# 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	MS/MRS/MR Mrs.	Annie Reber	MI	OFFICE USE ONLY
NAME	NICKNAME	Elliott	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 5702 Ric		CITY; STATE; ZIP CODE ANC 11406	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 4	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Michael	W. <sup>MI</sup>	Date Processed
	NICKNAME	Elliott	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	570	100 PO BOX PLEASE): APT / SL 2 Mimosa ( hmond. TV		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (832) 4	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month 7	Day Year	THROUGH	Day Year 29/2022
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE	
	11/08,	2022 General	Special	
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	Clerk F.B.C.
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES A	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

1	E / OFFICEHOLDER	co	FORM C/OH VER SHEET PG 2
15 C/OH NAME A	nnie Rebecca Elliott	16 Filer	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HER THAN	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 16,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 76 05.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS C OF REPORTING PERIOD	OF THE LAST DAY	\$ 9,140.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	ANS AS OF THE	\$
	Please complete either optio	ture of Candidate o	r Officeholder
(1) Affidavit		Brittingy N Ny Commis 04/02/2025 ID No. 1330	elson sion Expires 014078
NOTARY STAMP/SEA		1040	DC WARK
00	before me by <u>ANNIL KIBLCCA EIIID H</u> which, witness my hand, and seal of office.	_ this the _ 10***	day of <u>0/10/10/</u> ,
BRITINON	- brittingy Nelson		Noraty
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer administering oath
OR OR (2) Unsworn Declaration			
My name is	, and my date	of birth is	······································
My address is			······································
		(state) (	
Executed in	County, State of, on the day	of(month)	_, 20 (year)
	Signature	e of Candidate/Office	eholder (Declarant)

	SOBIOIALO O/OII	ORM C/OH HEET PG 3
19	FILER NAME Annie Rebecca Elliott 20 Filer ID (Ethics Com	mission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16, 225
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7.605.70
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 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Annie Rebecca Elliott	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Gracelyn Sessions	
8 18 22	6 Contributor address; City; State; Zlp Code	10,000
1 1	6 Contributor address; City; State; Zip Code 3233 W. Dallas Houston TX	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
A	Horney of Law	-
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
011	John H. Hamilton Contributor address; City; State; Zip Code P.O. Box 891 Fulshear TX	
1/2 2022	Contributor address; City; State; Zip Code	5,000
1.1	P.O. Boy 891 Fulshear TX	-,
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
	Keal Estate	
Date	Full name of contributor	Amount of contribution (\$)
		Amount of commonton (\$)
9/9/2022	Contributor address; City; State; Zip Code	200
1	Contributor address; City; State; Zip Code	~~~
	9702 Synott Rd. Houston TX	
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	
	CONSTRUCTION OWN	ER
Date	Full name of contributor	Amount of contribution (\$)
01 1	Synda Frost	
9/21/2022	Contributor address; City; State; Zip Code P.O. Boy 450 Simonton TX	1,000.
	P.O. Box 650 Simonton TX	
Principal occu	Refired Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additiona	

# 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 Totel pages Schedule A1:
2 FILER NAME	Innie Rebecca Elliott	:	3 Filer ID (Etnics Commission Filers)
4 Date 9/29/2022	5 Full name of contributor 🗇 out-of-state PAC (ID#: James + Carolyn SKarzynski 6 Contributor address; City; State; 2915 Persimmon Richmon	Zip Code	7 Amount of contribution $($)$ 25, $\frac{06}{2}$
8 Principal occu	pation / Job title (See Instructions) 9 Empl	cyer (See Instructio	ns)
Date	Full name of contributor   out-of-state PAC (ID#:  Contributor address;  City;  State;	) Zip Code	Amount of contribution (\$)
Principal occur	eation / Job title (See Instructions) Empl	oyer (See Instructio	ns)
Date	Full name of contributor 🗌 out-of-state PAC (ID#		Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	Dation / Job title (See Instructions) Emp	loyer (See Instructio	ons)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State;	) Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Emp	oloyer (See Instruction	ons)
	- -		
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see Instruction gu		

