

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Jason MI: M NICKNAME: _____ LAST: Burdine SUFFIX: _____	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> FEB 16 2018 Superintendent's Office Ft. Bend I.S.D.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 17107 Simon Ct. Richmond TX 77407	Date Hand-delivered or Date Postmarked 4:00pm	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 855-7175	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Andrea MI: D NICKNAME: _____ LAST: Burdine SUFFIX: _____	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 17107 Simon Ct. Richmond TX 77407		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 855-7175		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2017 THROUGH 01 / 15 / 2018		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) FBISD Board of Trustee Position 1	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

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

14 CANDIDATE NAME Jason Burdine **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political expenditures by political committees to support the candidate. *These expenditures may have been made without the candidate's knowledge or consent.* Candidates are required to report this information only if they receive notice of such expenditures.

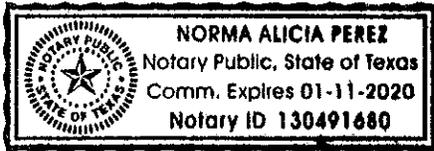
GENERAL
 SPECIFIC

Additional Pages

COMMITTEE TYPE: _____
COMMITTEE NAME: _____
COMMITTEE ADDRESS: _____
COMMITTEE CAMPAIGN TREASURER NAME: _____
COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,850</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,821.45</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>28.55</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Jason Burdine
Signature of Candidate

Sworn to and subscribed before me, by the said Jason Burdine, this the 16 day of February, 2018, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Norma Perez Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jason Burdine</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,650 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,821.45
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,200
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages - Schedule A1: _____

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 (\$)

1/30/17

Sador QIMAM Bushra I Cheema
 Contributor address; City; State; Zip Code
 Sugarland TX 77479

\$ 100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/30/17

Donna C Murillo
 Contributor address; City; State; Zip Code
 Houston TX 77042

\$ 250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/30/17

Melvin Butler JR
 Contributor address; City; State; Zip Code
 Houston TX 77024

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/17/17

Perdue, Brandon, Fielder, Collins & Mott
 Contributor address; City; State; Zip Code
 Houston TX 77008

\$ 750⁰⁰

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:

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 (\$)

1/19/17

Farah Sabouni

\$ 150⁰⁰

6 Contributor address; City; State; Zip Code

[Redacted] Missouri City TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/27/17

Michael Betty Scofield

\$ 150⁰⁰

Contributor address; City; State; Zip Code

[Redacted] Meadows Place TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/30/17

Andrew M Paderanga
Ruchelle Paderanga

\$ 250⁰⁰

Contributor address; City; State; Zip Code

[Redacted] Katy TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/30/17

Teena Kennedy

\$ 100⁰⁰

Contributor address; City; State; Zip Code

[Redacted] League City TX 77573

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:

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 (\$)

1/17/17

Marla & Michael Swierka

\$ 150

6 Contributor address; City; State; Zip Code
 [Redacted] Sugarland TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/17/17

Rahim or Sana Tazehzadeh

\$ 250

Contributor address; City; State; Zip Code
 [Redacted] Sugarland TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/18/17

Yolanda Humphrey

\$ 100

Contributor address; City; State; Zip Code
 [Redacted] Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/18/17

Perdue, Brandon, Fielder, Collins, Mott LLP

\$ 500

Contributor address; City; State; Zip Code
 [Redacted] Houston TX 77008

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:

2 FILER NAME

Jason Michael Burdine

3 Filer ID (Ethics Commission Filers)

4 Date

1/7/17

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

Margaret Herb Epps

7 Amount of contribution (\$)

\$3,500⁰⁰

6 Contributor address: _____ City; State; Zip Code

San Antonio Tx 78218 TX 78218

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/16/17

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

Mourhaforkina Sabouni

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address: _____ City; State; Zip Code

Missouri TX 77459

Principal occupation / Job title (See Instructions)

CITY

Employer (See Instructions)

Date

1/16/17

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

Fred or Sumar Dally

Amount of contribution (\$)

\$250⁰⁰

Contributor address: _____ City; State; Zip Code

Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/17/17

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

Otilia & Charles Gonzales

Amount of contribution (\$)

\$50

Contributor address: _____ City; State; Zip Code

1 Houston Tx 77035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jason Burdine	3 Filer ID (Ethics Commission Filers)
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4 Date 1-9-17	5 Payee name Fort Bend Star
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6 Amount (\$) 693⁰⁰	7 Payee address; City; State; Zip Code 3944 Bluebonnet Stafford TX 77477
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-23-17	Payee name Fort Bend Chamber
------------------------	--

