CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G		to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR	FIRST		MI	OFFICE USE ONLY
NAME		i Kianna			Date Received
	NICKNAME	Lenis		SUFFIX	MECEIVE
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE	APR 0.7 2022
MAILING	4111 7LIDA	th			INAL VACULA
ADDRESS Change of Address	Creekn	nont Dr. Fr	eso,TX -	77545	BY: UNIM 100 WAS
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENS		Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(713)40	37-5427			@ 3:04 PM
6 CAMPAIGN	MS /(MRS)/ MR	FIRST		MI	Receipt # Amount \$
TREASURER NAME		Geralyn	γ	A	Date Processed
TWANE	NICKNAME	LAST		SUFFIX	Data Investi
		Prince-5	iemien		Date Imaged
7 CAMPAIGN TREASURER	1	NO PO BOX PLEASE); APT /	SUITE #; CITY	/;	STATE; ZIP CODE
ADDRESS		nnari –	- TV -	775(15	
(Residence or Business)	Falls	in Fi	esto, TX	11390	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENS	SION	
PHONE	()				
9 REPORT TYPE	January 15	30th day before	election Ru	inoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	ICOHOIT	ceeded Modified porting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year
COVERED	/	/ /	THROUGH	/	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE	
	Month Day	Year Primary	Runoff	X Other Description	Car - I Roand
	5/7/	(20) Genera	l Special	-	SCHOOL DOUBL
12 OFFICE	OFFICE HELD (if any)		United the second	SOUGHT (if known)
			_ FBI	SD Po	3 7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE	WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			~
Additional Pages	2050	COMMITTEE CAMPAIGN TR	FASIIRED NAME		
	SPECIFIC	COMMITTEE CAMPAIGN IN	LAGONEN NAME		
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
		GO TO	PAGE 2		

Forms provided by Texas Ethics Com

Reset Form

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Reset Page

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Fi	ler ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ a,780.35		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,583.71		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 239.39		
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,861.39		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$5,968.01		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,500		
and the control of th	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information		
Signature of Candidate or Officeholder				
Please complete either option below:				
NO TARK STAMP SEA	ADIRA CASTILLO ary ID #124453055 Commission Expires ecember 26, 2028 belong the by Herial ynn Alicia Prince this the	h day of April Notany Title of officer administering oath		
Signatule of Officer administra		Title of officer administering oath		
(2) Unsworn Declarati	on OR			
My name is	, and my date of birth is			
M Water Control of the Control of th	, and my date of blatte	·		
	(street) (city) (state)	(zip code) (country)		
Executed in	County, State of , on the day of (month)	, 20 		
	Signature of Candidate/O	fficeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER N	AME	20 Filer ID (Ethics Co	mmissio	n Filers)
Oı	rjanel I	Kianna Lewis, Esq.			
21		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	$\sqrt{}$	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10	0,80331
2.	\checkmark	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ \	$\omega.\omega$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4.	\checkmark	SCHEDULE E: LOANS		\$	1500
5.	\checkmark	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		D.660,
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	D INCURRED OBLIGATIONS		Ø
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	E F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Ø	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$.3	66.91
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	Ø
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	Ø
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	Ø
-					

