forall J_0.00\$ |  |
| Principal occu                                 | pation / Job title (See Instructions) 9  | Employer (See Instruction | ons)  |  |
| Date   | Full name of contributor out-of-state PAC (IDs   | #)                        | Amount of contribution (\$)                       |  |
|  | Contributor address; City,   |                           |   |  |
| Principal occup                                | pation / Job title (See Instructions)  | Employer (See Instruction | ons)  |  |
| Date Full name of contributor out-of-state PAG |  | #)                        | Amount of contribution (\$)                       |  |
|  | Contributor address. City;   |                           |   |  |
| Principal occu                                 | pation / Job title (See Instructions)  | Employer (See Instructi   | ons)  |  |
| Date   | Full name of contributor out-of-state PAC (ID  | )#)                       | Amount of contribution (\$)                       |  |
|  | Contributor address, City.   | State; Zip Code           |   |  |
|  |  | Employer (See Instruct    | ions)   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE F1

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

| II the requested iii  | EXPENDITURE CATEGORIES   |   |   |                         |
|---|--|---|---|-------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Represe Office Over Food/Beverage Expense Polling Expense Printing Expen | ayment/Reimbursement<br>erhead/Rental Expense<br>opense<br>xpense<br>Vages/Contract Labor | Solicitation/Fundrais<br>Transportation Equip<br>Travel In District<br>Travel Out Of Distric<br>Other (enter a catego | oment & Related Expense |
| 1 Total pages Schedule F1:  | ERISTEN D. MALONE  |   | 3 Filer ID (Ethic   | s Commission Filers)    |
| 4 Date 4/19/21  | 5 Payee name 60 DADDY  |   |   |                         |
| 6 Amount (\$)   | 7 Payee address:   | City.   | State.  | Zip Code                |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  Abvers; 5; NF  | (b) Description   | TE  | » 1. ·                  |
|   | (c) Check if travel outside of Texas. Complete Schedule T  | Check if Austin, TX, officeholder living exper-   |   | g expense               |
| 9 Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name<br>H   | Office sought   |   | Office held             |
| Date 4 /22   2  | Payee name  FACE BOOK  |   |   | IF we see               |
| Amount (S)  | Payee address,   | City;   | State;  | Zip Code                |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description<br>いさ8  | rite  | 1 - 25- 1               |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Austin TX, officeholder living expense   |   | g expense               |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name  | Office sought   |   | Office held             |
| Date 4/22/2/  | Payee name  FACEBOOK   | 2 6-3   |   | grante                  |
| Amount (\$)   | Payee address:   | City,   | State,  | Zip Code                |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  ADVENTISING  | Description WEBS  | ité   | Ť                       |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Aust   | in, TX. officeholder livin  | g expense               |
| Complete ONLY if direct expenditure to benefit C/C  | Candidate / Officeholder name  | Office sought   |   | Office held             |
|   | ATTACH ADDITIONAL CODIES OF THIS   | S SCHEDIII E AS NE  | EDED  |                         |

#### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 o  | complete this form.                             |                                      |  |
|--|--|---|--------------------------------------|--|
| Total pages Schedule F1                                    | 2 FILER NAME KNISTEN D. MALO   |   | 3 Filer ID (Ethics Commission Filers |  |
| Date 4/23/2/   | 5 Payee name  FALEBOOK   |   | •                                    |  |
| 4 (0.00  | 7 Payee address  | City;   | State: Zip Code                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  AD USATISTNG | (b) Description                                 | É                                    |  |
|  | (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/O         | Candidate / Officeholder name  | Office sought                                   | Office held                          |  |
| Date 4/26/24   | Payee name FACE BOOK   |   |                                      |  |
| Amount (S)  4 /5.00  | Payee address;   | City;   | State; Zip Code                      |  |
| PURPOSE<br>OF  | Category (See Categories listed at the top of this schedule)  ANUSITIS ING     | Description WEBS                                | iré                                  |  |
| EXPENDITURE  | Chack 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/OI | Candidate / Officeholder name  | Office sought                                   | Office held                          |  |
| Date 4/26/21   | Payee name  CAGBOOK  |   |                                      |  |
| Amount (\$)  | Payee address.   | City;   | State. Zip Code                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  ADVENTISING      | Description WIBS                                | ITE                                  |  |
|  | Check if travel cuts de of Texas. Complete Schedule T                          | Check if Austin, TX officeholder living expense |                                      |  |
| Complete ONLY if direct                                    | Candidate / Officeholder name  | Office sought                                   | Office held                          |  |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services 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) 5 Payee name 4 Date 6 Amount (\$ 7 Payee addre City State Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE ADJENTIS; NG WEBSITE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date REGIONS BANK State Zip Code City 9 8.00 Category (See Categories listed at the top of this schedule) Description PURPOSE BANKING FEE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address City: Zip Code \$ 35.00 Category (See Categories listed at the top of this schedule) Description PURPOSE OF ADJENTISING WEBSITE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder Lying expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

|   | EXPENDITURE CATEGORIES I   | FOR BOX 8(a)                  |  |                           |
|---|--|-------------------------------|--|---------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment | Fees Office Ove Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Ex                            | pense<br>/ages/Contract Labor | Travel In District<br>Travel Out Of Distri | pirient & Related Expense |
| 1 Total pages Schedule F1.  | 2 FILER NAME KRISTEN D. MALONE   | •                             | 3 Filer ID (Ethic                          | s Commission Filers)      |
| 4 Date 5/3/21   | Krister D. Malore 5 Payee name DMR RESOURCES   |                               |  |                           |
| 6 Amount (S)  | 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               | 746E                                       |                           |
|   | (c) Check if travel outside of Texas. Complete Schedule T  | Check if Aus                  | tin TX, officeholder livin                 |                           |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought                 |  | Office held               |
| Date  | Payee name   |                               |  |                           |
| 5/7/21  | MIBDLEMAN MESSEN   | GER                           |  |                           |
| Amount (S)  | Payee address.   | City;                         | State;                                     | Zip Code                  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description  REFUND C         | ORPORATE                                   | CONTRIBUTION              |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Aus                  | tin TX officeholder livir                  | ng expense                |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought                 |  | Office held               |
| Date 5/7/21   | Payee name  NEGIONS BANK   |                               |  |                           |
| Amount (5)  | Payee address:   | City;                         | State                                      | Zip Code                  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  Cless  Check if travel outside of Texas. Complete Schedule T |                               | NG FEE                                     |                           |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officeholder name  | Office sought                 | 5  | Office held               |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                | EDED                                       |                           |