Amount (\$) 225⁰⁰	Payee address; City; State; Zip Code 445 Commerce Sugarland TX 77478
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-28-17	Payee name AB Communications
------------------------	--

Amount (\$) 350⁰⁰	Payee address; City; State; Zip Code 9600 Glenfield Ct. Houston TX # 148 77506
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jason Burdine</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-24-17</i>	5 Payee name <i>Jason Burdine</i>	
6 Amount (\$) <i>600⁰⁰</i>	7 Payee address; City; State; Zip Code <i>17107 Simon ct. Richmond Tx 77407</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Reimbursement Kick-off Food Catering</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jason Burdine</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-16-17</i>	5 Payee name <i>Texas GOP Store</i>	
6 Amount (\$) <i>2,258.64</i>	7 Payee address; City; State; Zip Code <i>404 IH-45 Huntsville TX 77488</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Signs</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>3-20-17</i>	Payee name <i>Fort Bend County GOP</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>2012 Ave. G Rosenberg, TX 77471</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>3-23-17</i>	Payee name <i>LW Point</i>	
Amount (\$) <i>351.81</i>	Payee address; City; State; Zip Code <i>20718 Ivory Creek Ln. Katy TX 77450</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Cards</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jason Burdine</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-27-17</i>	5 Payee name <i>ABC Communications</i>
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6 Amount (\$) <i>350</i>	7 Payee address; City; State; Zip Code <i>9600 Glenfield Ct. Houston TX 77506</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-27-17</i>	Payee name <i>Kristin Tassin Campaign</i>
------------------------	--

Amount (\$) <i>505⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. Box 17027 SL Texas 77496</i>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Print Reimburse Community Impact Ad</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-31-17</i>	Payee name <i>Jacey Jettan Campaign</i>
------------------------	--

Amount (\$) <i>250⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. Box 218933 Houston TX 77218</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jason Burdine	3 Filer ID (Ethics Commission Filers)
4 Date 4-7-17	5 Payee name Aubrey R Taylor	
6 Amount (\$) 600⁰⁰	7 Payee address; City; State; Zip Code www.aubreytaylor.blogspot.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-10-17	Payee name Exchange Club Sugarland	
Amount (\$) \$200⁰⁰	Payee address; City; State; Zip Code 4800 Sugarbowl Blvd Suite 100 Stafford TX 77477	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-11-17	Payee name The Write Idea	
Amount (\$) 200⁰⁰	Payee address; City; State; Zip Code 3909 St. Michaels Ct. Sugarland TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Print	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jason Burdine</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-17-17</i>		5 Payee name <i>Fort Bend County Election</i>			
6 Amount (\$) <i>96⁰⁰</i>		7 Payee address; City; State; Zip Code <i>4520 Reading Rd. Suite A-400 Rosenberg TX 77471</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>4-21-17</i>		Payee name <i>Fort Bend County Election</i>			
Amount (\$) <i>20⁰⁰</i>		Payee address; City; State; Zip Code <i>4520 Reading Rd. Suite A-400 Rosenberg TX 77471</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>4-21-17</i>		Payee name <i>Fort Bend Independent</i>			
Amount (\$) <i>600⁰⁰</i>		Payee address; City; State; Zip Code <i>P.O. Box 623 Sugarland TX 77487</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jason Bundire	3 Filer ID (Ethics Commission Filers)
4 Date 4-20-17	5 Payee name Conrad Braun	
6 Amount (\$) 622⁰⁰	7 Payee address; City; State; Zip Code Ensenada Mexico	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Q.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-23-17	Payee name ABC Communications	
Amount (\$) 400⁰⁰	Payee address; City; State; Zip Code 9600 Glenfield Ct. # 148 Houston Tx 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) A Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-30-17	Payee name Grayle James	
Amount (\$) 100⁰⁰	Payee address; City; State; Zip Code 1810 Maidenhair Ln Sugarland Tx 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Reimbursement FBIF Cake	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jason Burdine</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>10-24-17</i>	5 Payee name <i>Kristin Tassin</i>				
6 Amount (\$) <i>50⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Po Box 218933 Sugarland Tx 77218</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FBFF cake Reimbursement Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>12-7-17</i>	Payee name <i>Kristin Tassin Campaign</i>				
Amount (\$) <i>250⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. Box 218933 Houston Tx 77218</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Jason Burdine</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/9/2017</i>	5 Payee name <i>Jason Burdine Campaign</i>	
6 Amount (\$) <i>\$1,200</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>17107 Simon Ct. Richmond TX 77407</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <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
<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME DAVID ROSENTHAL 15 Filer ID (Ethics Commission Filers)

