

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: 10
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Ferrel	Bonner
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX:	APT/SUITE #	CITY
	PO Box 1063		Fresno
		STATE:	ZIP CODE
		TX	77545
<input type="checkbox"/> Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(832) 619-0319	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Jason	Jones
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT/SUITE #
	2306 Cezanne Circle		Missouri City
		STATE:	ZIP CODE
		TX	77459
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(832) 586-6842	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> Final report (Attach- COH-FR)
10 PERIOD COVERED	Month	Day	Year
		01/01/2022	THROUGH
		Month	Day
			01/22/2022
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		3/1/2022	<input checked="" type="checkbox"/> Primary
			<input type="checkbox"/> Runoff
			<input type="checkbox"/> Other
			<input type="checkbox"/> General
			<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Other Office: Fort Bend County
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME	Ferrel Bonner		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)	\$686.06
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4,236.06
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$4,253.94
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$15,500.00

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said _____ 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

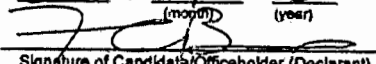
OR

(2) Unsworn Declaration

My name is FERREL CHARLES BONNER, and my date of birth is 03/17/1966

My address is 4710 DPAUBROOK COURT FRESHWATER TEXAS 77965 US
(street) (city) (state) (zip code) (country)

Executed in FAY BOND County, State of TEXAS on the 31st day of 01 20 22
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19. FILER NAME Ferrel Bonner	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$4,236.06
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,253.94
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Ferrel Bonner		3. Filer ID (Ethics Commission Filers)
4. Date 01/17/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ MANUEL AGUILAR 6. Contributor address; City; State; ZIP Code 8134 Niles St Houston, TX 77017-3625	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/03/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lori Alfred 6. Contributor address; City; State; ZIP Code 11004 Rosewood Ct La Porte, TX 77571-4339	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/12/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ajani Bonner 6. Contributor address; City; State; ZIP Code 1317 Crescent View Dr Anna, TX 75409-0296	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Georgianna Bonner 6. Contributor address; City; State; ZIP Code 6311 BELCRET ST Houston, TX 77087	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sterling Carter 6. Contributor address; City; State; ZIP Code 42 Napoli Way Dr Missouri City, TX 77459-1491	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. 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: not available
2. FILER NAME Ferrel Bonner		3. Filer ID (Ethics Commission Filers)
4. Date 01/22/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gerald D Blackman 6. Contributor address; City; State; ZIP Code 1142 Tetford San Antonio, TX 78253-5827	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/21/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jonathan Elmore 6. Contributor address; City; State; ZIP Code 12523 Roxdale Ridge Dr Houston, TX 77044-4001	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/14/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Glenn 6. Contributor address; City; State; ZIP Code 501 Ulrich St Sugar Land, TX 77498-2947	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/19/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Glenn 6. Contributor address; City; State; ZIP Code 501 Ulrich St Sugar Land, TX 77498-2947	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/21/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Harold Guillory 6. Contributor address; City; State; ZIP Code 3426 Haven Oaks Dr Houston, TX 77068-3054	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 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: not available
2. FILER NAME Ferrel Bonner		3. Filer ID (Ethics Commission Filers)
4. Date 01/12/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sharon Harris 6. Contributor address; City; State; ZIP Code 4535 Pine Landing Dr Missouri City, TX 77459-6720	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/14/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Albert Hawkins 6. Contributor address; City; State; ZIP Code 4707 Melissa Ct Sugar Land, TX 77479-5355	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Pilot		9. Employer (See Instructions) United
4. Date 01/14/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ benjamin holloway 6. Contributor address; City; State; ZIP Code 1414 Pacific Ave Capitol Heights, MD 20743-5311	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/12/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Herbert King 6. Contributor address; City; State; ZIP Code 39 New Oak Trl Humble, TX 77346-4043	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/13/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kyle Lai 6. Contributor address; City; State; ZIP Code 35 Tioga Pl The Woodlands, TX 77375-4865	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. 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: not available
2. FILER NAME Ferrel Bonner		3. Filer ID (Ethics Commission Filers)
4. Date 01/11/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC James Mattox 6. Contributor address; City; State; ZIP Code 2036 Blackhawk Ridge Ln Manvel, TX 77578-5192	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) The Mattox Law Firm
4. Date 09/20/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Leon Mcglockton 6. Contributor address; City; State; ZIP Code .requested Houston, TX 77428	7. Amount of contribution (\$) \$0.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Robert Miller 6. Contributor address; City; State; ZIP Code 9803 Dancing Grass Dr Richmond, TX 77406-1739	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/22/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tyrone Morgan 6. Contributor address; City; State; ZIP Code 3315 Clayton Woods Dr Houston, TX 77082-4071	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/19/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Georgia Noone-Sherrod 6. Contributor address; City; State; ZIP Code 9279 Rock Lynn Cir Waldorf, MD 20603-7022	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 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: not available
2. FILER NAME Ferrel Bonner		3. Filer ID (Ethics Commission Filers)
4. Date 01/19/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Derrick Nunn 6. Contributor address; City; State; ZIP Code 2448 Rabbits Run St Waldorf, MD 20601-4969	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/11/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Derek Obialo 6. Contributor address; City; State; ZIP Code 20123 Terra Hollow Ln Richmond, TX 77407-3793	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9. Employer (See Instructions) The Law Office of Derek U Obialo
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rosemarie Peyton 6. Contributor address; City; State; ZIP Code 3226 Cumberland Ct Missouri City, TX 77459-4859	7. Amount of contribution (\$) \$0.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/21/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Roland Shaw 6. Contributor address; City; State; ZIP Code 8115 Highland Green Dr Sugar Land, TX 77479-3313	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/14/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC SUKHDEV SINGH 6. Contributor address; City; State; ZIP Code 9202 Baber Run Cir Houston, TX 77095-2159	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. 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: not available
2. FILER NAME Ferrel Bonner		3. Filer ID (Ethics Commission Filers)
4. Date 01/21/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ roger smith 6. Contributor address; City; State; ZIP Code 7554 Pacific Ave Unit 693425 Stockton, CA 95269-4104	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/20/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Valencia Smith 6. Contributor address; City; State; ZIP Code 2323 Parkhaven Dr Sugar Land, TX 77478-6091	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/19/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Theo Tanner 6. Contributor address; City; State; ZIP Code 10002 Huffines Dr Rowlett, TX 75089-8579	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/17/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sand Tunstall 6. Contributor address; City; State; ZIP Code 3659 Aldridge Dr Missouri City, TX 77459-5125	7. Amount of contribution (\$) \$75.00
8. Principal occupation / Job title (See Instructions)		9 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Ferrel Bonner	3. Filer ID (Ethics Commission Filers)
4. Date 01/20/2022	5. Payee name Innovative Solutions IT	
6. Amount \$3,302.56	7. Payee address; City: State: Zip Code 11214 S Wilcrest Dr Houston, TX 77099-4313	
8. PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing 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
4. Date 01/19/2022	5. Payee name Jeremy Ryan Branding	
6. Amount \$951.38	7. Payee address; City: State: Zip Code Requested Houston, TX 77099	
8. PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER (enter a category not listed above)	(b) Description Photoshoot
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED