

# 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: <b>87</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<b>James Grady</b> <b>Prestage</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>36 Big Trail Missouri City TX 77459</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(281) 433-4444</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<b>Samuel L. Stewart</b>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>15526 Winter Brook Missouri City TX 77489</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(713) 729-5761</b>		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<b>02/20/22</b>		<b>THROUGH</b>
		Month	Day
		<b>06/30/22</b>	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<b>11/08/22</b>	<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)	OFFICE SOUGHT (if known)	
	<b>County Commissioner Precinct 2 Fort Bend County</b>		<b>County Commissioner Precinct 2 Fort Bend County</b>
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<small>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.</small>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY	
Date Received	
<b>JUL 14 2022</b>	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

16 C/OH NAME <u>James "Grady" Prestage</u>		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)	\$ <u>498.06</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>224,384.54</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>29,939.03</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>129,560.55</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>276,562.90</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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 \_\_\_\_\_ 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 James Grady Prestage and my date of birth is July 30, 1958  
 My address is 36 Big Trail, Missouri City, TX, 77459, USA  
(street) (city) (state) (zip code) (country)  
 Executed in Fort Bend County, State of Texas, on the 13<sup>th</sup> day of July, 2022.  
(month) (year)

James Grady Prestage  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*James Grady Prestage*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 223,886.48
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 99,621.52
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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 T:  1
2 FILER NAME <i>James Grady Prestage</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>Chef Tams Underground</i>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel <i>4-19-22</i> to <i>4-24-22</i>	7 Name of person(s) traveling <i>James Grady Prestage</i>	
	8 Departure city or name of departure location <i>Houston, TX</i>	
	9 Destination city or name of destination location <i>Memphis, TN</i>	
10 Means of transportation <i>Air</i>	11 Purpose of travel (including name of conference, seminar, or other event) <i>Attend NOBCO Economic Development Conference</i>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>Curry N' Jerk</i>		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel <i>4-19-22</i> to <i>4-24-22</i>	Name of person(s) traveling <i>James Grady Prestage</i>	
	Departure city or name of departure location <i>Houston, TX</i>	
	Destination city or name of destination location <i>Memphis, TN</i>	
Means of transportation <i>Air</i>	Purpose of travel (including name of conference, seminar, or other event) <i>Attend NOBCO Economic Development Conference</i>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) travelling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/22/22</b>	5 Payee name <b>Elect Reagan Flowers</b>	
6 Amount (\$) <b>500<sup>00</sup></b>	7 Payee address: City; State; Zip Code <b>P.O. Box 270864 Houston, TX 77277</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contribution</b>	(b) Description
	(c) <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 <b>2/22/22</b>	Payee name <b>Data &amp; Mail Resources</b>	
Amount (\$) <b>6,462<sup>81</sup></b>	Payee address; City; State; Zip Code <b>4929 Blalock Rd Houston, TX 77041</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Mailing 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/22/22</b>	Payee name <b>Constant Contact</b>	
Amount (\$) <b>204<sup>75</sup></b>	Payee address; City; State; Zip Code <b>1601 Trapelo Rd Waltham, MA 02451</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</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

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/22/22</b>	5 Payee name <b>Dustin Prestage</b>	
6 Amount (\$) <b>1,250<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1357 Flatbush Ave # 1-G Brooklyn, NY 11210</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	
	(b) Description	
	(c) <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 <b>2/22/22</b>	Payee name <b>Brenda Patton</b>	
Amount (\$) <b>345<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1618 Dusty Ridge Missouri City, TX 77459</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Reimbursement for George Ranch Rodeo</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 <b>2/22/22</b>	Payee name <b>Sprint 2 Print</b>	
Amount (\$) <b>3,855<sup>43</sup></b>	Payee address; City; State; Zip Code <b>8748 Clay Road #300 Houston, TX 77080</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/22/22</b>	5 Payee name <b>Fresno Mt Corinth Baptist Church</b>	
6 Amount (\$) <b>100<sup>00</sup></b>	7 Payee address: City: State: Zip Code <b>20411 S. Post Oak Blvd Fresno, TX 77545</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contribution</b>	(b) Description
	(c) <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 <b>2/22/22</b>	Payee name <b>Rev Abraham Hope</b>	
Amount (\$) <b>100<sup>00</sup></b>	Payee address: City: State: Zip Code <b>20411 S. Post Oak Blvd Fresno, TX 77545</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</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 <b>2/22/22</b>	Payee name <b>New St. Phillip M. B. C.</b>	
Amount (\$) <b>100<sup>00</sup></b>	Payee address: City: State: Zip Code <b>6135 Fm 521 Arcola, TX 77583</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</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

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# 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	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: 44	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/22	5 Payee name HCC Foundation	
6 Amount (\$) 1,500 <sup>00</sup>	7 Payee address: 3100 Main Street Houston, TX 77002	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <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
Date 2/23/22	Payee name Russo's NY Pizzeria - Greetwood	
Amount (\$) 200 <sup>00</sup>	Payee address: 6560 Greatwood Pkwy # 906 Sugar Land, TX 77479	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 Office held
Date 2/24/22	Payee name The Tyson Organization	
Amount (\$) 7,550 <sup>00</sup>	Payee address: 1351 Mistletoe Drive Fort Worth, TX 76110	City: State: Zip Code
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 Office held

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# 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	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: <b>44</b>	2 FILER-NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/24/22</b>	5 Payee name <b>American Cambrian Chamber of Commerce</b>	
6 Amount (\$) <b>2,000<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>6201 Bonhomme Rd, Ste 214 N Houston, TX 77036</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contribution</b>	(b) Description
	(c) <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		
Date <b>2/24/22</b>	Payee name <b>Texas Coalition of Black Democrats</b>	
Amount (\$) <b>100<sup>00</sup></b>	Payee address; City; State; Zip Code <b>P.O. Box 1491 Fresno, TX 77545</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</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		
Date <b>2/25/22</b>	Payee name <b>Carla Brailey Campaign</b>	
Amount (\$) <b>500<sup>00</sup></b>	Payee address; City; State; Zip Code <b>PO Box 8176 Houston, TX 77288</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</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		