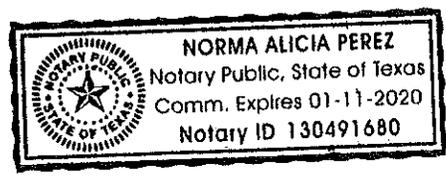
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
---	--

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 427.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2172.29

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Rosenthal, this the 5 day of February, 2018, to certify which, witness my hand and seal of office.

[Handwritten Signature] Norma Perez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 260.37
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 167.34
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME DAVID ROSENTHAL	3 Filer ID (Ethics Commission Filers)
4 Date 5-9-16	5 Payee name CLASSIC MESSAGING	
6 Amount (\$) 260.37	7 Payee address; City; State; Zip Code 12808 W. AIRPORT SUITE 3035 SUGAR LAND TX. 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) VOICE MESSAGING SERVICE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-11-16	Payee name CAMPAIGN CRATE LLC		
Amount (\$) 167.34	Payee address; City; State; Zip Code 19507 GABLE CROSSING DR. RICHMOND TX. 77407		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) YARD SIGN	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	DAVID ROSENTHAL	
4 Date	5 Payee name	
4-3-17	DAVID ROSENTHAL	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
167.34	6910 OAK BAY CIR.	
<input type="checkbox"/> Reimbursement from political contributions intended	MISSOURI CITY TX. 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	PAID TO CAMPAIGN CRATE FOR YARD SIGN.	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

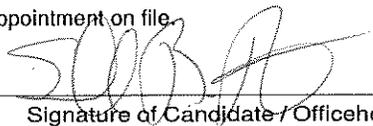
1 C/OH NAME

David Rosenthal

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

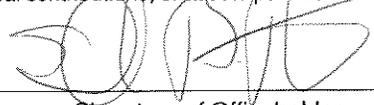
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

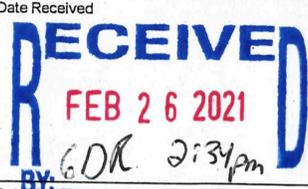
.. Complete this section *only* if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS FIRST Adeola MI 0 NICKNAME Addie LAST Heyliger SUFFIX	<div style="border: 2px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY Date Received  Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1611 Glacier Blue Drive Fresno, Texas 77565 <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 244-5861		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST Milton MI NICKNAME Heyliger LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1611 Glacier Blue Drive Fresno, Texas 77565		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 922-5123		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 1 / 18 06 / 30 / 18		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Fort Bend ISD	13 OFFICE SOUGHT (if known)	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Adeola O. Heyliger 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,060.05
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,410.05
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 385.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,526.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,412.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Adeola O. Heyliger
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adeola O. Heyliger, this the 26 day of February, 2021, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Adwola Heyliger</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,350.</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2141.25</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

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

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code **77459**
6307 Penhallow Lane, Missouri City

8 Principal occupation / Job title (See Instructions)
CEO

9 Employer (See Instructions)
Wells Funeral Service.

Date
1/30/18

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
910 Poydras St. Sugar Land 77498

Principal occupation / Job title (See Instructions)
Therapist / CEO

Employer (See Instructions)
Gateway 2 Counseling

Date
1/30/18

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

Amount of contribution (\$)
\$ 250.00

Contributor address; City; State; Zip Code
36 Big Trail, Missouri City TX 77459

Principal occupation / Job title (See Instructions)
County Commissioner

Employer (See Instructions)
Fort Bend County

Date
1/30/18

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

Amount of contribution (\$)
\$ 250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2410 Evening Star Dr., Pearland 77584

\$ 100.00

8 Principal occupation / Job title (See Instructions)
MD - Nurse Practitioner

9 Employer (See Instructions)
MD Anderson

Date
1/30/18

Full name of contributor out-of-state PAC (ID#: _____)
Jacqueline Bostic McElroy

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3214 Lorghorn Cir, Manvel TX 77578