### SCHEDULE F1

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

|   | EXPENDITURE CATEO  | SORIES FOR BOX 8(a)   |   |
|---|--|---|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Ponting Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out Of District<br>Other (enter a category not listed above) |
| 1 Total pages Schedule F1.  | 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/10/21  | FRAYER SUPPLY  |   |   |
| 6 Amount (S)<br>4 276.20  | 7 Payee address,   | City  | State: Zip Code   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this s |   | For SiGHS   |
|   | (c) Check if travel outside of Texas. Complete Sci       | hedule T Check if Austi   | in TX officeholder living expense   |
| 9 Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name                            | Office sought   | Office held   |
| Date 5/10/21  | Payee name  Go DANNY                                     |   |   |
| Amount (\$)   | Payee address;   | City;   | State; Zip Code   |
| \$ 31.97  |  |   |   |
| PURPOSE<br>OF   | Category (See Categories listed at the top of this so    | Description (いるの)   | TE I BETTE  |
| EXPENDITURE   | Chack if travel outside of Texas. Complete Sc            |   | n TX officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                            | Office sought   | Office held   |
| Date  | Payee name   |   |   |
| 5/11/21   | CANVA  |   |   |
| Amount (\$)  9 / 2.99   | Payee address:   | City;   | State: Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this so    |   | N JUBSCRIPTION  |
|   | Check if travel outside of Texas. Complete Sci           | nedule T. Check if Austin   | n, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                            | Office sought   | Office held   |
|   | ATTACH ADDITIONAL COPIES                                 | OF THIS SCHEDULE AS NEE   | EDED  |

### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Credit Card Payment  | The Instruction Guide explains how to c  | omplete this form.   |                                       |
|--|--|----------------------|---------------------------------------|
| 1 Total pages Schedule F1                                  | 2 FILER NAME KRISTEN D. MALONE   | -                    | 3 Filer ID (Ethics Commission Filers) |
| 5/13/21  | 5 Payee name  FACEBOOK   |                      |                                       |
| 4 7.00   | 7 Payee address,   | City                 | State. Zip Code                       |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  ADVINTISANG      | (b) Description      | ité                                   |
|  | (c) Check if travel outside of Texas. Complete Schedule T                          | Check if Austi       | n TX officeholder living expense      |
| Omplete ONLY if direct expenditure to benefit C/Ol         | Candidate / Officeholder name<br>H   | Office sought        | Office held                           |
| 5/26/2/  | Payee name  ALLIED PLASTIC   |                      | 7                                     |
| Amount (S) 72 28.00  | Payee address,   | City:                | State; Zip Code                       |
| PURPOSE<br>OF<br>EXPENDITURE                               | SolicitAtion Expense   | Description  5, GNAC | SE MATERIALS                          |
|  | Chack if travel outside of Texas. Complete Schedule T.                             | Check if Austr       | n TX. officeholder living expense     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name<br>H   | Office sought        | Office held                           |
| Date 6/1/14  | CPC HOUSTON  |                      |                                       |
| Amount (5)   | Payee address:   | City                 | State, Zip Code                       |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  SOLICITATION EXPENSE | Description STAKES   | s For SiGNS                           |
|  | Check if travel cutside of Texas. Complete Schedule T                              | Check if Austr       | n. TX. officeholder living expense    |
| Complete ONLY if direct expenditure to benefit C/OI        | Candidate / Officeholder name  | Office sought        | Office held                           |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE      | EDED                                  |

## SCHEDULE F1

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

|   | EXPENDITURE CATEGORIES  | FOR BOX 8(a)                                     |   |
|---|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office Ov<br>Food/Beverage Expense Polling E<br>y Gift/Awards/Memorials Expense Printing 6 | Expense<br>Wages/Contract Labor                  | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
| 1 Total pages Schedule F1.  | 2 FILER NAME KNISTEN D. MALONO  | <u> </u>   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 6/8/2/   | 5 Payee name Go DA AAY  |  |   |
| 6 Amount (\$)   | 7 Payee address;  | City:  | State: Zip Code   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  A AUSINTIST NG                | (b) Description                                  | 776   |
|   | (c) Check if travel outside of Texas. Complete Schedule T                                       | 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 6/23/21  | Payee name  ALLIED PLASTIC  |  |   |
| Amount (S)  | Payee address;  | City;  | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  5.6 Licitation Expense            | Description<br>SiGNAG                            | E MATERTAL  |
|   | Check if travel outside of Texas. Complete Schedule T.  | Check if Aust                                    | in TX officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI  | Candidate / Officeholder name   | Office sought                                    | Office held   |
| Date  | Payee name  |  |   |
| 7/8/21  | GO DADDY  |  | 7.004   |
| Amount (5)  | Payee address.  | City   | State, Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  A DUSTISTING                      | Description  Wassin                              | E   |
|   | Check if travel outside of Texas, Complete Schedule T.  | Check if Aus                                     | tin TX officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name   | Office sought                                    | Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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p. 1 of 5