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# 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	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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/25/22	<b>5</b> Payee name HCC Foundation	
<b>6</b> Amount (\$) 500 <sup>00</sup>	<b>7</b> Payee address; 3108 Main St. Houston, TX 77002	City; State; Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	
	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 2/20/22	<b>Payee name</b> Enterprise Rent-A-Car	
<b>Amount (\$)</b> 892 <sup>85</sup>	<b>Payee address;</b> 10330 South Highway 6 Missouri City, TX 77459	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Transportation Expense	
	<b>Description</b>	
	<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
<b>Date</b> 2/20/22	<b>Payee name</b> Dustin Prestage	
<b>Amount (\$)</b> 1,250 <sup>00</sup>	<b>Payee address;</b> 1357 Flatbush Ave #1-G Brooklyn, NY 11210	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense	
	<b>Description</b>	
	<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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# 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	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: <b>44</b>		2 FILER NAME <b>James Grady Prestage</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/28/22</b>		5 Payee name <b>Brenda Patton</b>			
6 Amount (\$) <b>400<sup>00</sup></b>		7 Payee address: <b>1618 Dusty Ridge</b> City: State: Zip Code <b>Missouri City, TX 77459</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description		
	(c) <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	
Date <b>2/28/22</b>		Payee name <b>Bridgette Smith-Lawson Campaign</b>			
Amount (\$) <b>1,000<sup>00</sup></b>		Payee address: <b>5826 New Territory Blvd, #210</b> City: State: Zip Code <b>Sugar Land, TX 77479</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/28/22</b>		Payee name <b>Aspire Integrated Services</b>			
Amount (\$) <b>5,000<sup>00</sup></b>		Payee address: <b>3706 Straightfork Drive</b> City: State: Zip Code <b>Houston, TX 77002</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Services</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/1/22	<b>5</b> Payee name The Young & The Politics	
<b>6</b> Amount (\$) 500 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 5206 Madden Lane Houston, TX 77048	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contribution	
	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 3/1/22	<b>Payee name</b> Word of Restoration Church	
<b>Amount (\$)</b> 100 <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> 7020 FM 521 Road Rosharon, TX 77583	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Contribution	
	<b>Description</b>	
	<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 Office held
<b>Date</b> 3/1/22	<b>Payee name</b> Comcast	
<b>Amount (\$)</b> 741 <sup>86</sup>	<b>Payee address; City; State; Zip Code</b> 13752 Northwest Frwy Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Internet Expense	
	<b>Description</b>	
	<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 Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 44	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 3/2/22	5 Payee name The Greatest BBQ
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6 Amount (\$) 750 <sup>00</sup>	7 Payee address; 2358 Texas Parkway Missouri City, TX 77489	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverage Expense	(b) Description
	(c) <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 3/2/22	Payee name Aoede, LLC
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Amount (\$) 533 <sup>22</sup>	Payee address; 2440 Texas Parkway Missouri City, TX 77489	City;	State;	Zip Code
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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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/2/22	Payee name Fort Bend History Association
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Amount (\$) 2,500 <sup>00</sup>	Payee address; 410 Jackson Street Richmond, TX 77469	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	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	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/3/22	<b>5</b> Payee name Teaze Dagviri Lounge	
<b>6</b> Amount (\$) 119 <sup>28</sup>	<b>7</b> Payee address: City: State: Zip Code 1975 Texas Parkway Missouri City, TX 77489	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>(b)</b> Description Food & Beverage Expense	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/3/22	Payee name USPS	
Amount (\$) 166 <sup>00</sup>	Payee address: City: State: Zip Code Missouri City, TX 77459	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Description Postage Expense	
	<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 Office held
Date 3/3/22	Payee name Gexa Energy	
Amount (\$) 385 <sup>78</sup>	Payee address: City: State: Zip Code 20455 SH 249 Unit 200 Houston, TX 77070	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Description Utility Expense	
	<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 Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: **44**      2 FILER NAME: **James Grady Prestage**      3 Filer ID (Ethics Commission Filers)

4 Date: **3/4/22**      5 Payee name: **Pluckers - Stafford**

6 Amount (\$): **125 <sup>71</sup>**      7 Payee address: **12469 Southwest Freeway**      City:      State:      Zip Code: **Stafford, TX 77477**

8 PURPOSE OF EXPENDITURE: **Food & Beverage Expense**

(a) Category (See Categories listed at the top of this schedule)      (b) Description

(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      Candidate / Officeholder name      Office sought      Office held

Date: **3/4/22**      Payee name: **Fort Bend County**

Amount (\$): **521 <sup>56</sup>**      Payee address: **1317 Eugene Herman Drive**      City:      State:      Zip Code: **Richmond, TX 77469**

PURPOSE OF EXPENDITURE: **Campaign Office Property Taxes**

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      Candidate / Officeholder name      Office sought      Office held

Date: **3/7/22**      Payee name: **American Storage**

Amount (\$): **751 <sup>00</sup>**      Payee address: **2427 Texas Parkway**      City:      State:      Zip Code: **Missouri City, TX 77489**

PURPOSE OF EXPENDITURE: **Storage Expense**

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      Candidate / Officeholder name      Office sought      Office held

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/7/22</b>	5 Payee name <b>Enterprise Rent-A-Car</b>	
6 Amount (\$) <b>958<sup>95</sup></b>	7 Payee address; City; State; Zip Code <b>10330 Highway 6 South Missouri City, TX 77459</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Transportation Expense</b>	(b) Description
	(c) <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
Date <b>3/8/22</b>	Payee name <b>Natures Auto</b>	
Amount (\$) <b>1,200<sup>00</sup></b>	Payee address; City; State; Zip Code <b>111 Present St Missouri City, TX 77489</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Transportation 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/8/22</b>	Payee name <b>Fnevil J. Prestage</b>	
Amount (\$) <b>1,000</b>	Payee address; City; State; Zip Code <b>36 Big Trail Missouri City, TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Reimbursement for Campaign related 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/8/22</b>	5 Payee name <b>Orjanel Lewis Campaign</b>	
6 Amount (\$) <b>1,000<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>4111 N. Creekmont Drive Fresno, TX 77545</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contribution</b>	(b) Description
	(c) <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
Date <b>3/10/22</b>	Payee name <b>T-Mobile</b>	
Amount (\$) <b>660<sup>06</sup></b>	Payee address; City; State; Zip Code <b>5684 Highway 6 Missouri City, TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Phone 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/11/22</b>	Payee name <b>Ready-Go-Signs-Fred Taylor</b>	
Amount (\$) <b>4,304<sup>50</sup></b>	Payee address; City; State; Zip Code <b>9825 Drysdale Lane, Suite B Houston, TX 77041</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/15/22	<b>5</b> Payee name Jesse Torres	
<b>6</b> Amount (\$) 350 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 405 San Jose Street Richmond, TX 77469	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/15/22	Payee name Ft. Bend MUD # 26	
Amount (\$) 172 <sup>44</sup>	Payee address; City; State; Zip Code PO Box 11890 Spring, TX 77391	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Office Taxes	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 3/15/22	Payee name Fifty Plus Models	
Amount (\$) 200 <sup>00</sup>	Payee address; City; State; Zip Code 2622 Harvest Moon Missouri City, TX 77489	
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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 44      2 FILER NAME: James Grady Prestage      3 Filer ID (Ethics Commission Filers):

4 Date: 3/16/22      5 Payee name: Loretta Smith Campaign

6 Amount (\$): 500<sup>00</sup>      7 Payee address: 3818 NE 156<sup>th</sup> Ave      City:      State:      Zip Code: Portland, OR 97230

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): Contribution      (b) Description:

(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: Candidate / Officeholder name:      Office sought:      Office held:

Date: 3/17/22      Payee name: Maya Livingston

Amount (\$): 150<sup>00</sup>      Payee address: 2419 Winding Creek Drive      City:      State:      Zip Code: Fresno, TX 77545

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Consulting Services      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: Candidate / Officeholder name:      Office sought:      Office held:

Date: 3/21/22      Payee name: Constant Contact

Amount (\$): 204<sup>75</sup>      Payee address: 1601 Trapelo Rd      City:      State:      Zip Code: Waltham, MA 02451

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Advertising Expense      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: Candidate / Officeholder name:      Office sought:      Office held:

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestogre	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/22/22	<b>5</b> Payee name American Leadership Forum	
<b>6</b> Amount (\$) 256 <sup>64</sup> -	<b>7</b> Payee address: 3101 Richmond Ave Houston, TX 77098	City: State: Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/22/22	Payee name Shell	
Amount (\$) 100 <sup>00</sup>	Payee address: 5806 Sienna Parkway Missouri City, TX 77459	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/22/22	Payee name APRI	
Amount (\$) 150 <sup>00</sup>	Payee address: 4414 Akard Houston, TX 77047	City: State: Zip Code
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

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/23/22</b>	5 Payee name <b>Ready-Go-Signs</b>
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6 Amount (\$) <b>1,150<sup>00</sup></b>	7 Payee address: <b>9825 Drysdale Lane, suite B Houston, TX 77041</b>	City:	State:	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/29/22</b>	Payee name <b>Shell</b>
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Amount (\$) <b>100<sup>00</sup></b>	Payee address: <b>5806 Sienna Springs Missouri City, TX 77459</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Transportation 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	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/25/22</b>	Payee name <b>The LINKS, Inc</b>
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Amount (\$) <b>100<sup>00</sup></b>	Payee address: <b>246 Market St., suite 164 Patterson, NJ 07505</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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	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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/1/22	<b>5</b> Payee name Brenda Patton	
<b>6</b> Amount (\$) 520 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 1618 Dusty Ridge Missouri City, TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	
	<b>(b)</b> Description	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/4/22	Payee name Super Cleaners	
Amount (\$) 1,284 <sup>00</sup>	Payee address; City; State; Zip Code 3003 Texas Parkway Missouri City, TX 77489	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/4/22	Payee name Eddie Jones Campaign	
Amount (\$) 1,000 <sup>00</sup>	Payee address; City; State; Zip Code 4046 South Plaza Dr. Memphis, TN 38116	
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		