\$ 100.00

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Fitzgerald + McElroy

Date
1/30/18

Full name of contributor out-of-state PAC (ID#: _____)
Wilvin L. Carter

Amount of contribution (\$)

Contributor address; City; State; Zip Code
7324 Southwest Fwy, Suite 985, Houston 77074

\$ 100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
1/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Joel C. Clouser

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3026 Pelican Cove, Missouri City 77459

\$1 100.00

8 Principal occupation / Job title (See Instructions)
JP 2

9 Employer (See Instructions)
Fort Bend County

Date
1/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6703 Briargate Dr. Missouri City, 77489

\$1 100.00

Principal occupation / Job title (See Instructions)
Social Work / Education

Employer (See Instructions)
Self-Employed

Date
1/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
10960 Stancliff Rd. Houston, 77099

\$1 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$1 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

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

7 Amount of contribution (\$)
\$ 250.00

6 Contributor address; City; State; Zip Code **77469**
2700 Lake Olympia Pkwy, Missouri City

8 Principal occupation / Job title (See Instructions)
Developer

9 Employer (See Instructions)
Capitol Assets

Date
1/30/18

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

Amount of contribution (\$)
\$ 300.00

Contributor address; City; State; Zip Code
2766 Sable Court, Pearland TX 77584

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/22/18

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
6140 Hwy 6 South th 233, Missouri City 77469

Principal occupation / Job title (See Instructions)
State Rep.

Employer (See Instructions)
State of Texas

Date
1/22/18

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/22/18

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

7 Amount of contribution (\$)
\$ 1,000.⁰⁰

6 Contributor address; City; State; Zip Code
2440 Texas Pkwy #110, Missouri City, TX 77429

8 Principal occupation / Job title (See Instructions)
Senator

9 Employer (See Instructions)
State of Texas

Date
1/1/18

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

Amount of contribution (\$)
\$ 100.⁰⁰

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/1/18

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

Amount of contribution (\$)
\$ 200.⁰⁰

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/4/18

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

Amount of contribution (\$)
\$ 250.⁰⁰

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/18

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

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/17/18

Full name of contributor out-of-state PAC (ID#: _____)
Cumming Consultant
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$ 150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/17/18

Full name of contributor out-of-state PAC (ID#: _____)
Kimberly Goodman
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/19/18

Full name of contributor out-of-state PAC (ID#: _____)
Cheryl Taylor
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: x-large;">Mr.</td> <td style="font-size: x-large;">Jason</td> <td style="font-size: x-large;">m</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: x-large;">Burdine</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Jason	m	NICKNAME	LAST	SUFFIX	Burdine			OFFICE USE ONLY							
MS / MRS / MR	FIRST	MI																			
Mr.	Jason	m																			
NICKNAME	LAST	SUFFIX																			
Burdine																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:25%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: x-large; text-align: center;">17107 Simon Ct. Richmond Tx 77407</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	17107 Simon Ct. Richmond Tx 77407					Date Received									
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
17107 Simon Ct. Richmond Tx 77407																					
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:40%; font-size: small;">EXTENSION</td> </tr> <tr> <td style="font-size: x-large;">(713)</td> <td style="font-size: x-large;">855-7175</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(713)	855-7175		Date Hand-delivered or Date Postmarked													
AREA CODE	PHONE NUMBER	EXTENSION																			
(713)	855-7175																				
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: x-large;">Mrs.</td> <td style="font-size: x-large;">Andrea</td> <td style="font-size: x-large;">D</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: x-large;">Burdine</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Andrea	D	NICKNAME	LAST	SUFFIX	Burdine			Receipt #	Amount \$						
MS / MRS / MR	FIRST	MI																			
Mrs.	Andrea	D																			
NICKNAME	LAST	SUFFIX																			
Burdine																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: x-large; text-align: center;">17107 Simon Ct. Richmond Tx 77407</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	17107 Simon Ct. Richmond Tx 77407												
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17107 Simon Ct. Richmond Tx 77407																					
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:40%; font-size: small;">EXTENSION</td> </tr> <tr> <td style="font-size: x-large;">(713)</td> <td style="font-size: x-large;">855-7175</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(713)	855-7175													
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(713)	855-7175																				
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:20%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td style="font-size: x-large;">01</td> <td style="font-size: x-large;">/ 15</td> <td style="font-size: x-large;">/ 2018</td> <td></td> <td style="font-size: x-large;">07</td> <td style="font-size: x-large;">/ 10</td> <td style="font-size: x-large;">/ 2018</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	01	/ 15	/ 2018		07	/ 10	/ 2018				
Month	Day	Year	THROUGH	Month	Day	Year															
01	/ 15	/ 2018		07	/ 10	/ 2018															
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="font-size: x-large;">/</td> <td style="font-size: x-large;">/</td> <td style="font-size: x-large;">/</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	/	/	/	<input type="checkbox"/> General	<input type="checkbox"/> Special			
ELECTION DATE			ELECTION TYPE																		
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																
/	/	/	<input type="checkbox"/> General	<input type="checkbox"/> Special																	
12 OFFICE	OFFICE HELD (if any) Fort Bend ISD Board of Trustee #1	13 OFFICE SOUGHT (if known)																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