|   | TE / OFFICEHOLDER<br>N FINANCE REPORT  | FORM C/OH<br>COVER SHEET PG 1                                     |
|---|--|---|
| The C/OH Instruction G  | Guide explains how to complete this form.  | 2 Total pages filed: 5  |
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | ms/mrs/mr First mes D.   | OFFICE USE ONLY   |
| NAME  | NICKNAME Jim LAST Rice SUFFIX  | Date Received   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5402 Oban Terrace Lane Sugar Land, Tx. 77479  | JUL 13 2021<br>BY: 6DR  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE PHONE NUMBER EXTENSION (281) 980 · 8071  | Date Hand-delivered or Date Postmarked  Receipt #   Amount \$     |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS ) MR FIRST Dorothy S.  NICKNAME LAST SUFFIX   | Date Processed  Date Imaged                                       |
|   | Suzanne Ramos  | 200100000000000000000000000000000000000                           |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY;  3907 SCNNA Place  Sugar Lama, Tx. 77479   | STATE; ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER EXTENSION (281) 980.9051  | 3   |
| 9 REPORT TYPE   | January 15 30th day before election Runoff   | 15th day after campaign treasurer appointment (Officeholder Only) |
|   | July 15 Exceeded Modified Reporting Limit  | Final Report (Attach C/OH - FR)                                   |
| 10 PERIOD<br>COVERED  | Month Day Year Month 6   | Day Year 2021   |
| 11 ELECTION   | Month Day Year Primary Runoff Other Description  |   |
| 181 0   | 5/4/19 General Special   |   |
| 12 OFFICE   | Position 3   | m)  |
| 14 NOTICE FROM POLITICAL                                      | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF | NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR                          |
| COMMITTEE(S)  | COMMITTEE TYPE   COMMITTEE NAME  |   |
| Additional Pages  | GENERAL COMMITTEE ADDRESS  |   |
| 444   | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME   |   |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |
|   | GO TO PAGE 2   |   |

p. 2 of 5

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) James D. Rice 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 0.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 0,00 TOTALS From Scheduc 305.24 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 222.76 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 18,534.41 LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Please complete either option below: CHRISTEL A CORRAL Notary ID #130768971 Ay Commission Expires (1) Affidavit August 8, 2024 NOTARY STAMP/SEAL to certify which, witness my hand and seal of office. Christel A. Cowal Executive Administrative history. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is James D. RICE My address is 5402 OBAN TERRACE \_, and my date of birth is \_03-05-19-55 (street) (state) (zip code) (country) Executed in HACKIS County, State of TEXAS, on the 13 day of JULY (month) Signature of Candidate/Officeholder (Declarant)

P. 3 of 5

### SUBTOTALS - C/OH

| Jim Rice (James D. Rice) 20 Filer ID (Ethics Con                                       | mmission Filers)   |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE   | SUBTOTAL<br>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               | \$ 12 3 14         |
| 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                         | \$ 305.24          |
| 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 | \$                 |

p. 4 of 5

# 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 Credit Card Payment |   |
| 1 Total pages Schedule G: 2  | FILER NAME  Jim Rice  3 Filer ID (Ethics Commission Filers)   |
| 1 1 1  | Fort Bend Republican Women  |
| Reimbursement from political contributions   | Payee address; 26 Chur keston St. North City; State; Zip Code Swar Land, Tx. 71418  |
| PURPOSE<br>OF<br>EXPENDITURE   | a) Category (See Categories listed at the top of this schedule)  Contribution / Ponation Associate Nembership  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| 9<br>Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name Office sought  Office Position 3  |
| 2/13/21 1  | Fort Bend Republican Women  |
| Amount (\$)  Reimbursement from political contributions intended   | Payee address; 26 Charleston St. North Sugar Land, Tx. 77478  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Description  Website spansorship.  Check if travel outside of Texas. Complete Schedule T.  Description  Website spansorship.                              |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  Office sought  Office held  Tim Rice FBISD Trustee Position 3  |
| 6/3/21   | Icenhower Consulting, LLC   |
| Amount (\$) \$ 13.99  Reimbursement from political contributions intended  | Payee address; 3019 Arrowhead City; State; Zip Code Sugar Land, Tx. 77479   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Consulting Expense. Campaign Consulting  Check if travel outside at exas. Complete Schedule T.  Check if Austin, TX, officeholder living expense          |
| Complete ONLY if direct expenditure to benefit C/OH  | Sim Rice FBISD Trustee Position 3   |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |

P. 5045

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

| and the same of th |  |   |   |  |
|--|--|---|---|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a)  |  |   |   |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made I<br>Candidate/Officeholder/Politic<br>Credit Card Payment   | Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin | Repayment/Reimbursement<br>Overhead/Rental Expense<br>g Expense<br>g Expense<br>es/Wages/Contract Labor<br>to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |  |
| 1 Total pages Schedule G:<br>p. 2 ef 2   | 2 FILER NAME RICE  |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date 6/6/21  | Fort Bend Indep  | pendent   | -   |  |
| 6 Amount (\$)<br>\$50.00<br>Reimbursement from   | 7 Payee address; P.O. Box 623  | City;   | State; Zip Code   |  |
| political contributions intended   | Sugar Land, Tx.  | 1/481   |   |  |
| 8 PURPOSE OF   | (a) Category (See Categories listed at the top of this schedule)  Advertising      | (b) Description News pa   | oper A.A.   |  |
| EXPENDITURE  | (c) Check if travel outside of Texas. Complete Schedule T.                         |   | n, TX, officeholder living expense  |  |
| 9<br>Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name  Jim Rice FBISD                                      | Office sought Trustee 1   | Position 3  |  |
| G 110/21   | Fort Bend Star   |   | A28   |  |
| Amount (\$) 4106.25 Reimbursement from   | P.O. Box 2369  | City;   | State; Zip Code   |  |
| political contributions intended   | Stafford, TX 7   | 7479  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Alvertiging          | Newspa  | iper Ad   |  |
|  | Check if travel outside of Texas. Complete Schedule T.                             |   | n, TX, officeholder living expense  |  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name  OH Jim Rice FBISD 7                                 | Office sought   | Position 3  |  |
| Date   | Payee name   | W. 8  |   |  |
| Amount (\$)  | Payee address;   | City;   | State; Zip Code   |  |
| Reimbursement from political contributions intended  | <  | 8   |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)                       | Description   | Q.  |  |
| EA ENDI. SIL   | 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 NEED  | ED  |  |