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/5/22</b>	5 Payee name <b>Acede, LLC</b>	
6 Amount (\$) <b>\$332.22</b>	7 Payee address; City; State; Zip Code <b>2440 Texas Parkway Missouri City, TX 77489</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Rental Expense</b>	(b) Description
	(c) <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
Date <b>4/5/22</b>	Payee name <b>Micheaux's Southern Cuisine</b>	
Amount (\$) <b>600<sup>00</sup></b>	Payee address; City; State; Zip Code <b>6850 Highway 6 Missouri City, TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Neeta Sane</b>	Office sought Office held <b>Pct 4 Commissioner</b>
Date <b>4/6/22</b>	Payee name <b>American Storage</b>	
Amount (\$) <b>751<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2427 Texas Parkway Missouri City, TX 77489</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Storage 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/6/22</b>	5 Payee name <b>Xi Kappa Lambda Education Foundation</b>	
6 Amount (\$) <b>325<sup>00</sup></b>	7 Payee address: City: State: Zip Code <b>7031 West Fugua Missouri City, TX 77489</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description
	(c) <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 <b>4/6/22</b>	Payee name <b>Missouri City NAACP</b>	
Amount (\$) <b>300<sup>00</sup></b>	Payee address: City: State: Zip Code <b>PO Box 1053 Missouri City, TX 77459</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation</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 <b>4/8/22</b>	Payee name <b>Apple Store</b>	
Amount (\$) <b>678<sup>73</sup></b>	Payee address: City: State: Zip Code <b>16535 Southwest Freeway Sugar Land, TX 77479</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Computer Equipment</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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 44	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 4/8/22	5 Payee name Farha Ahmed Campaign
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6 Amount (\$) 1,000 <sup>00</sup>	7 Payee address: 2150 Town Square Place #210 Sugar Land, TX 77479	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description
	(c) <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 4/8/22	Payee name K.P. George Campaign
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Amount (\$) 1,000 <sup>00</sup>	Payee address: PO Box 18711 Sugar Land, TX 77496	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	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	Office held
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Date 4/11/22	Payee name T-Mobile
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Amount (\$) 589 <sup>23</sup>	Payee address: 5684 Highway 6 Missouri City, TX 77459	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone 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	Office held
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# 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	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: <b>44</b>		2 FILER NAME <b>James Grady Prestage</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/13/22</b>		5 Payee name <b>Gexa Energy</b>			
6 Amount (\$) <b>521<sup>11</sup></b>		7 Payee address; City: State: Zip Code <b>20455 SH 249 Unit 200 Houston, TX 77070</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Office Expense</b>		(b) Description		
	(c) <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 <b>4/14/22</b>		Payee name <b>Fiesta Mvnt #47</b>			
Amount (\$) <b>254<sup>10</sup></b>		Payee address; City: State: Zip Code <b>1530 Independence Blvd Missouri City, TX 77489</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/18/22</b>		Payee name <b>American Leadership Forum</b>			
Amount (\$) <b>256<sup>64</sup></b>		Payee address; City: State: Zip Code <b>3003 Richmond Ave Houston, TX 77098</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</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	

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/18/22</b>	5 Payee name <b>Jim Rice Campaign</b>
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6 Amount (\$) <b>250<sup>00</sup></b>	7 Payee address; <b>6161 Savoy Dr Houston, TX 77036</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contribution</b>	(b) Description
	(c) <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 <b>4/19/22</b>	Payee name <b>Chet Tams Underground</b>
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Amount (\$) <b>185<sup>99</sup></b>	Payee address; <b>668 Union Ave Memphis, TN 38103</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food &amp; Beverage Expense</b>	Description
	<input checked="" 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	Office held
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Date <b>4/21/22</b>	Payee name <b>HCC Foundation</b>
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Amount (\$) <b>1,500<sup>00</sup></b>	Payee address; <b>3100 Main St. Houston, TX 77002</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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	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: <b>44</b>		2 FILER NAME <b>James Grady Prestage</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/25/22</b>		5 Payee name <b>Curry N Jenk</b>			
6 Amount (\$) <b>61</b> <b>160</b>		7 Payee address; <b>126 Monroe Ave</b> <b>Memphis, TX 38103</b>		City;	State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food &amp; Beverage Expense</b>		(b) Description		
	<input checked="" 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 <b>4/26/22</b>		Payee name <b>Houston Parking Garage</b>			
Amount (\$) <b>120<sup>00</sup></b>		Payee address; <b>7800 Airport Blvd</b> <b>Houston, TX 77061</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Travel 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>4/27/22</b>		Payee name <b>Brenda Patton</b>			
Amount (\$) <b>400<sup>00</sup></b>		Payee address; <b>1618 Dusky Ridge</b> <b>Missouri City, TX 77459</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# 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	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: 44      2 FILER NAME: James Grady Prestage      3 Filer ID (Ethics Commission Filers):

4 Date: 4/20/22      5 Payee name: Gibson Lupus ARC - No Sister Left Behind

6 Amount (\$): 250<sup>00</sup>      7 Payee address: 5718 Westheimer Road, Suite 1000      City:      State:      Zip Code: Houston, TX 77057

8 PURPOSE OF EXPENDITURE: Donation

(a) Category (See Categories listed at the top of this schedule):      (b) Description:

(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      Candidate / Officeholder name:      Office sought:      Office held:

Date: 4/29/22      Payee name: TGM Printing

Amount (\$): 4,999<sup>70</sup>      Payee address: 13910 Murphy Rd      City:      State:      Zip Code: Stafford, TX 77477

PURPOSE OF EXPENDITURE: Printing Expense

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      Candidate / Officeholder name: Neeta Sane Ft. Bend Precinct 4 County Commissioner      Office sought:      Office held:

Date: 5/2/22      Payee name: Orion The Band

Amount (\$): 2,650<sup>00</sup>      Payee address: 3937 Yellowstone      City:      State:      Zip Code: Houston, TX 77021

PURPOSE OF EXPENDITURE: Event Expense

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      Candidate / Officeholder name:      Office sought:      Office held:

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/22</b>	5 Payee name <b>Sirius XM</b>	
6 Amount (\$) <b>238<sup>19</sup></b>	7 Payee address; City: State: Zip Code <b>1221 Avenue of the Americas 37<sup>th</sup> Floor New York, NY 10020</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Office Expense</b>	(b) Description
	(c) <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
Date <b>5/2/22</b>	Payee name <b>Murphy Express</b>	
Amount (\$) <b>100<sup>00</sup></b>	Payee address; City: State: Zip Code <b>6414 Hwy 6 Missouri City, TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Transportation 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/2/22</b>	Payee name <b>Southern Alumni - Houston Chapter</b>	
Amount (\$) <b>400<sup>00</sup></b>	Payee address; City: State: Zip Code <b>P.O. Box 2624 Houston, TX 77252</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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	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: 44 2 FILER NAME James Grady Prestage 3 Filer ID (Ethics Commission Filers)

4 Date 5/2/22 5 Payee name Darryl Humphrey Campaign

6 Amount (\$) 500<sup>00</sup> 7 Payee address: P.O. Box 795 City: State: Zip Code Kendleton, TX 77451

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contribution (b) Description (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 Candidate / Officeholder name Office sought Office held

Date 5/3/22 Payee name Acede, LLC

Amount (\$) 533<sup>22</sup> Payee address: 2440 Texas Parkway City: State: Zip Code Missouri City, TX 77489

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office Rental Description (c)  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 Candidate / Officeholder name Office sought Office held

Date 5/5/22 Payee name American Storage

Amount (\$) 751<sup>00</sup> Payee address: 2427 Texas Parkway City: State: Zip Code Missouri City, TX 77489

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Storage Expense Description (c)  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 Candidate / Officeholder name Office sought Office held

