CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST JUDY	MI		EUSEONLY	
IVOIVIE	NICKNAME	DAE	SUFFIX	Date C.V.d	EIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 34 HESSEN	AT THE STATE OF TH	CITY, STATE; ZIP CODE SAR LAND TX 77479	Superinter	0 6 REC'D Via email	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	E Ba	ndICT	
OFFICEHOLDER PHONE	(609)	216-4016	EXTENSION		ed or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$	
NAME	NICKNAME LAST SUFFIX			Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #, CITY;	STATE;	ZIP CODE	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before e		treasurer (Officehol	after campaign appointment der Only) ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day Year / 16 / 21	Month THROUGH 11	Day Ye	ear 2	
11 ELECTION	ELECTION DA	NTE	ELECTION TYPE			
	Month Day 5 / 1	Year Primary ✓ 21 ■ General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) FORT BEND IS		RD #2	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M. MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF TI	IDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
	<u> </u>	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 714.26
	4. TOTAL POLITICAL EXPENDITURES	\$ 958.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 3,342.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car Please complete either option below	didate or Officeholder
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the _	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
344.5333.39	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is _	•
My address is	, , , , , , , , , , , , , , , , , , , ,	
Evecuted in	57 New York	ate) (zip code) (country)
Executed III	County, State of, on theday of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS			
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$		
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 FUND	s \$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 3 Filer ID (Ethics Commission Filers) JUDY DAE 1 4 Date 5 Payee name 12/08/2021 Fort Bend Independent 6 Amount (\$) 7 Payee address; City; State: Zip Code 150.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Donation Made By Officeholder OF **EXPENDITURE** (c) 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 04/11/2022 Clements Athletic Amount (\$) Payee address; City; State: Zip Code 40.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation Made By Officeholder 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 09/12/2022 FBISD Gala - Support A Teacher Amount (\$) Payee address; City; State; Zip Code 54.12 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation Made by Officeholder **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