| The C/OH Instruction G  | Suide explains how                      | to complete t  | his form.         | 1 Filer ID   | (Ethics Comm        | nission Filers)        | 17/24            | of 10   | ed:  |
|---|---|--|-------------------|--------------|---------------------|------------------------|------------------|---|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR<br>Mrs.                   | FIRS<br>Monic  |                   |              | N                   | 41                     |                  | OFFICE  | USE ONLY   |
| NOWL  | NICKNAME                                | Riley  |                   | 4            | S                   | SUFFIX                 | Date Re          | EC  | EIVEN  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | PO Box 2082<br>Missouri City            | 2  |                   | CITY;        | STATE; Z            | IP CODE                | K                | JUL   | 2 9 2021   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE (281 )                        | PHONE NUM<br>410-57  |                   |              | EXTENSION           |                        | Date Har         | nd-delivered                                  | or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / MR  MS.  NICKNAME            | Ceri   | na                |              |                     | III                    | Receipt Date Pro |   | Amount \$  |
|   | 175000000000000000000000000000000000000 | Rile   | y                 |              |                     | I                      | Date Ima         | iged  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | P O Box 208<br>Missouri City            | 32   |                   | JITE #;      | CITY;               | •                      |                  | STATE;  | ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | (281 )                                  | PHONE NUM<br>410-57  |                   | 1000         | EXTENSION           |                        |                  |   |  |
| 9 REPORT TYPE   | January 15                              | 30   | Oth day before el | lection      | Runoff              |                        | 1                | 15th day aft<br>treasurer ap<br>(Officeholder |  |
|   | July 15                                 | 8t   | h day before elec | ction        | Exceede<br>Reportin | ed Modified<br>g Limit |                  | Final Report                                  | (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED  | Month 4                                 | Day / 25 /   | Year<br>19        | THROL        | JGH                 | Month 12               | Day              | Year / 19                                     |  |
| 11 ELECTION   | Month Day  5 / 4                        | Year 20  | Primary  General  | Runo         | off                 | Other<br>Description   |                  |   |  |
| 12 OFFICE   | OFFICE HELD (if any)                    | TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER |                   |              |                     | GHT (if known)         | oard             | of Tru  | ıstee Pos 7  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                   |   | CEHOLDER. THESE  | E EXPENDITURES    | MAY HAVE BEE | N MADE WITH         | OUT THE CANDIL         | DATE'S OR        | OFFICEHOLI                                    | MITTEES TO SUPPORT<br>DER'S KNOWLEDGE OR<br>SUCH EXPENDITURES. |
|   | COMMITTEE TYPE                          | COMMITTEE  | VAME              |              |                     |                        |                  |   |  |
| Additional Pages  | GENERAL                                 | COMMITTEE A  | DDRESS            |              |                     |                        |                  |   |  |
| SPECIFIC COMMITTEE CAMPAIGN TREASURER                         |   |  |                   |              |                     |                        |                  |   |  |
|   |   | COMMITTEE  | CAMPAIGN TRE      | EASURER ADD  | RESS                |                        |                  |   |  |
|   |   |  | <b>GO TO</b>      | PAGE 2       |                     |                        |                  |   |  |

| 15 C/OH NAME   | 'onica Riley   | 16 Filer ID (Ethics Commission Filers) |
|--|--|--|
| 17 CONTRIBUTION TOTALS   | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   | \$ 264.64                              |
| s  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 674.64                              |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 0.00                                |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 1,712.02                            |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>OF REPORTING PERIOD   | \$ 1,189.70                            |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |
| (1) Affidavit  | Please complete either option below GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023   | indidate or Officeholder               |
| NOTARY STAMP/SEAL Sworn to and subscribed I  | $M \sim 0.1$   | 29 day of July.                        |
| 20 21 to certify voing and the signature of officer administer (2) Unsworn Declaration | ing oath Printed name of officer administering oath  OR  | Title of officer administering oath    |
|  | , and my date of birth is  | 5                                      |
| My address is  |  |  |
|  | The state of the s | (state) (zip code) (country)           |
| Executed in  | County, State of , on the day of (mont   | . 20                                   |
|  | Signature of Cand  | idate/Officeholder (Declarant)         |