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# 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	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: 44	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 5/9/22	5 Payee name Echovita.com
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6 Amount (\$) 116 <sup>99</sup>	7 Payee address; 8967 Avenue 1 Quebec, CANADA	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Memorial Expenses	(b) Description
	(c) <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 5/9/22	Payee name Sam's Club
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Amount (\$) 100 <sup>00</sup>	Payee address; 12300 SW Freeway Stafford, TX 77477	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office overhead	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	Office held
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Date 5/10/22	Payee name T-Mobile
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Amount (\$) 589 <sup>23</sup>	Payee address; 5684 Highway 6 Missouri City, TX 77459	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Phone 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	Office held
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# 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	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: 44	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/22	5 Payee name Shaz Graphics & Printing	
6 Amount (\$) 974 <sup>25</sup>	7 Payee address: 13003 Murphy Rd Stafford, TX 77477 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description
	(c) <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
Date 5/12/22	Payee name Brenda Patton	
Amount (\$) 300 <sup>00</sup>	Payee address: 1618 Dusty Ridge Missouri City, TX 77459 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for postage	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 Office held
Date 5/13/22	Payee name Kroger Fuel Center	
Amount (\$) 123 <sup>43</sup>	Payee address: 6200 Highway 6 Missouri City, TX 77459 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation 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 Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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: 44	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/22	5 Payee name Kroger	
6 Amount (\$) 232 <sup>00</sup>	7 Payee address; City; State; Zip Code 6206 Highway 6 Missouri City, TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) <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
Date 5/16/22	Payee name Super Cleaners	
Amount (\$) 102 <sup>17</sup>	Payee address; City; State; Zip Code 3003 Texas Parkway Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 Office held
Date 5/17/22	Payee name Webstaurant Store	
Amount (\$) 491 <sup>73</sup>	Payee address; City; State; Zip Code 40 Citation Ln Lititz, PA 17543	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/17/22</b>	5 Payee name <b>APRI</b>	
6 Amount (\$) <b>210<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>4414 Akard Houston, TX 77047</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description
	(c) <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
Date <b>5/18/22</b>	Payee name <b>Shaz Graphics</b>	
Amount (\$) <b>233<sup>82</sup></b>	Payee address; City; State; Zip Code <b>13003 Murphy Road Stafford, TX 77477</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/18/22</b>	Payee name <b>Dustin Prestage</b>	
Amount (\$) <b>250<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1357 Flatbush Ave #1-G Brooklyn, NY 11210</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/18/22	<b>5</b> Payee name Costco Wholesale	
<b>6</b> Amount (\$) 486 <sup>02</sup>	<b>7</b> Payee address; 17520 Southwest Freeway Sugar Land, TX 77479 <small>City: State: Zip Code</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
<b>Date</b> 5/18/22	<b>Payee name</b> Sam's Club	
<b>Amount (\$)</b> 124 <sup>77</sup>	<b>Payee address;</b> 12300 SW Freeway Stafford, TX 77477 <small>City: State: Zip Code</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name _____ Office sought _____ Office held _____		
<b>Date</b> 5/19/22	<b>Payee name</b> American Carnibean Chamber of Commerce	
<b>Amount (\$)</b> 250 <sup>00</sup>	<b>Payee address;</b> 6201 Bonhomme Rd Ste 214 N Houston, TX 77036 <small>City: State: Zip Code</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Donation	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name _____ Office sought _____ Office held _____		

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/19/22</b>	5 Payee name <b>Shell Service Station</b>	
6 Amount (\$) <b>100<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>5806 Sienna Parkway Missouri City, TX 77459</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Transportation Expense</b>	(b) Description
	(c) <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
Date <b>5/20/22</b>	Payee name <b>Fastsigns</b>	
Amount (\$) <b>197<sup>97</sup></b>	Payee address; City; State; Zip Code <b>9612 Highway 6 Unit B0 Missouri City, TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/20/22</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>114<sup>88</sup></b>	Payee address; City; State; Zip Code <b>5766 Highway 6 Missouri City, TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Overhead</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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  | 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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/23/22	<b>5</b> Payee name Deborah Peoples Campaign	
<b>6</b> Amount (\$) 500 <sup>00</sup>	<b>7</b> Payee address: 613 Green River Trail Fort Worth, TX 76103 City: State: Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contribution	
	<b>(b)</b> Description	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/23/22	Payee name Apex Signs	
Amount (\$) 277 <sup>12</sup>	Payee address: 13003 Murphy Rd #B-2 Stafford, TX 77477 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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 Office held
Date 5/23/22	Payee name The Greatest BBQ	
Amount (\$) 200 <sup>00</sup>	Payee address: 2358 Texas Parkway Missouri City, TX 77489 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 Office held

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# 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: <b>44</b>	2 FILER NAME <b>James Grady</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/25/22</b>	5 Payee name <b>Oasis Gas Station</b>	
6 Amount (\$) <b>125<sup>00</sup>-</b>	7 Payee address; City; State; Zip Code <b>15502 Fondred Rd Missouri City, TX 77489</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Transportation Expense</b>	(b) Description
	(c) <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 <b>5/26/22</b>	Payee name <b>Take 5 # 117</b>	
Amount (\$) <b>189<sup>27</sup>-</b>	Payee address; City; State; Zip Code <b>9626 Highway 6 Missouri City, TX 77459</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Transportation 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>5/26/22</b>	Payee name <b>Brenda Patton</b>	
Amount (\$) <b>500<sup>00</sup>-</b>	Payee address; City; State; Zip Code <b>1618 Dusty Ridge Missouri City, TX 77459</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Services</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

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# 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	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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/27/22	<b>5</b> Payee name Mufasa Pride	
<b>6</b> Amount (\$) 204 <sup>99</sup>	<b>7</b> Payee address; City; State; Zip Code PO Box 131262 Houston, TX 77219	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	
	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 5/27/22	<b>Payee name</b> Mang Elena Basio Morales	
<b>Amount (\$)</b> 500 <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> 5015 Ridge Manor Dr Houston, TX 77053	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Contract Labor	
	<b>Description</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 5/31/22	<b>Payee name</b> Pearl & Vine	
<b>Amount (\$)</b> 246 <sup>77</sup>	<b>Payee address; City; State; Zip Code</b> 26151 Nelson Way Katy, TX 77494	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense	
	<b>Description</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held

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# 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	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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/1/22	<b>5</b> Payee name Butler-Wiseman Publishing	
<b>6</b> Amount (\$) 1,000 <sup>00</sup>	<b>7</b> Payee address; 4542 Ripple Ridge Drive Houston, TX 77053 City: State: Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 6/1/22	<b>Payee name</b> Aoede, LLC	
<b>Amount (\$)</b> 533 <sup>22</sup>	<b>Payee address;</b> 2440 Texas Parkway Missouri City, TX 77409 City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Rental	<b>Description</b>
	<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
<b>Date</b> 6/2/22	<b>Payee name</b> American Storage	
<b>Amount (\$)</b> 769 <sup>00</sup>	<b>Payee address;</b> 2427 Texas Parkway Missouri City, TX 77489 City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Storage Expense	<b>Description</b>
	<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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# 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	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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/2/22	<b>5</b> Payee name Sirius XM	
<b>6</b> Amount (\$) 314 <sup>68</sup>	<b>7</b> Payee address: 1221 Avenue of the Americas # New York, NY 10020 City: State: Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Communications Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6/6/22	Payee name Shell Service Station	
Amount (\$) 100 <sup>00</sup>	Payee address: 5806 Sienna Parkway Missouri City, TX 77459 City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6/6/22	Payee name Haron Mughal	
Amount (\$) 250 <sup>00</sup>	Payee address: 14415 Castlemaine Ct Sugar Land, TX 77498 City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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	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: <b>44</b>	2 FILER NAME <b>James Grady Prestage</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/10/22</b>	5 Payee name <b>T-Mobile</b>	
6 Amount (\$) <b>589<sup>23</sup></b>	7 Payee address: City; State; Zip Code <b>5884 Highway 6 Missouri City, TX 77459</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Phone</b>	(b) Description
	<del>Transportation Expense</del>	
(c) <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
Date <b>6/10/22</b>	Payee name <b>Gwen Gallien</b>	
Amount (\$) <b>400<sup>00</sup></b>	Payee address: City; State; Zip Code <b>602 Stephanie Drive Missouri City, TX 77489</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>6/10/22</b>	Payee name <b>Solomon Spencer</b>	
Amount (\$) <b>365<sup>00</sup></b>	Payee address: City; State; Zip Code <b>3819 Kiamasha Dr Missouri City, TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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  | 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: 44	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 6/13/22	5 Payee name H-E-B #110
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6 Amount (\$) 120 <sup>65</sup>	7 Payee address: 8900 Highway 6 Missouri City, TX 77459	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) <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 6/13/22	Payee name John Washington
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Amount (\$) 250 <sup>00</sup>	Payee address: 5515 Condon Lane Houston, TX 77053	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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	Office held
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Date 6/14/22	Payee name Rose Johnson Colon Cancer Foundation
-----------------	--

