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 FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Kristin Mrs K NAME NICKNAME LAST SUFFIX Tassin 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #: STATE; ZIP CODE **OFFICEHOLDER** 850 Saint Elmos Ct MAILING Missouri City, TX 77459 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281 630-2885 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** Mrs. Grayle Date Processed NAME NICKNAME LAST SUFFIX Date Imaged James STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 1810 Maidenhair Lane ADDRESS Sugar Land, TX 77479 (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION **TREASURER** PHONE (281 799-2873 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Day COVERED 24 24 26 24 4 3 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Other Description Primary Runoff Month Year Special 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Fort Bend ISD Trustee, Position 6 NA 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 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

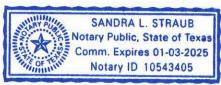
FORM C/OH COVER SHEET PG 2

andidate or Officeholder

15 C/OH NAME Kristin Tassin			16 Filer	ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	12.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	3,762.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	3,971.77
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	1,638.13
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	500.00
		affirm, under penalty of perjury, that the accompanying report is true per reported by me under Title 15, Election Code.	and cor	rect a	and includes all information

Please complete either option below:

(1) Affidavit



5 26 W 200 P	TAMP/SEAL						
Sworn to and	subscribed before me by Kr	istin K. To	assin	100 To	this the 26	day of P	tpril.
20 24	_, to certify which, witness my ha			raub		1110	•
Zuntre		SUITA	L. 21	·uur		Notar	<i></i>
Signature of office	cer administering oath	Printed name of of	fficer adminis	stering oath		Title of officer	administering oath
			OR				
(2) Unsworn	Declaration						
My name is				, and my date o	of birth is		
My address is			F.		, ,	3	
	(stree	et)		(city)	(state)	(zip code)	(country)
Executed in	County, St	ate of	, on the	day of	f	, 20	
		**************************************			(month)	(year)	
Section 1			Section 2 decision in the section in	Signature	of Candidate/Off	iceholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE Kristir	r NAME n Tassin	20 Filer ID (Ethics Cor	mmissi	on Filers)
	EDULE SUBTOTALS IE OF SCHEDULE	-		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,750.00
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 CO	NTRIBUTIONS	\$	93.74
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 FU	NDS	\$	3,878.03
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			was a second
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