### 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 Gitl/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:	<sup>2</sup> FILER NAME Annie Rebecca Ellin	off	3 Filer ID (Ethics Commission Filers)
4 Date /14/22	5 Payee name ACE Hardware		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
44.34	17205. Mason Rd. Ka	ty TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		1 . 1	A . S.
OF EXPENDITURE	Advertising Expense	Suppliestor	Campalgn aigns
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/17/22	Hasta ha Pasta		
Amount (\$)	Payee address;	City;	State; Zip Code
74.00	1450 W. Grand PKwy 5. Ste	E Katy	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage	Meetin	g »/ Constituents
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/18/22	Brookstrept BBQ		
Amount (\$)	Payee address;	City;	State; Zip Code
15.10	1232 Hwy 6 Mi	ssouri Cit	y TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage	Meeting "	/ Constituents
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

Forms provided by Texas Ethics Commission

### 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 Gitl/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 Annie Rebecca Ellic	3 Filer ID (Ethics Commission Filers)
4 Date 8 18 2022	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1,981.41	917 Mason Rd. Kat	y Tx
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign 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/OF	Candidate / Officeholder name	Office sought Office held
Date 8 19 2022	Payee name Walmart	
Amount (\$)	Payee address;	City; State; Zip Code
58.26	5660 W. Grand PKwy S.,	Richmond TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adversifing Expense	Description T-Shirts
	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/OF	Candidate / Officeholder name	Office sought Office held
B 20 ZOZZ	Payee name Walmart	
Amount (\$) 40.98	Payee address; 26824 FM 1093 Ric	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts
	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

Forms provided by Texas Ethics Commission

### 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 Pol KIL	3 Filer ID (Ethics Commission Filers)	)
3 of ].] 4 Date / /	Annie Rebecca Ellie 5 Payee name		
8/21 2022	Al-Afand Mediterranean	L Grill	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
100	1660 S. Mason Rd. K	aty 1X	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense	Meeting Expense	
	(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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
8 23 2022	Imprint		
Amount (\$)	Payee address;	City; State; Zip Code	
263.26	14550 Beechnut St. H	ouston TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Hand fans	
	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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
8/23/2022	Kroger		
Amount (\$)	Payee address;	City; State; Zip Code	
60.48	8011 W. Grand Pkwy S.	Richmond TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment/ + Related Expense	fuel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

### 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/Fundralsing 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:	<sup>2</sup> FILER MAME Annie Rebecca Elli	3 Filer ID (Ethics	Commission Filers)
4 Date 8 23 4022	5 Payee name Spring Creek BBQ		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
9.69	26802 FM 1093 R.	ichmond Tx	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting Expense	
	(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/OF	Candidate / Officeholder name	Office sought	Office held
B 25 2022	Payee name La Cocina		
Amount (\$)	Payee address;	City; State;	Zip Code
63.79	F.M. 359	Richmond TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Borerage Grpense	Meeting Expense Constitu	ients
	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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/25 2022	havren Henderson		
Amount (\$)	Payee address;	City; State;	Zip Code
450.00	Ho	uston TX	
	Category (See Categories listed at the top of this schedule)	Description	1 ( )
PURPOSE OF EXPENDITURE	Advertising Expense	Website Design/Upda	te a traphics
	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/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Forms provided by Texas Ethics Commission

.

### 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 B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori al Committee Legal Services	Office Ove ense Polling Ex ials Expense Printing Ex	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Annie Reb	eccic Elliott	-	3 Filer ID (Ethics	Commission Filers)
4 Date 8 27 2022	5 Pavee name	ntation H	Tardware		
6 Amount (\$)	7 Payee address;	0	City;	State;	Zip Code
54.16	F.M. 359	Ki	chmond T	X	
8	(a) Category (See Categories liste	ad at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Expense	Supplies for	Campaign:	signs
	(c) Check if travel outside of	f Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder H	name	Office sought		Office held
Date	Payee name				
8/27/2022	Shell				
Amount (\$)	Payee address;		City;	State;	Zip Code
16.57	2025 FM. 35	.9 F	Richmond-	TX	
	Category (See Categories listed		Description		
PURPOSE	Transportation E	quipment	Fuel		
EXPENDITURE	* Kelated Exp.	ense	1 vei		
	Check if travel outside of	f Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder H	name	Office sought		Office held
Date	Payee name				
8/27/2022	Kroger F	vel			
Amount (\$)	Payee address;		City;	State;	Zip Code
60.16	8011 W. Grand	Ркшу, 4	Kichnord -	TX	
	Category (See Categories listed	1 at the top of this schedule)	Description		
PURPOSE OF	Transportation Eq	ivi prient	P.I		
EXPENDITURE	a Kelated Exp	ense	Tue		
	Check if travel outside of	f Texas. Complete Schedule T.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder	r name	Office sought		Office held
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