Amount (\$) 250 <sup>00</sup>	Payee address: 1025 Macek Road Richmond, TX 77469	City:	State:	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/14/22	<b>5</b> Payee name Riverbend Country Club	
<b>6</b> Amount (\$) 5,271 <sup>25</sup>	<b>7</b> Payee address: 1214 Dulles Ave Sugar Land, TX 77478 City: State: Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/15/22	Payee name Vickie Haynes Gibbs	
Amount (\$) 300 <sup>00</sup>	Payee address: 3802 Point Clear Missouri City, TX 77459 City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contract Labor	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 6/15/22	Payee name Zeta Alpha Boule'	
Amount (\$) 2,515 <sup>00</sup>	Payee address: 4818 Dixie Court Sugar Land, TX 77478 City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 44	<b>2</b> FILER NAME James Grady Prestage	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 6/16/22	<b>5</b> Payee name Mo City June tenth Celebration Foundation
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<b>6</b> Amount (\$) 2,050 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1007 Missouri City, TX, 77459
---	--

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

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/16/22	Payee name Don Jones Campaign
-----------------	----------------------------------

Amount (\$) 250 <sup>00</sup>	Payee address; City; State; Zip Code 12123 Maple Leaf Lane Stafford, TX 77477
----------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution	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 6/17/22	Payee name Kendleton Floral Club
-----------------	-------------------------------------

Amount (\$) 250 <sup>00</sup>	Payee address; City; State; Zip Code P.O. Box 95 Kendleton, TX 77451
----------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	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
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# 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                        | 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.

<b>1</b> Total pages Schedule F1: <i>44</i>	<b>2</b> FILER NAME <i>James Grady Prestage</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6/21/22</i>	<b>5</b> Payee name <i>Lotus Sea Food</i>	
<b>6</b> Amount (\$) <i>116<sup>35</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>2903 S. Main St Unit A Stafford, TX 77477</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>6/21/22</i>	Candidate / Officeholder name <i>League City Towing</i>	
Amount (\$) <i>182<sup>72</sup></i>	Office sought <i>1710 Fm 528 Webster, TX 77598</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Transportation 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>6/21/22</i>	Candidate / Officeholder name <i>W.G. Brock</i>	
Amount (\$) <i>1,000<sup>60</sup></i>	Office sought <i>11300 Schuykill Road Rockville, MD 20852</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Underwriting</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 <u>ONLY</u> if direct expenditure to benefit C/OH		

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# 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                        | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>James Grady Prestage</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6/24/22</i>	<b>5</b> Payee name <i>Bria Lawson Scholarship</i>	
<b>6</b> Amount (\$) <i>1,635<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>5826 New Territory Blvd #810 Sugar Land, TX 77479</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Gift/Awards</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>6/28/22</i>	Payee name <i>Brenda Patton</i>	
Amount (\$) <i>600<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1618 Dusty Ridge Missouri City, TX 77459</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting Services</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>6/12/22</i>	Payee name <i>Act Blue</i>	
Amount (\$) <i>1,050<sup>73</sup></i>	Payee address; City; State; Zip Code <i>P.O. Box 441146 Sommerville, MA 02144</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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: <b>39</b>
2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/20/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JERRY SOWELLS</b>	7 Amount of contribution (\$) <b>2,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>19022 BLUEBRIDGE SHORES DR. CYPRESS, TX 77433</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions) <b>SOWELLS ENGINEERING</b>
Date <b>2/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GITI ZARINKELK</b>	Amount of contribution (\$) <b>2,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1025 S. SHEPHERD DR. UNIT 310 HOUSTON, TX 77019</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>ZARINKELK ENGINEERING</b>
Date <b>2/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MARK HEIDAKER</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>7703 BREEZEWAY BEND LN. KATY, TX 77494</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>PAS PROPERTY ACQUISITION SERVICES, LLC</b>
Date <b>2/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LARRY JANAK</b>	Amount of contribution (\$) <b>3,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>19215 COHEN GREEN LANE HOUSTON, TX 77094</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>IDCUS</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/20/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID EASTWOOD</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>17407 HIGHWAY 59 N. HUMBLE, TX 77396</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions)
Date <b>2/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WALTER P. SASS</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2707 AUTUMN LAKE DR. KATY, TX 77450</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>WEISER ENGINEERING</b>
Date <b>2/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SARGON YOHANNAZAD</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4915 CANYON SAGE LN. KATY, TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>IDCUS</b>
Date <b>2/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GABRIEL JOHNSON</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>9407 RESTON GROVE LANE HOUSTON, TX 77095</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>AIG TECHNICAL</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/20/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BONNIE MOSS</b>	7 Amount of contribution (\$) <b>5,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>12418 WESTELLA DR. HOUSTON, TX 77077</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions) <b>MBCO</b>
Date <b>2/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID BALMOS</b>	Amount of contribution (\$) <b>5,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>13623 WAVERLY CREST CT. CYPRESS, TX 77429</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>WSB</b>
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEAN CARPENTER</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4806 LANTANA CT. SUGAR LAND, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>HOUSTON LANDSCAPES</b>
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LESLIE BACON</b>	Amount of contribution (\$) <b>700<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>99 WIND RIDGE CIRCLE THE WOODLANDS TX 77381</b>		
Principal occupation / Job title (See Instructions) <b>LAWYER</b>		Employer (See Instructions) <b>NORTON ROSE FULBRIGHT</b>

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/25/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERIC CARR</b>	7 Amount of contribution (\$) <b>1,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>4830 WILSON ROAD, SUITE 300 P.O. BOX 239, HUMBLE, TX 77396</b>		
8 Principal occupation / Job title (See Instructions) <b>Contractor</b>		9 Employer (See Instructions) <b>E.C.E CONSTRUCTION</b>
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES Mabeike</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6511 BROAD OAKS DR. RICHMOND, TX 77406</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>APEX CONSULTING GROUP</b>
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONALD JONES</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>12123 MAPLE LEAF LANE STAFFORD, TX 77477</b>		
Principal occupation / Job title (See Instructions) <b>ELECTED OFFICIAL</b>		Employer (See Instructions) <b>CITY OF STAFFORD</b>
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JERI BROOKS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 540813 HOUSTON, TX 77254</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>ONE WORLD STRATEGY GROUP</b>

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/25/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DIMITRIS MILLAS</b>	7 Amount of contribution (\$) <b>1,300<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5324 CALHOON RD. HOUSTON, TX 77021</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NORTON ROSE FULBRIGHT US LLP TEXAS COMMITTEE</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1301 MCKINNEY, SUITE 5100 HOUSTON, TX 77010</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HR. GREEN TEXAS PAC</b>	Amount of contribution (\$) <b>2,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>11011 RICHMOND AVE. SUITE 200 HOUSTON, TX 77042</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SIDHARTHA SASOO</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>62 BRADFORD CIRCLE SUGARLAND, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>HJ Consultant</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME: JAMES GRADY PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIEL JOHNSON	7 Amount of contribution (\$) 4,500 <sup>00</sup>
6 Contributor address; City; State; Zip Code 9407 RESTON GROVE LANE HOUSTON, TX 77095		
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) AIG TECHNICAL
Date 2/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFREY HALEY	Amount of contribution (\$) 1,500 <sup>00</sup>
Contributor address; City; State; Zip Code 5107 CYPRESS GREEN LN. RICHMOND, TX 77406		
Principal occupation / Job title (See Instructions) OPERATOR		Employer (See Instructions) SI ENVIRONMENTAL
Date 2/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFREY CANNON	Amount of contribution (\$) 1,500 <sup>00</sup>
Contributor address; City; State; Zip Code 4315 WHICKHAM DR. FULSHEAR, TX 77441		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) LSA
Date 2/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIA BAKER	Amount of contribution (\$) 1,500 <sup>00</sup>
Contributor address; City; State; Zip Code 11510 SCOTTSDALE DR. MEADOWS PLACE, TX 77477		
Principal occupation / Job title (See Instructions) MARKETING		Employer (See Instructions) LSA