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:		
2 FILER NAME	2 0.000 1		3 Filer ID (Ethics Commission Filers)		
Orjan	el Kianna Lenlis				
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)		
Jana	Phillip McEnany				
1 31 22		State; Zip Code	\$100.00		
	Houstoni	TX			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Pharmo	cist	BP			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)		
ulaulo-	Daniel Franklin Jr.				
1/31/22	Contributor address; City; S	State; Zip Code	\$100.00		
°	6426 Conley St. Houston,	TX 77021	#100.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)		
Unemi	Dloyed				
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)		
1/31/22	Tamara Starks Contributor address; City; s		N=07		
1121/00	Contributor address; City; S	State; Zip Code	\$100.00		
	3722 Harvest Drive, Deco	itur, CA 70034	1		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi			
Date	Full name of contributor out-of-state PAC (IDs	#:)	Amount of contribution (\$)		
	0		variourit di contaioadori (p)		
1131/22	Orandon Winchester Contributor address; City;	State; Zip Code	9 100 00		
W	741 846-007		DO.001 #		
	13106 Tropicana Dr. Houst				
^	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
H++orn	ey				
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 requested information is not applicable, be not include this page in the report.					
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Oriane	el Kianna Lewlis				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
1 31 22	Odell Pointer 6 contributor address; City; State; Zip Code 77489 14488 Windy Willow, Missouri City, TX	\$200.00			
	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Self er	nployed				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
1/31/22	Anedra Coleman Contributor address; City; State; Zip Code	\$350.00			
	Laplace, LA				
D .	ation / Job title (See Instructions) Employer (See Instructions)				
Parish	Secretary St. Charl	es Parish			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
1/31/22	Brandon Alexander Contributor address; City; State; Zip Code NWYORK, NY	\$250.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
Sales	NOT AND SECURITY OF THE SECURI				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
311/98	Jocelyn Del K Adams Contributor address; City; State; Zip Code	\$200.00			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Entrepreneur					
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)	
Origne	l kianna le kiis			
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)	
2/1100	Amanda Bolles Wa- 6 Contributor address; City;	State; Zip Code	\$200.00	
	Houston	, Texas		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Profes	SOY	University	of Houston	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
2 2 22	Linda Pointer contributor address; city; 14488 Windy Willow Ct.	State; Zip Code 77489 MISSOUTI CHY	\$1,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
3 4 1 2 3	Contributor address; city; 20629 PITCN-FORK Dr. RIVE	State; Zip Code	\$100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
AHorn	PV	Portfolio B	ecovery Associates	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
2/9/22	Jade Noya Morales Contributor address; City;	State; Zip Code	\$100.00	
	Miami	FL		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Teach	2r			
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:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Driane	el Iganna Lewis		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
	Dinna Brown		
8/10/99	6 Contributor address; City; State; Zip Code	\$ 100.00	
2	Houstonitx		
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Physici	an Texas Ch	illdrens Hospital	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
	Tiffany Harper		
2/10/22	Contributor address; City; State; Zip Code	\$100.00	
	Chicago, IC		
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)	
Busines	s Management Twitter		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
1945	Janis Wliney		
9/10/99	Contributor address; City; State; Zip Code	\$100.00	
1-100	Katy Texas		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
Digar	iostician katy ISD)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
	Corollon Prince-Somion	Acceleration accessed state of the second set of the second secon	
alinlaa	Contributor address; City; State; Zip Code	0.00 ==	
101,0100	1007 Harman	\$100.00	
	Falls in tresmo, 1x 7/093		
Principal occu	pation / Job title (See Instructions) Employer (See Instru		
Supply	Crain Lead Wood Gri	oup LC.	
	ATTACH ADDITIONAL CODIES OF THIS SCHEDLILE AS	NEEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

If the requested information is not applicable, bo Not include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	8		3 Filer ID (Ethics Commission Filers)		
Origine	I Kianna Lewis				
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)		
	Zahra Syed				
9/10/99	6 Contributor address; City;	State; Zip Code	\$100.00		
, - 100	Sugar Lar	d. Toxas			
8 Principal occup		9 Employer (See Instructi	ions)		
Physic	ian				
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)		
	Recalind Lawie		Amount of contribution (\$)		
2/10/22	Kosalina Lewis Contributor address; City;	State; Zip Code	4100 00		
arrolac	10 × 500		\$100.00		
	Missour				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)		
	Elizabeth Hanks				
2/10/93	Contributor address; City;	State; Zip Code	\$100.00		
* *	Houston	20VOT.	11.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Attory	16 A				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	5 0 11	(10#)	Amount of continuous (4)		
2/10/22	Contributor address; City;	State; Zip Code	015 5 00		
0110100	WA '00	· 21 4-V	#100.00		
	17/17/20	uricity, 1/1			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct			
HHUYY		HUUVEL	Slovacek		
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	John Date is out of Glate I rie; please see motion	ga.au .ar uaumonui	- F 0		

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)		
Origne	I Kianna lewis			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
	Jamila Carroll	200000		
210128	6 Contributor address; City; State; Zip Code	\$150.00		
01.000		\$ 100.00		
	Houston Texas			
AT 1875	pation / Job title (See Instructions) 9 Émployer (See Instruc	on an analysis		
AHDrn.	ey RA Grou	1P		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
-1	Rosanna Eugenio			
3 10/08	Contributor address; City; State; Zip Code	\$250.00		
	New York, NY	# 20		
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)		
AHorn	ev	-		
1853 S				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
n	Mehul Parikh			
1000	Contributor address; City; State; Zip Code	\$300.00		
,	Sugar Land, TX	400000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	190 N 1975 1975			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
01,1100	Jennifer Weathersby Williams			
2111/23	Contributor address; City; State; Zip Code	\$150.00		
*	Chicago, 1L			
Principal occup	pation / Job title (See Instructions)	tions)		
Retir	, ,	,		
7,0111				
	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	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Orignel	Kianna LeNIS		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	HOLLY ArIMD NOKU		
2/11/22	6 Contributor address; City;	State; Zip Code	\$200.00
0.1 10.0	Richm	VT. book	
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Pharm	mist	Ben Taub	Hospita I
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)
nlulaa	Stephanie Johnson		
2/11/22	Contributor address; City;	State; Zip Code	\$300.00
	Richmo	ond, TX	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
CPA		Simmons 2	Johnson Consulting
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Starmaia Samper		
2/11/22	Contributor address; City;	State; Zip Code	\$500.00
arrigad	Sonansator address,	/	\$ 000.00
	HOUSTON) TX	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
ucensa	ed Counselor	I CITY OF HO	DUS-HOLL
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	James marales		
12/12/22	Contributor address; City;	State; Zip Code	8100 00
01-100	M. O. oo i	-1	4700.00
	Miami	1 F C	diama)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	diona)
		1	
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

in the requested information to not approache, and not also the respectition of the respectition.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Orjane	el kianna lewis		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
2/14/22	Barbara Vaugnns 6 contributor address; City; State; Zip Code 13704 Monarch Houston, TX 77047	\$100.00	
8 Principal occur	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Clerk	USPS		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
2 14 192	Marsha Fowler contributor address; city; state; zip code 13702 Morarch Road Houston, TX 77047	\$100.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
hetira	d USPS		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
2/15/22	Contributor address; City; State; Zip Code (IS ANALIS CA	\$100.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
		Allocate of contribution (4)	
2126/22	Contributor address; City; State; Zip Code	\$100.00	
	Fresno, TX		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Marke	ting Director Schlumber	erger	
0			
	*		
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