1

4

6

8

9

#### SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT include			
		and the second	eport.	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
6001			3 Filer ID (Ethica	3 Commission Filers)
Date 8 27 2022	5 Payee name ACE Hardware			•
743.89	7 Payee address; F.M. 359	Richmond, T	State;	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description T-Posts	Ş	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 9/7/2022	Payee name R.W.C.K.		· ·	
Amount (\$)	Payee address; 9550 Spring-Green Blud, St	e 408-122	Katy TX	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	Description Monthly N	Neeting	0000050
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 2/8/2022	Payee name NBD Graphics			•
Amount (\$)	Payee address; 977 S. Mason Rd. Ka	HTX City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign	n Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed ab	
111	2 FILER AAME Annie Rebecca Ell	3 Filer ID (Ethics Commission	n Filers)
4 Date 9/9/2022	5 Payee name		
6 Amount (\$) 46. 11	7 Payee address; 23645 Katy Frwy.	City; State; Zip Cod Katy TX	Θ
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment and Related Expenses	(b) Description Fuel	
	(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 9/9 / 2022	Big Frog Custom T-Shi	<b>r</b> 5	
Amount (\$) 598.62	9555 Spring Green Blud.	Katy TX State; Zip Cod	le
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Printing	
	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/OF	Candidate / Officeholder name	Office sought Office held	
Date 9/14 2022	Payee name		
Amount (\$) 444.52	Payee address; 17520 S.W. FRW	Sugar Land TX Zip Con	de
PURPOSE OF EXPENDITURE	Category (see Categories listed at the top of this schedule) Transportation Equipment and Related Expenses	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office he	ld

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 B Candidate/Officeholder/Politice Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E Y Gift/Awards/Memorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	Annie Rebecca Elliott		3 Filer ID (Ethics Commission Filers)
<sup>4</sup> Date 9/19/2022	5 Payee name Imprint		
6 Amount (\$) 200, 26	7 Payee address; 14550 Beechnut St.	Hovston	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Hand for	ins
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	Transformation	
9/20/2022	Samis Club		
Amount (\$)	Payee address;	City;	State; Zip Code
44.15	22402 Bellaire Blud	Richmond	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Transportation Equipment	FI	
EXPENDITURE	and helated Expense	Tuel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 9 22 2022	Payee name Q.R. Code Generator		
Amount (\$)	Payee address;	City;	State; Zip Code
130.64	AM Lenkwerk 13 3360	1 Bielefeld	Germany
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advartising Expense	Q.R. CO	ode
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT includ	e this page in the re	port.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling / Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense   Expense g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Cidul Cald Payment	The Instruction Guide explains how	o complete this form.	
1 Total pages Schedule F1: 9 of	2 FILEA NAME Annie Rebecca Elliott	-	3 Filer ID (Ethics Commission Filers)
4 Date 20 2022	5 Payee name Fort Bend Focus		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
400	P.O. Box 1253 +	Richmond, TX	
8	(a) Category (See Categories listed at the top of this schedule	) (b) Description	1
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising	ġ
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/22/2022	Payee name	****	
Amount <sup>®</sup> (\$)	Payee address;	City;	State; Zip Code
43.04	6445 FM 359 Ric	hmond TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment and Related Expenses	Fuel	
	Check if travel outside of Texas. Complete Schedule T	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/21/2022	Swinging Door BBC	2	
Amount (\$)	Payee address;	City;	State; Zip Code
147.12	F.M. 359	<b>Rich mon</b>	d TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Boverage Expense	$\Lambda\Lambda$ L. $\mu$	Constituents
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

.