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>SAMES 'GRADY' PRSTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/28/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRAMARK VENTURES, LLC</b>	7 Amount of contribution (\$) <b>1,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>675 BERING DR, STE. 500 HOUSTON, TX 77057</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/28/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COSTELLO, INC PAC</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2107 CITYWEST BLVD, 3rd Floor HOUSTON, TX 77042</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/28/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIEL SIGNORELLI</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1401 WOODLANDS PARKWAY THE WOODLANDS, TX 77380</b>		
Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		Employer (See Instructions) <b>THE SIGNORELLI CO.</b>
Date <b>2/28/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVEN D. ALVIS</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>8827 W. SAM HOUSTON PKWY N. STE. 200 HOUSTON, TX 77040</b>		
Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		Employer (See Instructions) <b>NEW QUEST PROPERTIES</b>

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/28/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RESPONSIBLE GOVERNMENT PAC</b>	7 Amount of contribution (\$) <b>1,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5005 RIVERWAY, SUITE 500 HOUSTON, TX 77056</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CENTER POINT ENERGY PAC</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 4567 HOUSTON, TX 77210</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES COYLE</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 539 FRESNO, TX 77545</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>3/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GERALD WILSON</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2610 SARA RIDGE LANE KATY, TX 77450</b>		
Principal occupation / Job title (See Instructions) <b>PRESIDENT</b>		Employer (See Instructions) <b>CARDINAL MEMORIAL ACQUISITION CO.</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>JAMES 'GRADY' PRESTABE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HARRY JOHNSON</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>10700 RICHMOND AVE. STE. 265 HOUSTON, TX 77042</b>		
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions) <b>LAW OFFICE OF HARRY JOHNSON</b>
Date <b>3/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LYNETTE BRATTON</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>12 GREENWAY PLAZA HOUSTON, TX 77046</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>SELF -LYNETTE BRATTON, ASSOC.</b>
Date <b>3/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY TYSON</b>	Amount of contribution (\$) <b>486.48</b>
Contributor address; City; State; Zip Code <b>1351 MISIETOE DRIVE FORT WORTH, TX 76110</b>		
Principal occupation / Job title (See Instructions) <b>POSTER</b>		Employer (See Instructions) <b>THE TYSON ORGANIZATION, INC.</b>
Date <b>3/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>IVY RICKETTS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3003 SOUTH LOOP WEST STE. 300 HOUSTON, TX 77054</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>RICKETTS LAW</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/8/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RANDY RANDERMANN</b>	7 Amount of contribution (\$) <b>2,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>4860 JAMES LANE FULSHEAR, TX 77441</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions) <b>BSE, INC.</b>
Date <b>3/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>WAYMON CLYDE LEMON</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 331207 HOUSTON, TX 77233</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>W. CLYDE LEMON ATTORNEY AT LAW PLLC</b>
Date <b>3/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>HERMAN BURROUGHS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>9525 KATY FREEWAY, SUITE 150 HOUSTON, TX 77024</b>		
Principal occupation / Job title (See Instructions) <b>INSURANCE</b>		Employer (See Instructions) <b>ALLSTATE</b>
Date <b>4/11/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>VARINDER BOBBY SINGH</b>	Amount of contribution (\$) <b>10,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>12511 STILL HARBOUR DR. HOUSTON, TX 77041</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>ISANI</b>

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# MONETARY POLITICAL CONTRIBUTIONS