n mo roques		nade tine page in the i	oport.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2	
2 FILER NAME Kristin Tas	sin		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Kyle Leinen	7 Amount of contribution (\$)		
04/02/2024	6 Contributor address; City; 3110 E. Autumn Run Cir., Sugar I	500.00		
8 Principal occur Software Arc	P. Carriera	9 Employer (See Instructi Self	ons)	
Date	Full name of contributor out-of-state PAC Grayle James		Amount of contribution (\$)	
04/15/2024	Grayle James Contributor address; City; 1810 Maidenhair, Sugar Lar		500.00	
Principal occup Event plannii	ation / Job title (See Instructions)	Employer (See Instruction Self	ons)	
Date 04/18/2024	Full name of contributor out-of-state PAC Lee Noack	PAC (ID#:) Amount of contribution (S		
04/10/2024	Contributor address; City; 12027 Meadowdale, Meadows P	State; Zip Code	50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC Cheryl Buford	(ID#:)	Amount of contribution (\$)	
04/18/2024	Contributor address; City; 811 Merrick Dr., Sugar Lan	State; Zip Code	100.00	
Principal occup	ation / 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	clude this page in the I	
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 2	
2 FILER NAME Kristin Tas	esin		3 Filer ID (Ethics Commission Filers)
4 Date	Sharat Kalaga	C (ID#:)	7 Amount of contribution (\$)
04/23/2024	6 Contributor address; City; 10 Ellicot Way, Sugar Lar	1,500.00	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction Civitas Engineering	
Date		C (ID#:)	Amount of contribution (\$)
04/23/2024	Sharat Kalaga Contributor address; City; 10 Ellicot Way, Sugar Lar	State; Zip Code nd, TX 77479	500.00
Principal occupation / Job title (See Instructions) Civil Engineering Employer (See Instructions) Civitas Engineering			
Date 04/23/2024	Sharat Kalaga	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	ering	Employer (See Instruction Civitas Engineering	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
04/23/2024	Harish Jajoo Contributor address; City; 62 Bradford Circle, Sugar La	State; Zip Code and, TX 77479	100.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 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 Credit Card Payment		Vages/Contract Labor	Other (enter a catego	ry not listed above)
Total pages Schedule F1:	T .		3 Filer ID (Ethics	Commission Filers)
Date 04/21/2024	5 Payee name Raise the Money			
Amount (\$) 93.74	7 Payee address; P.O. Box 26466, Little Rock, AR 722	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing fe	es	
	(c) 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 H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE C	ATEGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Office Overh Polling Expe se Printing Exp Salaries/War	ense ges/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
2	Kristin Tassin				
4 Date	5 Payee name				
04/01/2024	Jaison Joseph				
6 Amount (\$) 350.00 Reimbursement from political contributions intended	7 Payee address;7718 Bayou Green, Suga	ar Land, TX	City; 77479	State;	Zip Code
8	(a) Category (See Categories listed at the top		(b) Description	O-E-ANS	
PURPOSE OF EXPENDITURE	Event expense		Lincoln Reaga	an Dinner	
	(c) Check if travel outside of Texas. Com	plete Schedule T.	Check if Austi	n, TX. officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	C	Office sought	(Office held
Date	Payee name				
04/11/2024	Texas GOP Store				
Amount (\$)	Payee address;		City;	State;	Zip Code
1,407.25	404 I-45 South, Huntsvil	le TX 77340			***
Reimbursement from political contributions intended	404 1-45 Godin, Hantsvii	10, 17, 7, 7, 7, 10	.		
 political contributions 	Category (See Categories listed at the top		Description		
political contributions intended PURPOSE OF		of this schedule)			
 political contributions intended PURPOSE 	Category (See Categories listed at the top	of this schedule)	Description Yard signs	lin, TX, officeholder living ex	xpense
political contributions intended PURPOSE OF	Category (See Categories listed at the top Printing expense Check if travel outside of Texas. Con Candidate / Officeholder name	of this schedule)	Description Yard signs		xpense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See Categories listed at the top Printing expense Check if travel outside of Texas. Con Candidate / Officeholder name OH	of this schedule)	Description Yard signs Check if Aus		
political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top Printing expense Check if travel outside of Texas. Con Candidate / Officeholder name	of this schedule) Inplete Schedule T.	Description Yard signs Check if Aus		
political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See Categories listed at the top Printing expense Check if travel outside of Texas. Con Candidate / Officeholder name OH Payee name	of this schedule) Inplete Schedule T.	Description Yard signs Check if Aus		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 04/16/2024	Category (See Categories listed at the top Printing expense Check if travel outside of Texas. Con Candidate / Officeholder name OH Payee name Fort Bend Republican V	of this schedule) Inplete Schedule T. Vomen	Description Yard signs Check if Ausi Office sought City;		Office held
political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 04/16/2024 Amount (\$) 25.00 Reimbursement from political contributions intended	Category (See Categories listed at the top Printing expense Check if travel outside of Texas. Con Candidate / Officeholder name OH Payee name Fort Bend Republican W Payee address;	v of this schedule) Inplete Schedule T. Vomen chmond, TX	Description Yard signs Check if Ausi Office sought City; 77406 Description		Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 04/16/2024 Amount (\$) 25.00 Reimbursement from political contributions intended PURPOSE OF	Category (See Categories listed at the top Printing expense Check if travel outside of Texas. Con Candidate / Officeholder name OH Payee name Fort Bend Republican W Payee address; 1910 Fawn Way Cir., Ri	v of this schedule) Inplete Schedule T. Vomen chmond, TX	Description Yard signs Check if Aus Office sought City; 77406		Office held
political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 04/16/2024 Amount (\$) 25.00 Reimbursement from political contributions intended	Category (See Categories listed at the top Printing expense Check if travel outside of Texas. Con Candidate / Officeholder name OH Payee name Fort Bend Republican V Payee address; 1910 Fawn Way Cir., Ri Category (See Categories listed at the top	vof this schedule) Inplete Schedule T. Vomen Chmond, TX D of this schedule)	Description Yard signs Check if Aust Office sought City; 77406 Description Meeting fee		Office held Zip Code

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 E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	² FILER NAME Kristin Tassin		3 Filer ID (Ethics Commission Filers)
Date 04/15/2024	5 Payee name Child Advocates of Fort Bend		
Amount (\$) 2,000.00 Reimbursement from political contributions intended	7 Payee address;5403 Avenue N, Rosenberg, TX 77		State; Zip Code
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description Sponsorship	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	n, TX, officeholder living expense	
Omplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/17/2024	Payee name Amazon		
Amount (\$) 48.24 Reimbursement from political contributions intended	Payee address; 410 Terry Ave. N, Seattle, WA 981	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule) Printing Expense	Description paper	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
Date 04/21/2024	Payee name Lowe's		
Amount (\$) 47.54 Reimbursement from political contributions	Payee address; 3807 FM 1092, Missouri City, TX 7	City; 77459	State; Zìp Code
intended	and the second s	Description	
	Category (See Categories listed at the top of this schedule) Advertising expense	stakes	
intended PURPOSE OF			stin, TX, officeholder living expense Office held