RECEIVED

JUL 10 2018

DEPT. OF
LEGAL SERVICES

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

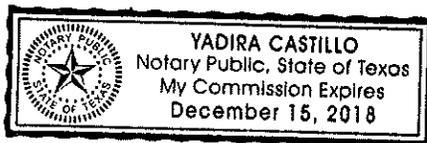
\$ 28.55

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Jason Burdine
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jason Burdine, this the 10th day of July, 2018, to certify which, witness my hand and seal of office.

Yadira Castillo
Signature of officer administering oath

Yadira Castillo
Printed name of officer administering oath

Notary
Title of officer administering oath

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MRS)	FIRST GRAYLE	MI T.	
	NICKNAME	LAST JAMES	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		OFFICE USE ONLY RECEIVED JUL 11 2018 Superintendent's Office Ft. Bend I.S.D.	
	1810 MAIDEN HAIR SUGARLAND, TX 77479			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 565-7191		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST SHARON		MI
	NICKNAME	LAST GREGORY	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	1803 ROCK FENCE RICHMOND, TX 77406			
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 443-3503	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 16 / 2018 THROUGH 07 / 15 / 18			
11 ELECTION	ELECTION DATE Month Day Year 05 / 08 / 18		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special NOTE: NO OPPONENTS SO ELECTION WAS NOT HELD.	
12 OFFICE	OFFICE HELD (if any) FORT BEND FSD TRUSTEE, POSITION 2	13 OFFICE SOUGHT (if known) SAME		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
GRAYLE T. JAMES.

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

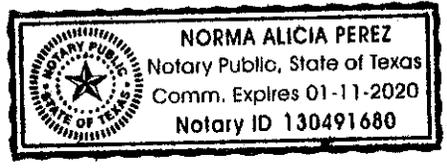
Additional Pages

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COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 013
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,181. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,036. ¹⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,713. ⁹⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Grayle T. James, this the 11 day of July, 20 18, to certify which, witness my hand and seal of office.

[Handwritten Signature] Norma Perez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME GRAYLE JAMES		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,181. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5036. ¹⁴
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.13