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4 Date <b>4/25/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLIE R. WALKER</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2338 TEXAS PARKWAY MISSOURI CITY, TX 77489</b>		
8 Principal occupation / Job title (See Instructions) <b>INSURANCE</b>		9 Employer (See Instructions) <b>CHARLIE WALKER INSURANCE</b>
Date <b>4/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOHAN BALLAGERE</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>10306 LOGAN BRIDGE LANE SUGAR LAND, TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>GEOTEST</b>
Date <b>4/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RPS INFRASTRUCTURE, INC. PAC</b>	Amount of contribution (\$) <b>5,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1100 DAIRY ASHFORD RD., STE. 500 HOUSTON, TX 77079</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/4/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TONY T. LY</b>	Amount of contribution (\$) <b>5,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>13607 CABRERA CT HOUSTON, TX 77083</b>		
Principal occupation / Job title (See Instructions) <b>CONSULTANT</b>		Employer (See Instructions) <b>STDA</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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4 Date <b>5/27/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SATYA PILLA</b>	7 Amount of contribution (\$) <b>5,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>4103 OAK BLOSSOM CT. HOUSTON, TX 77059</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions) <b>I GET SERVICES LLC</b>
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GITI ZARINKELK</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1025 S. SHEPHERD DR. UNIT 310 HOUSTON, TX 77019</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>ZARINKOLK ENGINEERING</b>
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONALD MIDDLETON</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>7118 PINEHOOK LN. HOUSTON, TX 77016</b>		
Principal occupation / Job title (See Instructions) <b>PROSIDENT</b>		Employer (See Instructions) <b>MIDDLETON / BROWN</b>
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAUL P. KWAN</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>13423 AMBER QUEEN LANE HOUSTON, TX 77041</b>		
Principal occupation / Job title (See Instructions) <b>SURVEYOR</b>		Employer (See Instructions) <b>CANDTECA</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>39</b>
2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/27/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAN - PAC</b>	7 Amount of contribution (\$) <b>2,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2925 BRIARPARK DR., FOURTE FLOOR HOUSTON, TX 77042</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK MUSEMECHE</b>	Amount of contribution (\$) <b>2,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4316 BELLAIRE BLVD. BELLAIRE, TX 77401</b>		
Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		Employer (See Instructions) <b>M GROUP</b>
Date <b>5/27/22</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <b>C00457853</b> ) <b>TERRACON PAC TRVC, INC PAC</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>10841 S. RIDGEVIEW RD. OLATHE, KS 66061</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRAD CRAIN</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3812 BUCKHOLT STREET PEARLAND, TX 77581</b>		
Principal occupation / Job title (See Instructions) <b>CONSTRUCTION</b>		Employer (See Instructions) <b>CRAIN CONSTRUCTION</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/27/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DARRYL CARTER</b>	7 Amount of contribution (\$) <b>1,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5651 WILLERS WAY HOUSTON, TX 77056</b>		
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions) <b>LING BARBER</b>
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHOUTING HU</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>105 PAMELLIA DR. BELLAIRE, TX 77401</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>AVILES ENGINEERING</b>
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDY RANDELMANN</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4860 JAMES LN FULSHEAR, TX 77441</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>BGE</b>
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THE MULLER LAWGROUP, PLLC.</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>202 CENTURY SQUARE BLVD. SUGAR LAND, TEXAS 77478</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>SAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/27/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOE SAMUEL RATLIFF</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>8202 FRONTENAC DR. HOUSTON, TX 77071</b>		
8 Principal occupation / Job title (See Instructions) <b>PASTOR</b>		9 Employer (See Instructions) <b>BRENTWOOD BAPTIST CHURCH</b>
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAYMOND SEWELL</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2228 WATERFORD VILLAGE BLVD. MISSOURI CITY, TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLIE WALKER</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2338 TEXAS PARKWAY MISSOURI CITY, TX 77489</b>		
Principal occupation / Job title (See Instructions) <b>INSURANCE</b>		Employer (See Instructions)
Date <b>5/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GEORGE T. WHITE</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3823 EMERALD LAKE DR. MISSOURI CITY, TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>CONSULTANT</b>		Employer (See Instructions) <b>MAS</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>JAMES 'GRADY' PRESTAG</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/2/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROY OWENS Sr.</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>4100 HULL ST. HOUSTON, TX 77021</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONALD E. JACKSON</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3330 LONG BRIAR LANE SUGAR LAND, TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL DOTSON</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2800 KIRBY DR. APT. A630 HOUSTON, TX 77098</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>ACCESSHEALTH</b>
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RONNIE R. WILLIAMS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4311 CANADIAN RIVER DR. SUGAR LAND, TX 77478</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/2/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>AGUIRRE &amp; FIELDS LP PAC</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>7215 NEW TERRITORY BLVD, STB 100 SUGAR LAND, TX 77479</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JEFFREY W. VOGLER</b>	Amount of contribution (\$) <b>4,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>17607 FRAGRANT ROSE CT. CYPRESS, TEXAS 77429</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>VOGLER &amp; SPENCER ENGINEERING</b>
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LINEBARGER GOGGAN BLAIR &amp; SAMSON, LLP</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 17428 AUSTIN, TX 78760</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY'S AT LAW</b>		Employer (See Instructions)
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>WAYNE B. SALIGER</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3338 COUNTY RD 239 GONZALES, TX 78629</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>SALIGER ENGINEERING</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/2/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COBB FENDLEY PAC</b>	7 Amount of contribution (\$) <b>2,100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>13430 NORTHWEST FREEWAY, STE. 1100 HOUSTON, TX 77040</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANK C. MBACHU</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4419 APRIL MEADOW WAY SUGAR LAND, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>FCM ENGINEERS, PC</b>
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>POST NINO CORBETT</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>27101 WESTHEIMER PKWY KATY, TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		Employer (See Instructions) <b>COMPASS LAND DEVELOPMENT</b>
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIAN SMITH</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5311 BLYTHWOOD HOUSTON, TX 77021</b>		
Principal occupation / Job title (See Instructions) <b>Construction Manager</b>		Employer (See Instructions) <b>BSCI Construction</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>JAMES GRADY 'PRESTAGE'</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/2/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANWAR ZAHID</b>	7 Amount of contribution (\$) <b>2,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1111 WILCREST GREEN DR. HOUSTON, TX 77042</b>		
8 Principal occupation / Job title (See Instructions) <b>President/CEO</b>		9 Employer (See Instructions) <b>INFRA TECH ENGINEERS, INC.</b>
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOHAMMED SHAHADEH</b>	Amount of contribution (\$) <b>5,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>11907 ARCADIA BEND LANE HOUSTON, TX 77041</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>EARTH ENGINEERING, INC.</b>
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KAMAL ARISS</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6902 CHANTILLY CT. DALLAS, TX 75214</b>		
Principal occupation / Job title (See Instructions) <b>CONSULTANT</b>		Employer (See Instructions) <b>VANIR</b>
Date <b>6/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERTA BURROUGHS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 941633 HOUSTON, TX 77274</b>		
Principal occupation / Job title (See Instructions) <b>URBAN PLANNER</b>		Employer (See Instructions) <b>Roberto F. BURROUGHS &amp; ASSOC.</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/8/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PRITI SINGH</b>	7 Amount of contribution (\$) <b>2,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>28 WHITWORTH WAY SUGAR LAND, TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>SELF EMPLOYED</b>		9 Employer (See Instructions) <b>Associated Testing</b>
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEVI BENTON</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3417 MILAM HOUSTON, TX 77002</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>LEVI BENTON &amp; ASSOC. PLLC</b>
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ASIM TVFAIL</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1616 S. VOSS, SUITE 300 HOUSTON, TX 77057</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>BLACKLINE ENGINEERING</b>
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LLARANCE TURNER</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 481 STAFFORD, TX 77497</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>KRUZA</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>JAMES GRADY PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/8/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>IDS ENGINEERING GROUP PAC</b>	7 Amount of contribution (\$) <b>1,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>13430 NORTHWEST FRWY. STE. 700 HOUSTON, TX 77040</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANDREW M. PADERANGA</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>26314 CRESENT COVE LN. KATY, TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>RS. MILLER ENGINEERS, INC.</b>
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRAD CRAIN</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3812 BUCKHOLT STREET PEARLAND, TX 77581</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>GROUP LLC CRAIN CONSTRUCTION</b>
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM C. ROSS</b>	Amount of contribution (\$) <b>300<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2527 RITTEN MORE DR. MISSOURI CITY, TX 77489</b>		
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions) <b>PSTC, INC.</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/8/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TEMIKA B. SONES</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2306 CEZANNE CIRCLE MISSOURI CITY, TX 77459</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <b>SONES PRINCIPAL SOLUTIONS, LLC</b>
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOTT A. GORDON</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6238 LYNBROOK DR. HOUSTON, TX 77057</b>		
Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		Employer (See Instructions) <b>GORDON PARTNERS</b>
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES COYLE</b>	Amount of contribution (\$) <b>150<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 539 FRESNO, TX 77545</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>JC CANTERA HOMES, INC.</b>
Date <b>6/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VIOLA SOLOMON</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>12003 NATURAL BRIDGES LN. SUSAR LAND, TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>MORTGAGE BROKER</b>		Employer (See Instructions) <b>US BANK MORTGAGE</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <span style="font-size: 1.5em;">39</span>
2 FILER NAME <span style="font-size: 1.2em;">JAMES 'GRADY' PRESTAGE</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">6/8/22</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">MAJOR SMITH</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">100<sup>00</sup></span>
6 Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">2207 ALASSIO ISLE CT. MISSOURI CITY, TX 77459</span>		
8 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">RETIRED</span>		9 Employer (See Instructions) <span style="font-size: 1.2em;">RETIRED</span>
Date <span style="font-size: 1.2em;">6/10/22</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">KEVIN R. HATTERY</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">500<sup>00</sup></span>
Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">3819 VILLANOVA ST. HOUSTON, TX 77005</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">CEO</span>		Employer (See Instructions) <span style="font-size: 1.2em;">BOYS &amp; GIRLS CLUB OF AMERICA</span>
Date <span style="font-size: 1.2em;">6/19/22</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">SYDNEY AUSTIN</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">500<sup>00</sup></span>
Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">1311 VILLAGE GARDEN DR. MISSOURI CITY, TX 77459</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">ENGINEER</span>		Employer (See Instructions) <span style="font-size: 1.2em;">AUSTIN-REED ENGINEERS, LLC</span>
Date <span style="font-size: 1.2em;">6/10/22</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">MARK W. HEIDAKER</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">1,000<sup>00</sup></span>
Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">7703 BREEZEWAY BEND LN. KATY, TX 77494</span>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <span style="font-size: 1.2em;">PAS, PROPERTY ACQUISITION SERVICES</span>