### SUBTOTALS - C/OH

| 19  | FILER NAME  MONICA RILLY  20 Filer ID (Ethics C                                    | ommiss | ion Filers)        |
|-----|--|--------|--------------------|
| 21  | SCHEDULE SUBTOTALS NAME OF SCHEDULE  |        | SUBTOTAL<br>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 reques                        | ted information is not applicable, DO NOT in                  | clude this page in the r      | eport.                                |
|--------------------------------------|---|-------------------------------|---------------------------------------|
| The                                  | Instruction Guide explains how to complete this               | form.                         | 1 Total pages Schedule A1: 1          |
| <sup>2</sup> FILER NAME<br>Monica Ri | ley   |                               | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                               | 5 Full name of contributor out-of-state PAC<br>Larry Riley    | 7 Amount of contribution (\$) |                                       |
| 04/25/2019                           | 6 Contributor address; City; 1706 Foxwood Ct. Missouri City   | State; Zip Code               | 60.00                                 |
| 8 Principal occu                     | pation / Job title (See Instructions)                         | 9 Employer (See Instruction   | ons)                                  |
| Date                                 | Full name of contributor out-of-state PAC  Cynthia Turner     | (ID#:)                        | Amount of contribution (\$)           |
| 05/03/2019                           | Contributor address; City; 5402 Pecan Spring Lane, Missouri C | State; Zip Code               | 100.00                                |
| Principal occup                      | eation / Job title (See Instructions)                         | Employer (See Instruction     | ons)                                  |
| Date 05/08/2019                      | Ron Reynolds  | (ID#:)                        | Amount of contribution (\$)  250.00   |
|                                      | 6140 Highway 6, Missouri City,                                | State; Zip Code TX 77459      | 230.00                                |
| Principal occup                      | pation / Job title (See Instructions)                         | Employer (See Instruction     | ons)                                  |
| Date                                 | Full name of contributor out-of-state PAC                     |                               | Amount of contribution (\$)           |
|                                      | Contributor address; City;                                    | State; Zip Code               |                                       |
| Principal occup                      | pation / Job title (See Instructions)                         | Employer (See Instruction     | ons)                                  |
| -                                    |   | ×                             |                                       |
|                                      | ATTACH ADDITIONAL COPIES (                                    |                               |                                       |

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Political<br>Credit Card Payment    | Committee Legal Services Salaries W  The Instruction Guide explains how to c | ages/Contract Labor omplete this form. | Other (enter a category      | y not listed above) |
|--|--|--|------------------------------|---------------------|
| 1 Total pages Schedule F1:                                 |  |  | 3 Filer ID (Ethics           | Commission Filers)  |
| 1<br>4 Date  | 5 Payee name   |  |                              |                     |
| 04/25/2019   | Facebook   |  |                              |                     |
| 6 Amount (\$)  | 7 Payee address;   | City;                                  | State;                       | Zip Code            |
| 35.00  | 1 Hacker Way<br>Menlo Park, California 94025                                 |  |                              |                     |
| 8  | (a) Category (See Categories listed at the top of this schedule)             | (b) Description                        |                              |                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | Political Ad   |  |                              | ā                   |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                   | Check if Austi                         | n, TX, officeholder living   | expense             |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeholder name  | Office sought                          |                              | Office held         |
| Date   | Payee name   |  |                              |                     |
| 04/29/2019   | Facebook   |  |                              |                     |
| Amount (\$)  | Payee address;   | City;                                  | State;                       | Zip Code            |
| 50.00  | 1 Hacker Way<br>Menlo Park, California 94025                                 |  |                              |                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  POILHCAL Ad    | Description                            | 25                           |                     |
| Î  | Check if travel outside of Texas. Complete Schedule T.                       | Check if Aust                          | in, TX, officeholder living  | expense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name<br>H   | Office sought                          |                              | Office held         |
| Date   | Payee name   |  |                              |                     |
| 04/30/2019   | Minuteman Press  |  |                              |                     |
| Amount (\$)  | Payee address;   | City;                                  | State;                       | Zip Code            |
| 168.87   | 614 Texas Parkway, Suite 600<br>Missouri City, Texas 77489                   |  |                              |                     |
| P  | Category (See Categories listed at the top of this schedule)                 | Description                            |                              |                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | Campaign Marterial   |  |                              |                     |
|  | Check if travel outside of Texas. Complete Schedule T.                       | Check if Aust                          | tin, TX, officeholder living | expense             |
| Complete ONLY if direct expenditure to benefit C/O         | Candidate / Officeholder name  | Office sought                          |                              | Office held         |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NE                         | EDED                         |                     |

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Politica<br>Credit Card Payment |  | ages/Contract Labor | Other (enter a catego        | ry not listed above) |
|--|--|---------------------|------------------------------|----------------------|
| Clear aymon  | The Instruction Guide explains how to c                          | omplete this form.  |                              |                      |
| 1 Total pages Schedule F1:<br>2                        | 2 FILER NAME<br>Monica Riley                                     |                     | 3 Filer ID (Ethics           | Commission Filers)   |
| 4 Date   | 5 Payee name   |                     |                              |                      |
| 04/30/2019   | Sam's Club   |                     |                              |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                       | Zip Code             |
| 185.51   | 351 Highway 6<br>Sugar Land, Texas 77478                         |                     |                              |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | Supplies   |                     |                              |                      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust       | in, TX, officeholder living  | expense              |
| 9 Complete ONLY if direct expenditure to benefit C/Oh  | Candidate / Officeholder name                                    | Office sought       |                              | Office held          |
| Date   | Payee name   |                     |                              |                      |
| 04/30/2019   | Poll Workers   |                     |                              | 3. N                 |
| Amount (\$)  | Payee address;   | City;               | State;                       | Zip Code             |
| 300.00   | 5410 Highway 6<br>Missouri City, Texas 77459                     |                     |                              |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | Expense & Refreshments   |                     |                              |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust       | in, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate / Officeholder name<br>H                               | Office sought       |                              | Office held          |
| Date   | Payee name   |                     |                              |                      |
| 04/30/2019   | Walmart  |                     |                              |                      |
| Amount (\$)  | Payee address;   | City;               | State;                       | Zip Code             |
| 90.14  | 5501 Highway 6<br>Missouri City                                  |                     |                              | ¥                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                           | Supplies   |                     | £.                           |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Ausi       | tin, TX, officeholder living | expense              |
| Complete ONLY if direct                                | Candidate / Officeholder name                                    | Office sought       | <del></del>                  | Office held          |
| expenditure to benefit C/O                             | Н  |                     |                              |                      |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE      | EDED                         |                      |