and requested mile metaphicable, 20 NOT metable this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	25 0	3 Filer ID (Ethics Commission Filers)			
Orjane	el kianna lewis				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
	Dereck Lenoir				
19199	6 Contributor address; City; State; Zip Co	de \$100.00			
	League City, Tex	as			
8 Principal occu	pation / Job title (See Instructions)	ee Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
	Marcus Lewis				
2127/22	Contributor address; City; State; Zip Co	de 9106 711			
- 10100	4111 N. Creekmont France TV 77	\$105.74			
Principal occur	Dr. Fresno TX 779 pation / Job title (See Instructions) Employer (Se	e Instructions)			
Phara	2 P S 1	- madadanay			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
	lluichael Brown				
3/2/22	Contributor address; City; State; Zip Coo	\$100.00			
	Gien Houston, Tx	4100.00			
0 .	^	e Instructions)			
College	+ career Counselor Kipp				
Date	Full name of contributor out-of-state PAC (ID#:				
	Chanel Fowler				
3/2/22	Contributor address; City; State; Zip Coo	\$200.00			
. 100.	14018 Santa	#200°C			
Principal occur	Teresuka, Houstunix II	e Instructions)			
Murse.		1			
110(100		110010011			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	II FAS 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)				
Orjan	el Kianna Lewis					
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
	Dylan Rubsell					
3 4 22	6 Contributor address; City; State; Zip Co	de \$100.00				
	Miss Duri City	TXI				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)				
HHorne	ey Hoover	Slovacek				
Date	Full name of contributor out-of-state PAC (ID#:	50 St. 10				
Services years	1-00	Amount of contribution (\$)				
314/22	Tiffany and Bronson Crawfo	(<u>O</u>				
317100	Contributor address; City; State; Zip Co	\$200.00				
	Tusm Alizona					
Principal occup	0 0 0	e Instructions)				
Medica	al Doctor					
Date	Full name of contributor out-of-state PAC (ID#:)				
	0	Amount or contribution (\$)				
21-11-1	SVIN JO E JOCKAH Contributor address; City: State: Zip Contributor					
3/7/22	Contributor address; City; State; Zip Coo	9100.00				
	Missouri City, Tx					
Principal occup	pation / Job title (See Instructions) Employer (Se	e Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
	ILIAN COLIAGO					
2/7/20	Contributor address; City; State; Zip Cod	A				
Julaa		DIOU.00				
	DKlandma City	(X)				
Principal occup	pation / Job title (See Instructions) Employer (Se	e Instructions)				
Entrep	reneur					
	ATTACH ADDITIONAL CODIES OF THIS COLUED	I E A C NEEDED				
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	Kianna Lewis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
317/22	Phillip Elackatt 6 Contributor address; City; State;	; Zip Code	\$100.00
8 Principal occu	1000	ployer (See Instructi	/\ ions)
	Amount of the Control		•
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
3/7/22	Contributor address; State	; Zip Code	\$1,000.00
	Missouri Ci4	VIX	3\ •
Principal occup		ployer (See Instructi	ons)
County	Commissioner Fo	ort Bend	County
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
3/11/aa	NELISSO SPYIGGS Contributor address; State; State;	; Zip Code	\$100.00
	Stafford	TX	
Principal occup	pation / Job title (See Instructions)	ployer (See Instructi	ions)
Teache	er l'Al	lief 18D	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
3/11/aa	Marilyn Le Wis contributor address; city; state 14005 Walksew Houston, TX	; Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instruct	ions)
	*		
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see Instruction g		

SCHEDULE A1

The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:	
2 FILER NAME		3	3 Filer ID (Ethics Commission Filers)	
Oriane	I kianna lewis			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	
	Michael F. TOCKSON			
3/11/22	6 Contributor address: City: Sta	ate; Zip Code	\$100.00	
0111100	5219 Hancock	11	#100.00	
	H0U87011 1	X 77009 1		
8 Principal occu	- N	Employer (See Instruction	ns)	
catety	Tech	Olin Corp		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	
445-065003,790,	Cadas D Imam		, and an established (4)	
0101	Sadar Q Imam	100 miles	#	
3/11/22	Contributor address; City; St.	ate; Zip Code	\$100.00	
	Christopher Ct. Sugar Lanc	Y, TX TIUTA		
Principal occup		Employer (See Instruction	ns)	
Project	manager			
Date	Full name of contributor out-of-state PAC (ID#:			
Date			Amount of contribution (\$)	
21.1100	Birdie Kelley		a 105 -00	
3/11/22	Contributor address; City; Sta	ate; Zip Code	\$100.00	
	Missuuri Cit	vitoxas		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Pietire	<i>'</i> d			
Dete	E. II			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
	Dylan Kussell			
3111122	Contributor address; City; St	ate; Zip Code	\$100.00	
	Missouri	CITY TOWN	4.00.00	
Principal occupation / Job title (See Instructions) Missing City Toyos				
AHORY		Hoover SI		
1111011			CICCE R	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEI	EDED	

