

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: 7 | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Ms Angela D <hr/> NICKNAME LAST SUFFIX Collins | | <div style="border: 2px solid blue; padding: 5px; font-weight: bold; color: blue; font-size: 1.2em;"> RECEIVED </div> <div style="color: red; font-weight: bold; font-size: 1.1em;"> APR 30, 2025 </div> <div style="color: blue; font-weight: bold; font-size: 1.1em;"> BY: H. Schaub </div> <div style="color: blue; font-weight: bold; font-size: 1.1em;"> 8:00am </div> | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11715 Kenzie Ct. Meadows Place, TX 77477 | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 464-8577 | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Ms. Julia A <hr/> NICKNAME LAST SUFFIX Harvey | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12010 Alston Dr. Meadows Place, TX 77477 | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 684-9972 | | | | | | | | | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | | | | | | | | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 4 / 4 / 25 </div> <div>THROUGH</div> <div> Month Day Year 4 / 25 / 25 </div> </div> | | | | | | | | | | |
| 11 ELECTION | <div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 5 / 3 / 25 </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | <div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-right: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Angela Collins

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$

2,345.46

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,957.32

CONTRIBUTION
BALANCE

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

\$

841.73

OUTSTANDING
LOAN TOTALS

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

\$

3,190.00

18 SIGNATURE

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

Angela Collins

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Angela Collins, and my date of birth is 09/29/1978.

My address is 11715 Kenzie Ct, Meadows Place TX, 77477, USA.

(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 25 day of April, 2025.

(month) (year)

Angela Collins

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Angela Collins

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | |
|-----|--|-------------|
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,345.46 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | ■ SCHEDULE E: LOANS | \$ 3,190.00 |
| 5. | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,957.32 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 |
| 2 FILER NAME Angela Collins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor 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 out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID# _____) 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. | | |