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/M The Instruction Guide explains how to c | ages/Contract Labor omplete this form. | Other (enter a category not listed above) |
|--|---|--|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME<br>Monica Riley  |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 04/30/2019                                      | 5 Payee name<br>Sam's Club  |  |   |
| 6 Amount (\$)  | 7 Payee address;  | City;                                  | State; Zip Code                           |
| 45.96  | 351 Highway 6<br>Sugar Land, Texas 77478                                      |  | V   |
| 8  | (a) Category (See Categories listed at the top of this schedule)              | (b) Description                        |   |
| PURPOSE<br>OF<br>EXPENDITURE                           | Supplies  |  |   |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                    | Check if Aust                          | in, TX, officeholder living expense       |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought                          | Office held                               |
| Date   | Payee name  |  |   |
| 04/30/2019   | H-E-B   |  |   |
| Amount (\$)  | Payee address;  | City;                                  | State; Zip Code                           |
| 15.20  | 8900 Highway 6<br>Missouri City, 77459  |  |   |
|  | Category (See Categories listed at the top of this schedule)                  | Description                            |   |
| PURPOSE<br>OF<br>EXPENDITURE                           | Supplies  |  |   |
|  | Check if travel outside of Texas. Complete Schedule T.                        | Check if Aust                          | tin, TX, officeholder living expense      |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate / Officeholder name   | Office sought                          | Office held                               |
| Date   | Payee name  |  |   |
| 05/03/2019   | Minuteman Press   |  |   |
| Amount (\$)  | Payee address;  | City;                                  | State; Zip Code                           |
| 373.46   | 614 Texas Parkway, Suite 600<br>Missouri City, Texas 77489                    |  |   |
| DUDDOOF  | Category (See Categories listed at the top of this schedule)                  | Description                            |   |
| PURPOSE<br>OF<br>EXPENDITURE                           | Campaign Materials  |  |   |
|  | Check if travel outside of Texas. Complete Schedule T.                        | Check if Aust                          | tin, TX, officeholder living expense      |
| Complete ONLY if direct expenditure to benefit C/O     | Candidate / Officeholder name   | Office sought                          | Office held                               |
| (4)  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE                         | EDED                                      |

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Credit Card Payment                                   | The Instruction Guide explains how to c                          | omplete this form. |                              |                      |
|---|--|--------------------|------------------------------|----------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME Monica Riley  |                    | 3 Filer ID (Ethics           | s Commission Filers) |
| 4 Date<br>05/06/2019                                  | 5 Payee name<br>Facebook   |                    |                              |                      |
| 6 Amount (\$)   | 7 Payee address;   | City;              | State;                       | Zip Code             |
| 75.00   | 1 Hacker Way<br>Menlo Park, California 94025                     |                    |                              |                      |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description    |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                          | Political Ad   |                    |                              |                      |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust      | tin, TX, officeholder living | g expense            |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name                                    | Office sought      |                              | Office held          |
| Date  | Payee name   |                    |                              |                      |
| 05/06/2019  | The Crawfishmans Boiling Point                                   |                    |                              |                      |
| Amount (\$)   | Payee address;   | City;              | State;                       | Zip Code             |
| 125.27  | 2601 Cartwright Road Ste. E<br>Missouri City, Texas 77459        |                    |                              |                      |
|   | Category (See Categories listed at the top of this schedule)     | Description        |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                          | Campaign Event   |                    |                              |                      |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Aus       | tin, TX, officeholder living | g expense            |
| Complete ONLY if direct expenditure to benefit C/O    | Candidate / Officeholder name<br>H                               | Office sought      |                              | Office held          |
| Date  | Payee name   |                    |                              |                      |
| 05/13/2019  | Facebook   |                    |                              |                      |
| Amount (\$)   | Payee address;   | City;              | State;                       | Zip Code             |
| 27.61   | 1 Hacker Way<br>Menlo Park, California 94025                     |                    |                              |                      |
|   | Category (See Categories listed at the top of this schedule)     | Description        |                              |                      |
| PURPOSE<br>OF<br>EXPENDITURE                          | Political Ad   | *                  |                              |                      |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Aus       | tin, TX, officeholder living | g expense            |
| Complete ONLY if direct expenditure to benefit C/O    | Candidate / Officeholder name                                    | Office sought      |                              | Office held          |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE     | EDED                         |                      |

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officenolder/Political<br>Credit Card Payment | The Instruction Guide explains how to c   | omplete this form.   | Other (enter a catego       | ry not listed above) |
|---|---|--|-----------------------------|----------------------|
| 1 Total pages Schedule F1:<br>5                         | 2 FILER NAME<br>Monica Riley  | 3 Filer ID (Ethics Commission Filers)  |                             |                      |
| 4 Date<br>06/11/2019                                    | 5 Payee name<br>Campaign of Nita Sane   |  |                             |                      |
| 6 Amount (\$)<br>50.00                                  | 7 Payee address;<br>2211 North First Street<br>San Jose, California 95131   | City;  | State;                      | Zip Code             |
| 8 PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |                             |                      |
| 9 Complete ONLY if direct expenditure to benefit C/Oh   | Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name                                   | Check if Aust  | in, TX, officeholder living | Office held          |
| Date  | Payee name  |  | 7,000                       |                      |
| 10/08/2019  | Campaign of Ron Reynolds  |  |                             |                      |
| Amount (\$)   | Payee address;  | City;  | State;                      | Zip Code             |
| 100.00  | 2440 Texas Parkway<br>Missouri City, Texas 77489  |  |                             |                      |
| PURPOSE<br>OF<br>EXPENDITURE                            | Category (See Categories listed at the top of this schedule)  On Chick if travel outside of Texas. Complete Schedule T. | Description  Check if Aust   | in TV officeholder livinge  | aynenso              |
| Complete ONLY if direct expenditure to benefit C/Oh     | Candidate / Officeholder name   | Check if Austin, TX, officeholder living expense  Office sought  Office held |                             |                      |
| 12/09/2019  | Payee name  Campaign of Nyanza Moore  |  | Chair                       | 7in Code             |
| 70.00   | Payee address:<br>P.O. Box 441146<br>Somerville, MA 02144-0031  | City;  | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                            | Category (See Categories listed at the top of this schedule)  | Description  |                             | ×                    |
|   | Check if travel outside of Texas. Complete Schedule T.  | Check if Aust  | in, TX, officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/OI     | Candidate / Officeholder name   | Office sought  |                             | Office held          |
|   | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE   | EDED                        |                      |