SCHEDULE A1

1,100						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
orignel	Kianna Lewis					
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)				
3 11 22	Taylor Pointer 6 Contributor address; City; State; Zip Code	\$100.00				
	HOUSTONITX					
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ilons)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
3/11/22	Sumita Chowdhury- Chosh Contributor address; City; State; Zip Code 4607 Keneshaw	\$101.00				
	Ct. Sugar Lang, 1x 77479					
Δ11	pation / Job title (See Instructions) Employer (See Instructions)	ions)				
H HOYDE	<u> </u>					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
31111/28	COCAY TEHAIN HI. Contributor address; City; State; Zip Code 4210 Oak FORESH Dr. MISSOUN CHYITX 77459	\$150.00				
Principal occup A HDYN	pation / Job title (See Instructions) Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
3/11/22	Contributor address; City; State; Zip Code	\$200.00				
055	Missouri City, TX					
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Entrepreneur						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N					

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	el Kianna Lewis	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
	Bob Westbrook			
3/12/22	6 Contributor address; City; State; Zip Code	\$400.00		
	El Pago, Texas			
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 (\$)		
010100	Jason Vobrelecki			
3 13 22	Contributor address; City; State; Zip Code	\$100.00		
	Missouri City, Texas			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)		
CONSU	4401			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
2140100	Nartha Franci Wayland	Taga 00		
3116128	Contributor address; City; State; Zip Code	\$250.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occup	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Tom Hanan	(4)		
3/22/22	Contributor address; City; State; Zip Code	\$100.00		
'	Sugar land, TX	41.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
	ATTACH ADDITIONAL CODIES OF THIS SOURDLY FACE	IEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional			

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)			
Orian	el Kianna Lewis				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
_	David Mc Neal				
3125	6 Contributor address; City; State; Zip Code	100.00			
0100	Houston, Texas				
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
AHOrn	LV IMCNEAL LA	w Group			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (C)			
Date		Amount of contribution (\$)			
2100	Sairah Ahmed Contributor address; City; State; Zip Code	910 100			
3/28	5012 Potrick	96.62			
	Henry St Bellaire 1x 77401				
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
	Andee Marksamer				
314	Contributor address; City; State; Zip Code	500.00			
211	os Seaton Ct. Sugar Land TX 77479				
Principal occur	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
Date		Amount of contribution (4)			
1116	Marie Milnes-Vasquez Contributor address; City; State; Zip Code	10000			
1715	Continuous address, Sity, Sato, Ep Sees	100.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)			
HHOR	riey				
	ı				
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

-35			
The	Instruction Guide explains how to complete this form	i.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Or'\an	el rianna Lewis		
0 0	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \(\varphi \)
2/26/22	Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description VOIUNTRUY Weeting Check if travel outside of Texas. Complete Schedule T. rer (FOR NON-JUDICIAL) (See Instructions)
CDC)	Edge	water Diaital
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m 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
			Check if travel outside of Texas. Complete Schedule T
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law fin	m 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 SCHED	DULE AS NEEDED
	If contributor is out-of-state PAC, please see instruc	tion guide fo	or additional reporting requirements.