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

SCHEDULE A for C/OH Campaign Finance Report

GRAYLE T. JAMES

Date	Full Name of Contributor	Address	Contributions	Occupation/Title for contributions \$500 and higher	Employer
1/18/2018	Ann and Ron Hand	[REDACTED] SL, TX 77479	\$125.00		
1/17/2018	Kim Icenhower	[REDACTED] Sugar Land, 77479	\$1.00		
1/2/2018	Jill Curtis	[REDACTED] SL, TX 77479	\$50.00		
11/27/2018	Stewart Jacobson	[REDACTED] SL, TX 77478	\$150.00		
11/17/2018	Juliana Fournier	[REDACTED] SL, TX 77478	\$200.00		
1/23/2018	Otilia and Charles Gonzales	[REDACTED] Houston, TX 77035	\$50.00		
1/23/2018	Donald B. Roseman	[REDACTED] Houston, TX 77024	\$50.00		
1/23/2018	R. Gregory East	[REDACTED] Humble, TX 77396	\$50.00		
1/23/2018	Leslie M Schkade	[REDACTED] Shenandoah, tx 77381	\$50.00		
1/23/2018	Owen and Stacy Sonik	[REDACTED] Bellaire, TX 77401	\$50.00		
1/23/2018	Joseph and Anita Longoria	[REDACTED] Houston, TX 77007	\$50.00		
1/23/2018	Jason Bailey	[REDACTED] Bellaire, TX 77401	\$50.00		
1/23/2018	Michael and Debbie Darlow	[REDACTED] Bellaire, TX 77401	\$50.00		
1/23/2018	Marla and Michael Siwierka	[REDACTED] Sugar Land, TX, 77479	\$50.00		
1/23/2018	Carl Sandin	[REDACTED] TX 77007	\$50.00		
1/23/2018	Perdue, Brandon, Fielder, Collins & Mott, LLP	[REDACTED] Houston, TX 77008	\$500.00	Attorney	Perdue, Brandon, Fielder, Collins & Mott, LLP
1/24/2018	Michael Zum Mallen and Lynn Frostman	[REDACTED] Sugar Land, TX 77479	\$250.00		
1/24/2018	Brenda and Horacio Lau	[REDACTED] Sugar Land, TX 77498	\$100.00		
1/24/2018	Barb and Greg Pepper	[REDACTED] Sugar Land, TX 77479	\$100.00		
1/24/2018	Michael and Kyle Nelson	[REDACTED] Sugar Land, TX 77479	\$100.00		
1/24/2018	Jeff and Linda Jackson	[REDACTED] Sugar Land, TX 77498	\$150.00		
1/24/2018	Bridget Yeung	[REDACTED] Sugar Land, TX 77478	\$100.00		
1/24/2018	Marla and Michael Siwierka	[REDACTED] Sugar Land, TX, 77479	\$100.00		
1/24/2018	Mary Favre	[REDACTED] Sugar Land, TX, 77478	\$350.00		
1/24/2018	Jackie McFariane	cash, no address	\$100.00		
1/24/2018	Jake Messenger	cash, no address	\$50.00		
1/24/2018	Gary Pearson	[REDACTED] Houston, TX 77027	\$100.00		
1/24/2018	Terri Nieser	[REDACTED] Sugar Land, TX, 77479	\$250.00		
1/24/2018	Nancy and Stephen Porter	[REDACTED] Sugar Land, TX, 77498	\$100.00		
1/24/2018	David and Susan Sackett	[REDACTED] Sugar Land, TX, 77478	\$500.00	Engineer	Fluor Daniel
1/24/2018	Billie Addison	no address given in paypal	\$75.00		
1/24/2018	Daniel Menendez	no address given in paypal	\$100.00		
1/27/2018	Rick Conley	[REDACTED] Sugar Land, TX 77479	\$100.00		
1/26/2018	Martha Adkison	no address given in paypal	\$100.00		
1/26/2018	Joann Scofield	no address given in paypal	\$200.00		
2/9/2018	Doug and Susie Goff	[REDACTED] Sugar Land, TX 77498	\$250.00		
2/9/2018	Yolanda Humphrey	[REDACTED] Missouri City, TX 77459	\$100.00		
2/8/2018	Lisa and James Short	[REDACTED] Sugar Land, TX 77479	\$150.00		
2/15/2018	AutoArch Architects, LLC	[REDACTED] Houston, TX 77036	\$1,000.00	Architect	AutoArch Architects, LLC

SCHEDULE A for C/OH Campaign Finance Report

GRAYLE T. JAMES

Date	Full Name of Contributor	Address	Contributions	Occupation/Title for contributions \$500 and higher	Employer
3/10/2018	Kenna Washington	[REDACTED] Sugar Land, TX 77479	\$30.00		
3/15/2018	Jay Crawford	[REDACTED] Sugar Land, TX 77498	\$100.00		
3/19/2018	Bench, Tomalea and Riley	[REDACTED] Richmond, TX 77406	\$100.00		
6/21/2018	Mourhaf or Lina Sabouni	[REDACTED] Missouri City, TX 77459	\$1,000.00	Business Owner	self employed

TOTAL →

\$7,181.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME GRAYLE JAMES	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name * see attached *
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6 Amount (\$)	7 Payee address; City; State; Zip Code
---------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

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

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F for C/OH Campaign Finance Report