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

|   |   | The Instruction Guide explains how to complete this for   |  |
|---|---|---|--|
|   |   | <ul> <li>Complete only if "Report Type" on page 1 is marked "Final</li> </ul>   | al Report" ••  |
| 1 | C/OH N  | mica Riley  | 2 Filer ID (Ethics Commission Filers)  |
| 3 | SIGNA   | TURE  |  |
|   | designa   | expect any further political contributions or political expenditures in connection with material transfer and the second stress of the | inderstand that I may not accept any   |
| 4 |   | WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••   |  |
|   | A.  | CAMPAIGN FUNDS  |  |
|   | Check   | conly one:  |  |
|   |   | I do not have unexpended contributions or unexpended interest or income earned from   | om political contributions.  |
|   | and the second  | I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions that I must file an income earned on political contributions that I must dispose of unexpended political contributions in accordance with the requirement.  | me earned on political contributions to<br>contributions and that I may not retain<br>tributions longer than six years after<br>cal contributions and unexpended |
|   | B.  | ASSETS  |  |
|   | Chec  | k only one:   |  |
|   | Olar State of the | I do not retain assets purchased with political contributions or interest or other incom  | ne from political contributions.   |
|   |   | I do retain assets purchased with political contributions or interest or other income frethat I may not convert assets purchased with political contributions or interest or othe personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.  | er income from political contributions to  |
|   |   |   | Signature of Candidate   |
| 5 |   | EHOLDER uplete this section only if you are an officeholder ••  |  |
|   |   | I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions is an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.   | f, after filing the last required report as  |
|   |   |   | ignature of Officeholder   |

| The C/OH Instruction G                              | uide explains how t  | o complete this form.       | 1 Filer ID (Ethics Commission Filers)    | 2 Total pages filed:   |
|---|--|-----------------------------|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS / MRS / MR Mr.  | FIRST  David                | MI                                       | OFFICE USE ONLY  |
| NAME  |  | LACT                        | SUFFIX                                   | Date Received  |
|   | Dave   | Rosenthal                   | 301112                                   |  |
| 4 CANDIDATE /                                       | ADDRESS / PO BOX;  |                             | CITY; STATE; ZIP CODE                    | MECEIVEN   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | AND PROGRAMMENT COMMENT OF THE CONTRACT OF THE | y Cir, Missouri Cit         | S S S S S S S S S S S S S S S S S S S    | JUL 3 0 2021   |
| Change of Address                                   | AREA CODE  | PHONE NUMBER                | EXTENSION                                | BY:(0 = 7  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | (281)  | 685-1081                    | EXTENSION                                | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN  | MS / MRS / MR  | FIRST                       | MI                                       | Receipt # Amount \$  |
| TREASURER   | Mrs  | Joan                        | b  | Date Processed   |
| NAME  | NICKNAME   | LAST                        | SUFFIX                                   |  |
|   |  | Rosenthal                   | 2  | Date Imaged  |
| 7 CAMPAIGN  | STREET ADDRESS (N  | NO PO BOX PLEASE); APT / SI | UITE #; CITY;                            | STATE; ZIP CODE  |
| TREASURER<br>ADDRESS                                | Same as abo  | ove                         |  |  |
| (Residence or Business)                             |  |                             |  |  |
| 8 CAMPAIGN  | AREA CODE  | PHONE NUMBER                | EXTENSION                                |  |
| TREASURER   |  | 10 3000 00 0                |  |  |
| PHONE   | (281)  | 384-6739                    |  |  |
| 9 REPORT TYPE                                       | January 15   | 30th day before e           | election Runoff                          | 15th day after campaign treasurer appointment (Officeholder Only)  |
|   | July 15  | 8th day before ele          | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR)  |
| 10 PERIOD   | Month  | Day Year                    | Month                                    | Day Year   |
| COVERED   | 1 /  | / 1 / 21                    | THROUGH 7                                | / 30 / 21  |
| 11 ELECTION ELECTION DATE ELECTION TYPE             |  |                             |  |  |
|   | Month Day  | Year Primary                | Runoff Other Description                 |  |
|   | 5 / 1  | / a General                 | Special                                  |  |
|   | 0 / 1 /  | 19                          |  |  |
| 12 OFFICE   | OFFICE HELD (if any)   |                             | 13 OFFICE SOUGHT (if know                | n)   |
|   | FBISD Trus   | tee Pos. 7                  |  |  |
| 14 NOTICE FROM POLITICAL                            | THE CANDIDATE / OFFICE   | EHOLDER, THESE EXPENDITURE  | 'S MAY HAVE BEEN MADE WITHOUT THE CAN    | MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S)  | COMMITTEE TYPE   | COMMITTEE NAME              |  |  |
| A 1 100   | GENERAL  | COMMITTEE ADDRESS           |  |  |
| Additional Pages                                    | SPECIFIC   | COMMITTEE CAMPAIGN TRE      | EASURER NAME                             | 3  |
|   |  | COMMITTEE CAMPAIGN TR       | REASURER ADDRESS                         |  |
|   | August 1   |                             |  |  |
|   |  | GO TO                       | PAGE 2                                   |  |