| Date | Name | Address | City | State | Zip | Occupation | Employer | Amount Contributed | |
|-----------|-------------------|-----------------------|---------------|-------|-------|----------------|--------------|--------------------|----------|
| 4/7/2025 | Chia Lun-Foster | 106 Drake Elm Ct | Sugar Land | TX | 77479 | Marketing | Self | \$ | 25.00 |
| 4/14/2025 | Chia Lun-Foster | 106 Drake Elm Ct | Sugar Land | TX | 77479 | Marketing | Self | \$ | 20.00 |
| 4/22/2025 | Jaime Smith | 11622 Dorrance Ln | Meadows Place | TX | 77477 | N/A | Self | \$ | 100.00 |
| 4/6/2025 | Anna Johnston | 11703 Dorrance Ln | Meadows Place | TX | 77477 | Nurse | | \$ | 25.00 |
| 4/6/2025 | Katie North | 11702 Dorrance Ln | Meadows Place | TX | 77477 | HR | | \$ | 100.00 |
| 4/6/2025 | Madelyn Crain | 2314 Grindstone Ln | Sugar Land | TX | 77498 | Sales | | \$ | 57.78 |
| 4/6/2025 | Sharee Quick | 12210 Level Run St | Meadows Place | TX | 77477 | Teacher | FBISD | \$ | 50.00 |
| 4/6/2025 | James Tinney | 3402 Avenue O, #B | Rosenberg | TX | 77471 | Driver | Imperial | \$ | 38.35 |
| 4/6/2025 | Jennifer Cano | 12119 Monticeto Ln | Meadows Place | TX | 77477 | AR Mgr | | \$ | 25.00 |
| 4/6/2025 | Michael Mireles | 12103 Scottsdale Dr | Meadows Place | TX | 77477 | Marketing | | \$ | 50.00 |
| 4/6/2025 | Sandra Olive | 12226 Dorrance Ln | Meadows Place | TX | 77477 | Owner | Sandy's | \$ | 77.77 |
| 4/6/2025 | Katie North | 11702 Dorrance Ln | Meadows Place | TX | 77477 | HR | | \$ | 40.00 |
| 4/6/2025 | Mindy Good | 11703 Brook Meadows | Meadows Place | TX | 77477 | N/A | | \$ | 28.64 |
| 4/6/2025 | Karen Hargraves | 12011 Meadowdale | Meadows Place | TX | 77477 | SBA Adv. | Frost Bank | \$ | 40.00 |
| 4/6/2025 | Jaime Sanchez | 11806 Monticeto Ct | Meadows Place | TX | 77477 | Turf Co | Self | \$ | 100.00 |
| 4/6/2025 | Ben Smith | 12115 Pender Lane | Meadows Place | TX | 77477 | N/A | | \$ | 60.00 |
| 4/6/2025 | Gustave Banos | 12215 Level Run St | Meadows Place | TX | 77477 | Restaurant Mgr | Ramble Creek | \$ | 38.35 |
| 4/6/2025 | Greg Ybarra | 1805 George Street | Rosenberg | TX | 77471 | Fire Capt | Stafford | \$ | 18.93 |
| 4/6/2025 | Katherine Samuel | 11543 Mullholland Dr | Stafford | TX | 77477 | Safety Mgmt | SETRAC | \$ | 100.00 |
| 4/7/2025 | Kimberly Francis | 12010 Blair Meadow Dr | Meadows Place | TX | 77477 | N/A | | \$ | 20.00 |
| 4/13/2025 | Katherine Samuel | | Stafford | TX | 77477 | | SETRAC | \$ | 100.00 |
| 4/13/2025 | Dianne Hiatt | 12107 Meadow Hollow | Meadows Place | TX | 77477 | Office Mgr | Fondren Medi | \$ | 48.00 |
| 4/13/2025 | Edith Morales | 718 Tassell St | Houston | TX | 77076 | N/A | | \$ | 25.00 |
| 4/13/2025 | Karen Hargraves | 12011 Meadowdale | Meadows Place | TX | 77477 | SBA Adv. | Frost Bank | \$ | 60.00 |
| 4/13/2025 | Sharee Quick | 12210 Level Run St | Meadows Place | TX | 77477 | Teacher | FBISD | \$ | 30.00 |
| 4/13/2025 | Lindsey Gillespie | 11715 Kenzie Ct | Meadows Place | TX | 77477 | Collections | | \$ | 30.00 |
| 4/13/2025 | Michelle Cockrum | 12307 Level Run St | Meadows Place | TX | 77477 | N/A | | \$ | 70.00 |
| 4/13/2025 | Kelly Granado | 12231 Level Run St | Meadows Place | TX | 77477 | N/A | | \$ | 300.00 |
| 4/13/2025 | Alfred Ortiz | 12222 Meadowhollow | Meadows Place | TX | 77477 | Turf Co | Self | \$ | 25.00 |
| 4/14/2025 | Karen Hargraves | 12011 Meadowdale | Meadows Place | TX | 77477 | SBA Adv. | Frost Bank | \$ | 30.00 |
| 4/15/2025 | Katie North | 11702 Dorrance Ln | Meadows Place | TX | 77477 | HR | | \$ | 35.00 |
| 4/21/2025 | Kevin Headley | 2703 Teague Rd #706 | Houston | TX | 77080 | Self | | \$ | 40.00 |
| | | | | | | | | \$ | 1,807.82 |

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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 Angela Collins | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/17/2025 | 5 Payee name 24Hourwristbands.com | |
| 6 Amount (\$) 573.62 | 7 Payee address; 14550 Beechnut | City; State; Zip Code Houston TX 77083 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Marketing | (b) Description Yard Signs |
| | (c) Check if travel outside of Texas. Complete Schedule T. 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 04/21/2025 | Payee name Walmart | |
| Amount (\$) 149.58 | Payee address; 13322 W Airport Blvd | City; State; Zip Code SugarLand TX 77498 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event | Description Supplies/Food |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 04/22/2025 | Payee name Catdi Printing | |
| Amount (\$) 275.00 | Payee address; 8019 W Grand Pkwy S | City; State; Zip Code Richmond TX 77407 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Marketing | Description Push Cards |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 Angela Collins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 04/23/2025 | | 5 Payee name Walmart | | | |
| 6 Amount (\$) 29.70 | | 7 Payee address; City; State; Zip Code 13322 W Airport Blvd | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event | | (b) Description Food/Supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date | | Candidate / Officeholder name Office sought Office held | | | |
| Payee name | | | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date | | Candidate / Officeholder name Office sought Office held | | | |
| Payee name | | | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date | | Candidate / Officeholder name Office sought Office held | | | |
| Payee name | | | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
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