Checks:	Amount (\$)	Payee Name	Payee Address	Category	Description
1/19/2018	\$300.00	Burt Levine (ABC Consulting)	9600 Glenfield Ct, Suite 148, Houston, TX 77036	Consultants	Campaign Consulting
1/19/2018	\$500.00	Kim Icenhower	3019 Arrowhead, Sugar Land, TX 77479	Consultants	Campaign Consulting
1/30/2018	\$100.00	THSABC	Harlem Rd, Richmond, TX	Marketing	Booster Club donation
2/19/2018	\$300.00	Burt Levine (ABC Consulting)	9600 Glenfield Ct, Suite 148, Houston, TX 77036	Consultants	Campaign Consulting
2/19/2018	\$500.00	Kim Icenhower	3019 Arrowhead, Sugar Land, TX 77479	Consultants	Campaign Consulting
2/22/2018	\$51.96	Pamela Printing	550 Julie Rivers #310, Sugar Land, TX 77498	Printing	Business Cards
3/10/2018	\$150.00	Michael Scott	10803 Kit St, Houston, TX 77096	Graphics	Updated re-election graphic
3/19/2018	\$300.00	Burt Levine (ABC Consulting)	9600 Glenfield Ct, Suite 148, Houston, TX 77036	Consultants	Campaign Consulting
3/19/2018	\$500.00	Kim Icenhower	3019 Arrowhead, Sugar Land, TX 77479	Consultants	Campaign Consulting
3/26/2018	\$1,000.00	David or Grayle James	1810 Maidenhair, Sugar Land, TX 77479	Loan Payoff	repayment of campaign loan
4/19/2018	\$300.00	Burt Levine (ABC Consulting)	9600 Glenfield Ct, Suite 148, Houston, TX 77036	Consultants	Campaign Consulting
4/19/2018	\$500.00	Kim Icenhower	3019 Arrowhead, Sugar Land, TX 77479	Consultants	Campaign Consulting
5/19/2018	\$500.00	Kim Icenhower	3019 Arrowhead, Sugar Land, TX 77479	Consultants	Campaign Consulting
6/29/2018	\$34.18	PayPAL		Bank Fee	paypal fee for contributions for Spring '18
TOTAL	\$5,036.14				

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

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: <i>1</i>
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2 FILER NAME <i>GRAYLE JAMES</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/30/18 - 6/30/18</i>	5 Name of person from whom amount is received <i>WELLS FARGO BANK</i>	8 Amount (\$) <i>13</i>
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>INTEREST</i>		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>James</u> MI <u>D.</u>	OFFICE USE ONLY RECEIVED Date Received JUL 11 2018 Superintendent's Office Ft. Bend I.S.D. Date Hand-delivered or Date Postmarked <u>8:52am.</u>	
	NICKNAME LAST SUFFIX <u>Jim Rice</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>5402 Oban Terrace Lane</u> <u>Sugar Land, Tx. 77479</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(281) 980-8011</u>		
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR FIRST <u>Dorothy</u> MI <u>S.</u>	Receipt #	Amount \$
	NICKNAME LAST SUFFIX <u>Suzanne Ramos</u>	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3907 Senna Place</u> <u>Sugar Land, Tx. 77479</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(281) 980-9051</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 1 / 2018</u> THROUGH <u>6 / 30 / 2018</u>		
11 ELECTION	ELECTION DATE Month Day Year <u> / /</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <u>FBISD Trustee</u> <u>Pos. 3</u>	13 OFFICE SOUGHT (if known) <u>FBISD Trustee</u> <u>Pos. 3.</u>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Jim Rice (James D. Rice)

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 0.00

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 231.23

CONTRIBUTION
BALANCE

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

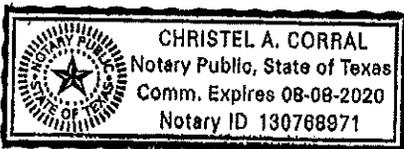
\$ 3,388.74

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

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.

James D. Rice
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James D. Rice, this the 11 day of July, 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Christel Corral
Printed name of officer administering oath

Administrative Assistant
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Jim Rice

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 231.23
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Jim Rice		3 Filer ID (Ethics Commission Filers)	
4 Date 2/3/2018		5 Payee name Icenhower Consulting LLC			
6 Amount (\$) \$35.00		7 Payee address; City; State; Zip Code 3019 Arrowhead Dr. Sugar Land, Tx. 77479			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/3/2018		Payee name Icenhower Consulting LLC			
Amount (\$) \$29.98		Payee address; City; State; Zip Code 3019 Arrowhead Dr. Sugar Land, Tx. 77479			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/12/2018		Payee name Fort Bend - Southwest Star			
Amount (\$) \$106.25		Payee address; City; State; Zip Code P.O. Box 2369 Stafford, Tx. 77497			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense Newspaper Ad.		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS FIRST Adeola MI O	<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received RECEIVED FEB 26 2021 BY: CDR 2:34pm</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Postmarked</div> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> </table> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>		Receipt #	Amount	Date Processed	
Receipt #	Amount						
Date Processed							
NICKNAME	LAST SUFFIX Addie Heyliger						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1611 Glacier Blue Drive Fresno, Texas 77565						
<input type="checkbox"/> change of address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 244-5861						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST Milton MI						
NICKNAME	LAST SUFFIX Heyliger						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1611 Glacier Blue Drive Fresno, Texas 77565						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 922-5123						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 1 / 18 06 / 30 / 18						
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) Fort Bend ISD	13 OFFICE SOUGHT (if known)					