| 15 C/OH NAME                   |  | 16 Filer ID   | (Ethics Commission Filers)                        |
|--------------------------------|--|---------------|---|
| David Rosenthal                |  |               |   |
| 17 CONTRIBUTION<br>TOTALS      | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | ,             | 0.00  |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |               | 0.00  |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   |               | 150.00  |
|                                | 4. TOTAL POLITICAL EXPENDITURES  |               | 150.00  |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD  | ST DAY        | 2,368.74  |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | F THE ;       | \$  |
| (1) Affidavit                  | Please complete either option below GARRETT DUANE ROSIER 132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES NOVEMBER 25, 2023                       |               | Officeholder                                      |
| NOTARY STAMP/SEA               |  | 30            | day of July                                       |
| Janet Dudne (                  | which, witness my hand and seal of office.  Sow Game H Dugne Rosiev Executive  | Assisk        | ant to the 807 itle of officer administering oath |
| Signature of officer administr | •  |               | nue of officer administering dath                 |
| (2) Unavisus Dauland           | OR OR  |               |   |
| (2) Unsworn Declarat           | OII  |               |   |
| My name is                     | , and my date of birth is  | s             |   |
| My address is                  |  |               |   |
| Executed in                    | (street) (city) ( County, State of , on the day of (month  |               | p code) (country)                                 |
|                                | (month   | h)            | , 20<br>(year)                                    |
|                                | Signature of Candi   | idate/Officeh | older (Declarant)                                 |

### SUBTOTALS - C/OH

| 19  | FILER NAME  | 20 Filer ID (Ethics Commission Filers) |
|-----|---|--|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                              | SUBTOTAL<br>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 CO        | NTRIBUTIONS \$ 150.00                  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                            | \$                                     |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL            | CONTRIBUTIONS \$                       |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                       | \$                                     |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI           | NDS \$                                 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A          | BUSINESS OF C/OH \$                    |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO       | ONTRIBUTIONS \$                        |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER | TIONS RETURNED \$                      |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

| Candidate/Officeholder/Politica<br>Credit Card Payment   | The Instruction Guide explains how to d   | omplete this form. | Other (enter a datego       | ny nocholog above,        |  |
|--|---|--------------------|-----------------------------|---------------------------|--|
| Total pages Schedule F1:   | 2 FILER NAME<br>David Rosenthal   |                    | 3 Filer ID (Ethics          | Commission Filers)        |  |
| 4 Date   | 5 Payee name  |                    | ,                           |                           |  |
| 04/29/2021   | Judy Dae Campaign   |                    | 8                           | THE PROPERTY OF STREET    |  |
| 6 Amount (\$)  | 7 Payee address;  | City;              | State;                      | Zip Code                  |  |
| 150.00   | 34 Hessenford St, Sugar Land, TX 7  | 7479               |                             |                           |  |
| 8  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description    |                             |                           |  |
| PURPOSE  | campaign donation   |                    |                             |                           |  |
| OF<br>EXPENDITURE  |   |                    |                             |                           |  |
|  | (C) Check if travel outside of Texas, Complete Schedule T.  | Check if Aust      | in, TX, officeholder living | j expense                 |  |
| 9 Complete ONLY if direct  | Candidate / Officeholder name   | Office sought      |                             | Office held               |  |
| expenditure to benefit C/O   | Н   |                    |                             |                           |  |
| Date   | Payee name  |                    |                             |                           |  |
|  |   |                    |                             |                           |  |
|  |   |                    |                             |                           |  |
| Amount (\$)  | Payee address;  | City;              | State;                      | Zip Code                  |  |
|  |   |                    |                             |                           |  |
|  |   |                    |                             |                           |  |
|  | Category (See Categories listed at the top of this schedule)  | Description        |                             |                           |  |
| PURPOSE  |   |                    |                             |                           |  |
| OF<br>EXPENDITURE  |   |                    |                             |                           |  |
| EXPERIOR   | Check if travel outside of Texas, Complete Schedule T,  | Check if Aus       | tin. TX. officeholder livin | ficeholder living expense |  |
| and the second s | Approximation of the property |                    |                             | Office held               |  |
| Complete ONLY if direct<br>expenditure to benefit C/O  | Candidate / Officeholder name<br>H  | Office sought      | Office field                |                           |  |
| About Institute and the control of t |   |                    |                             |                           |  |
| Date   | Payee name  |                    |                             |                           |  |
|  |   |                    |                             |                           |  |
|  |   | City               | State;                      | Zip Code                  |  |
| Amount (\$)  | Payee address;  | City;              | Giate,                      | Zip Gode                  |  |
|  |   |                    |                             |                           |  |
|  |   | Description        |                             |                           |  |
|  | Category (See Categories listed at the top of this schedule)  | Description        |                             |                           |  |
| PURPOSE  | 8   |                    |                             |                           |  |
| EXPENDITURE  |   |                    |                             |                           |  |
|  | Check if travel outside of Texas. Complete Schedule T.  | Check if Aus       | tin, TX, officeholder livin | g expense                 |  |
| Complete ONLY if direct  | Candidate / Officeholder name   | Office sought      |                             | Office held               |  |
| expenditure to benefit C/C   | DH  |                    |                             |                           |  |
|  | ATTACH ADDITIONAL COPIES OF THIS  | COUEDINE ACAI      | EDED                        |                           |  |
|  | ATTACH ADDITIONAL COPIES OF THIS  | S SCHEDOLE AS NE   | EDED                        |                           |  |