LOANS SCHEDULE E

If the requested	information is not applicable, DO NOT	include this page in the rep	ort.
The li	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Kianna Lewis		
0 1			\$ 100
4 TOTAL OF UN	ITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender ut-of-state P	AC (ID#:)	9 Loan Amount (\$)
1108100	Orjanel Kianna	Lewis	1,500
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	4111 North	TU MACIA	11 Maturity date
□ Y X N	Creekmont Fresno	CHOILXI C	Ø
The second second second second	on / Job title (See Instructions)	13 Employer (See Instructions)	1
Attorna		45 /	
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION			
	18 Guarantor address; City;	State; Zip Code	
not applicable			N. 1981 (M. 1916)
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	-
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?			Maturity date
YN			
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral		nds were deposited into political
none		account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COL	PIES OF THIS SCHEDULE AS NE	EDED
If I	lender is out-of-state PAC, please see in	nstruction guide for additional r	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) Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expens Printing Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor 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 kjanna Lewis 4 Date M3 Graphics Zip Code State: Houston, TX \$1899.94 (a) Category (See Categories listed at the top of this schedule) campaign Push cards PURPOSE Printina Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date M3 Graphics State; Zip Code 11730 S Wilcrest Dr. HOUSTONITX 386.90 Description Category (See Categories listed at the top of this schedule) **PURPOSE** 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 Payee name Date Sugar's Bestaurant 311412022 City; 3424 PM 1092 \$541.25 Missouri, City TX Suite 290 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Kickoff Event Expense Event EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	coan 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 F1:	2 FILER NAME Orjannel Kianna	Lewis	3 Filer ID (Ethics Commission Filers)	
4 Date 3 2 1 2 2	5 Payee name Jenniter Cantu			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
474.00	Ţ	Renbura,	TX	
8	(a) Category (See Categories listed at the top of this sch			
PURPOSE OF EXPENDITURE	Wages Contract Lab	Dr Blockm	alking	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	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			
3/23/22	M3 Graphics			
Amount (\$)	Payee address;	City;	State; Zip Code	
2,483.52	11730 S Wilcrest Dr.	Houston	1,TX 77099	
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Ad. Expense	Signs		
	Check if travel outside of Texas. Complete Sche	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4111aa	Aviva Wholesa	12		
Amount (\$)	Payee address;	City;	State; Zip Code	
195.18	10355 Harwin Dr.	Houston	TX 77036	
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Other	Campa	ign shirts	
	Check if travel outside of Texas. Complete School	edule T. Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME ORIGIN PLANTOL (SW	. ~	ID (Ethics Commission Filers)	
4 Date 4 1 1 2 2	5 Payername City Printing			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
265.00	445 Murphy Rd. St	-afford, Tx	77477	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing expenses	Shirt Prin	ting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/5/22	M3 Graphics			
Amount (\$)	Payee address;	City;	State; Zip Code	
a,353.36	11730 Skillerest	Houston, T)	17099	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Ad Expense	Signs IPU	isn cards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/5/20	UPrinting			
Amount (\$)	Payee address;	City;	State; Zip Code	
822.85	800 Haskell Ave. Van	Nuys, CA	914106	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Ad. Expense	Postcards	3	
B 100 Table	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	ceholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITU	RE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Office Over Polling Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	nt & Related Expense
				0	
1 Total pages Schedule G:	Orinnel Kiar	na lew	S	3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name				
214122	Square Spa	ce			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
Reimbursement from political contributions intended	8 Clarkson 8	5 4 .	New York	, NY	
8	(a) Category (See Categories listed at t	he top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	other		Website	<u>e</u>	
Control of the Contro	(c) Check if travel outside of Texa	s. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought	C	Office held
Date	Payee name				
Date	A STATE OF THE PROPERTY OF THE PARTY OF THE	NWC			
Amount (\$)	Payee address;		City;	State;	Zip Code
920.00					
Reimbursement from political contributions		IV	issouri Ci	tu. Texa	6
intended	Category (See Categories listed at		Description	1771000	
PURPOSE		the top of this scriedale)	000000		
OF EXPENDITURE	Consulting	Expense	Consul-	1114	
	Check if travel outside at Tex	as. Complete Schedule T.	Check if Austin	, TX, offisebolder living ex	pense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder r	ame	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
Reimbursement from political contributions intended			_		
PURPOSE OF EXPENDITURE	Category (See Categories listed at	the top of this schedule)	Description		
	Check if travel outside of Tex	cas. Complete Schedule T.	Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder	name	Office sought		Office held

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