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Adeola O. Heyliger 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,060.05
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,410.05
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 385.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,526.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,412.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Adeola O. Heyliger
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adeola O. Heyliger, this the 26 day of February, 2021, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Adwola Heyliger</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,350.</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2141.25</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

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

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code **77459**
6307 Penhallow Lane, Missouri City

8 Principal occupation / Job title (See Instructions)
CEO

9 Employer (See Instructions)
Wells Funeral Service

Date
1/30/18

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
910 Poydras St. Sugar Land 77498

Principal occupation / Job title (See Instructions)
Therapist / CEO

Employer (See Instructions)
Gateway 2 Counseling

Date
1/30/18

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

Amount of contribution (\$)
\$ 250.00

Contributor address; City; State; Zip Code
36 Big Trail, Missouri City TX 77459

Principal occupation / Job title (See Instructions)
County Commissioner

Employer (See Instructions)
Fort Bend County

Date
1/30/18

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

Amount of contribution (\$)
\$ 250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2410 Evening Star Dr., Pearland 77584

\$ 100.00

8 Principal occupation / Job title (See Instructions)
MD - Nurse Practitioner

9 Employer (See Instructions)
MD Anderson

Date
1/30/18

Full name of contributor out-of-state PAC (ID#: _____)
Jacqueline Bostic McElroy

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3214 Lorghorn Cir, Manvel TX 77578

\$ 100.00

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Fitzgerald + McElroy

Date
1/30/18

Full name of contributor out-of-state PAC (ID#: _____)
Wilvin L. Carter

Amount of contribution (\$)

Contributor address; City; State; Zip Code
7324 Southwest Fwy, Suite 485, Houston 77074

\$ 100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
1/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Joel C. Clouser

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3026 Pelican Cove, Missouri City 77459

\$1 100.00

8 Principal occupation / Job title (See Instructions)
JP 2

9 Employer (See Instructions)
Fort Bend County

Date
1/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6703 Briargate Dr. Missouri City, 77489

\$1 100.00

Principal occupation / Job title (See Instructions)
Social Work / Education

Employer (See Instructions)
Self-Employed

Date
1/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
10960 Stancliff Rd. Houston, 77099

\$1 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$1 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

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

7 Amount of contribution (\$)
\$ 250.00

6 Contributor address; City; State; Zip Code **77469**
2700 Lake Olympia Pkwy, Missouri City

8 Principal occupation / Job title (See Instructions)
Developer

9 Employer (See Instructions)
Capitol Assets

Date
1/30/18

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

Amount of contribution (\$)
\$ 300.00

Contributor address; City; State; Zip Code
2766 Sable Court, Pearland TX 77584

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/22/18

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
6140 Hwy 6 South th 233, Missouri City 77469

Principal occupation / Job title (See Instructions)
State Rep.

Employer (See Instructions)
State of Texas

Date
1/22/18

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
1/22/18

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

7 Amount of contribution (\$)
\$ 1,000.⁰⁰

6 Contributor address; City; State; Zip Code
2440 Texas Pkwy #110, Missouri City, TX 77429

8 Principal occupation / Job title (See Instructions)
Senator

9 Employer (See Instructions)
State of Texas

Date
1/1/18

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

Amount of contribution (\$)
\$ 100.⁰⁰

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/1/18

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

Amount of contribution (\$)
\$ 200.⁰⁰

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/4/18

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

Amount of contribution (\$)
\$ 250.⁰⁰

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **6**

2 FILER NAME **Adeola Heyliger**

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/18

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

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/17/18

Full name of contributor out-of-state PAC (ID#: _____)
Cumming Consultant
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$ 150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/17/18

Full name of contributor out-of-state PAC (ID#: _____)
Kimberly Goodman
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/19/18

Full name of contributor out-of-state PAC (ID#: _____)
Cheryl Taylor
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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