### SCHEDULE F1

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

			DOV/O/
EXPENDITU	RECATEG	ORIES FOI	K BOX 8(a

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		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)
Ciecil Caro Payment	The Instruction Guide explain	is how to complete this form.	
10 of 11	<sup>2</sup> FILER NAME Annie Rebecca E	lliot	3 Filer ID (Ethics Commission Filers)
9 19 2022	5 Payee name Paypal		
6 Amount (\$)*	7 Payee address; 2211 N First St. Sam	Jose CA City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Accounting Bankin	g Transfer Fe	ee
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	tin, 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		· · · · · · · · · · · · · · · · · · ·
9/2/2022	Paypal		
Amount (\$)	Payee address;	City;	State; Zip Code
144.99	2211 N First St. S	anJose CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Accounting Bankin		fee
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, 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		
9/26/2022	Costco		
Amount (\$)	Payee address;	City;	State; Zip Code
40.22	23645 Katy FRW	Y Katy TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Iransportation Equipment Related Expense	a schedule) - and Fue	
	Check If travel outside of Texas. Complete	Schedule T. Check If Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED

Forms provided by Texas Ethics Commission

#### SCHEDULE F1

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

EXP	ENDIT	URE	CAT	EGOF	RIES	FOR	BOX	8(a
-----	-------	-----	-----	------	------	-----	-----	-----

PURPOSE OF EXPENDITURE 9 Complete <u>ONLY</u> If direct can expenditure to benefit C/OH Date Payee	thnie Kebecea name it Bend Hevald address; 2 4th St. gory (See Categories listed at the top of this s whising Expense Check if travel outside of Texas. Complete Sc didate / Officeholder name	City; Rosenberg schedule) (b) Description Advertis	B Filer ID (Ethics Commission Filers) State; Zip Code
6 Amount (\$)     7 Payee       290, 9     190       8     (a) Catego       0F     AdV.       (c)     (c)       9 Complete ONLY If direct expenditure to benefit C/OH     Cancel       Date     Payee	2 4th St. gory (See Categories listed at the top of this s whising Expense Check if travel outside of Texas. Complete Sc didate / Officeholder name	Rosenberg schedule) (b) Description Advertis chedule T. Check if Austin,	TX, officeholder living expense
290, 9     190,       8     (a) Catego       PURPOSE     Adlv.       OF     Adlv.       (c)     (c)       9 Complete ONLY If direct expenditure to benefit C/OH     Cancel       Date     Payee	2 4th St. gory (See Categories listed at the top of this s whising Expense Check if travel outside of Texas. Complete Sc didate / Officeholder name	Rosenberg schedule) (b) Description Advertis chedule T. Check if Austin,	TX, officeholder living expense
PURPOSE OF EXPENDITURE 9 Complete <u>ONLY</u> If direct Cancer expenditure to benefit C/OH Date Payee	Hising Expense Check if travel outside of Texas. Complete Sc didate / Officeholder name	chedule T. Check if Austin,	TX, officeholder living expense
OF     Adv.       EXPENDITURE     (c)       9 Complete ONLY if direct expenditure to benefit C/OH     Cand       Date     Payee	didate / Officeholder name	chedule T. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct Cander Cander Contended of Cont	didate / Officeholder name		
expenditure to benefit C/OH Date Payee		Office sought	
			Office held
Amount (\$) Payee	name		
	address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Ory (See Categories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete Sc	chedule T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct Cano expenditure to benefit C/OH	didate / Officeholder name	Office sought	Office held
Date Payee	e name		
Amount (\$) Payee	address;	City;	State; Zip Code
Categ PURPOSE OF EXPENDITURE	OFY (See Categories listed at the top of this s	chedule) Description	
	Check if travel outside of Texas. Complete So	chedule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct Can expenditure to benefit C/OH	didate / Officeholder name	Office sought	Office held