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



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the 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: <b>39</b>
2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/10/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFFREY A. WEINER</b>	7 Amount of contribution (\$) <b>1,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2711 BRIAR GLEN CT. SUGAR LAND, TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>ARCHITECT</b>		9 Employer (See Instructions) <b>PGAL</b>
Date <b>6/10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FREESE AND NICHOLS PAC</b>	Amount of contribution (\$) <b>2,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>801 CHERRY STREET, SUITE 2800 FORT WORTH, TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LYLE HENKEL</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>8630 WYNDHAM VILLAGE DR. SERSEY VILLAGE, TX 77040</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>TERRA ASSOC.</b>
Date <b>6/10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALLEN BOONE HUMPHRIES ROBINSON LLP</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3200 SOUTHWEST FREEWAY, SUITE 2600 HOUSTON, TX 77027</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEYS AT LAW</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>39</b>
2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/10/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOHN CALHOUN, PH.D</b>	7 Amount of contribution (\$) <b>\$,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2307 TWING LAKES CIRCLE JACKSON, MS 39211</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions) <b>IMS</b>
Date <b>6/10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KEVIN MATOCHA</b>	Amount of contribution (\$) <b>\$,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1600 HWY. 6 SOUTH, STE. 245 SUGAR LAND, TX 77478</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>STONE HENGE CO., LLC.</b>
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LARRY JANAK</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1215 COHEN GREEN LANE HOUSTON, TX 77094</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>IDCUS</b>
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KCI TEXAS PAC</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>11550 W. INTERSTATE 10, STE. 395 SAN ANTONIO, TX 78230</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>JAMES GRADY PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>S.O.B PAC</b>	7 Amount of contribution (\$) <b>2,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>EE P.O. BOX 266245 HOUSTON, TX 77207</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CYNTHIA GINYARD</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>11418 OAK LAKE RIDGE CT. SUGAR LAND, TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>ELECTED OFFICIAL</b>		Employer (See Instructions) <b>FB DEMOCRATIC PARTY</b>
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANNIE C. SMITH</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2115 MC CRARY RICHMOND, TX 77406</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEVIN RILES</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4501 CARTWRIGHT RD, STE. 204 MISSOURI CITY, TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>Kevin Riles Commercial</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: right; font-size: 1.2em;">39</div>
2 FILER NAME <div style="font-size: 1.2em; font-weight: bold;">JAMES 'GRADY' PROSTAGE</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">6/13/22</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-weight: bold;">MICHAEL C. MOORE</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">100<sup>00</sup></div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.1em;">6028 RAWLINGS ROAD NEEDVILLE, TX 77461</div>		
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-weight: bold;">ATTORNEY</div>		9 Employer (See Instructions) <div style="font-size: 1.2em; font-weight: bold;">SELF EMPLOYED</div>
Date <div style="font-size: 1.2em;">6/13/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-weight: bold;">ELDRIDGE DANIEL</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">100<sup>00</sup></div>
Contributor address; City; State; Zip Code <div style="font-size: 1.1em;">4310 KING COTTON LN MISSOURI CITY, TX 77459</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-weight: bold;">RETIRED</div>		Employer (See Instructions)
Date <div style="font-size: 1.2em;">6/13/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-weight: bold;">JOHNNY JOHNSON</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">100<sup>00</sup></div>
Contributor address; City; State; Zip Code <div style="font-size: 1.1em;">1122 SHIRLEEN DR. STAFFORD, TX 77477</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-weight: bold;">RETIRED</div>		Employer (See Instructions)
Date <div style="font-size: 1.2em;">6/13/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-weight: bold;">JDEL C. CLOUSER</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">100<sup>00</sup></div>
Contributor address; City; State; Zip Code <div style="font-size: 1.1em;">3026 PELICAN COVE MISSOURI CITY, TX 77459</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-weight: bold;">RETIRED</div>		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>39</b>
2 FILER NAME <b>SAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PLUMBERS LOCAL UNION NO. 68-PAC</b>	7 Amount of contribution (\$) <b>1,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. BOX 8746 HOUSTON, TX 77249</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/13/22</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <b>0004580141</b> ) <b>DVA HOLDING COMPANY STATE-PAC</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1300 L. ST NW, SUITE 200 WASHINGTON, DC 20005</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BIRDIE M. KELLEY</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>631 S. GLEN WILLOW LN. MISSOURI CITY, TX 77409</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BERVIS B. MCBRIDE III, D.D.</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>7010 ELM TRACE DR. SUGAR LAND, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>DEUTIST</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>39</b>
2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WORLEY ANTHONY BARKER</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>8603 KINGSTON HOLLOW CT RICHMOND, TX 77407</b>		
8 Principal occupation / Job title (See Instructions) <b>BANK EXAMINER</b>		9 Employer (See Instructions) <b>TEXAS CAPITAL BANK</b>
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ALLEN ALDRIDGE JR.</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2111 HAMMERWOOD DR. MISSOURI CITY TX 77489</b>		
Principal occupation / Job title (See Instructions) <b>TEACHER/COACH</b>		Employer (See Instructions) <b>FBISD</b>
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WALTER R. SASS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2707 AUTUMN LAKE DR. KATY, TX 77450</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>WEISER ENGINEERING</b>
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JIM RUSS</b>	Amount of contribution (\$) <b>4500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>10011 MEADOWGLEN LANE HOUSTON, TX 77042</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>EHRA ENGINEERING</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HUITT-ZOLLARS PAC TEXAS PAC</b>	7 Amount of contribution (\$) <b>1,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5430 LBS FREEWAY, SUITE 1500 DALLAS, TX 75240</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEC - PAC</b>	Amount of contribution (\$) <b>2,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1 GREENWAY PLAZA STE. 225 HOUSTON, TX 77040</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOHAMMAD IRFAN</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5507 MAVERICK POINT LN. KATY, TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>PROGRESSIVE TRAFFIC TRANSPORTATION PROGRESSIVE CONSULTING ENGINEERS</b>
Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIEL K. SIGNORELLI</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1401 WOODLANDS PARKWAY THE WOODLANDS, TX 77380</b>		
Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		Employer (See Instructions) <b>SIGNORELLI COMPANY</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **39**

2 FILER NAME

**JAMES 'GRADY' PRESTAGE**

3 Filer ID (Ethics Commission Filers)

4 Date

**6/13/22**

5 Full name of contributor

**OMAR N. ESCOBAR JR.**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**2,500<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**18515 BRIDGLAND CROOK PK, APT. 1813  
CYPRESS, TX 77433**

8 Principal occupation / Job title (See Instructions)

**ENGINEER**

9 Employer (See Instructions)

**LISA**

Date

**6/13/22**

Full name of contributor

**GABRIEL JOHNSON**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**2,500<sup>00</sup>**

Contributor address; City; State; Zip Code

**9407 RESTON GROVE LANE  
HOUSTON, TEXAS 77095**

Principal occupation / Job title (See Instructions)

**ENGINEER**

Employer (See Instructions)

**AIG TECH**

Date

**6/13/22**

Full name of contributor

**JEFFERY T. CANNON**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**2,500<sup>00</sup>**

Contributor address; City; State; Zip Code

**4315 WHICKHAM DR.  
FULSHEAR, TX 77441**

Principal occupation / Job title (See Instructions)

**ENGINEER**

Employer (See Instructions)

**LISA**

Date

**6/13/22**

Full name of contributor

**ISAIAH WATKINS JR.**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**25<sup>00</sup>**

Contributor address; City; State; Zip Code

**15427 RIDING WOOD DR.  
MISSOURI**

Principal occupation / Job title (See Instructions)

**RETIRED**

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: <b>39</b>
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2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHARON GRAY</b>	7 Amount of contribution (\$) <b>25<sup>00</sup></b>
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DASHIEL GEYEN</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4002 CHARLESTON ST. HOUSTON, TX 77021</b>		

Principal occupation / Job title (See Instructions) <b>THERAPIST</b>	Employer (See Instructions) <b>SELF EMPLOYED</b>
---	---

Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARL DAVID <sup>STAN</sup> EVANS</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2440 OAKDALE ST. HOUSTON, TX</b>		

Principal occupation / Job title (See Instructions) <b>ACCOUNTANT</b>	Employer (See Instructions) <b>SELF EMPLOYED</b>
--	---

Date <b>6/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RON REYNOLDS</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6140 HIGHWAY 6 SOUTH 233 MISSOURI CITY, TX 77459</b>		

Principal occupation / Job title (See Instructions) <b>STATE REP</b>	Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>39</b>
2 FILER NAME <b>JAMES 'GRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BONNIE C. MOSS</b>	7 Amount of contribution (\$) <b>\$,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>12418 WESTELLA DR HOUSTON, TX 77077</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions) <b>MBCO ENGINEERING SURVEYING</b>
Date <del>6/13/22</del> <b>6/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES BENTON</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1934 TOWER BELL LN MISSOURI CITY, TX 77409</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <del>6/13/22</del> <b>6/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEROME LOVE</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>12401 S. POST OAK HOUSTON, TX 77045</b>		
Principal occupation / Job title (See Instructions) <b>PRESIDENT</b>		Employer (See Instructions) <b>TEXAS BLACK EXPD</b>
Date <del>6/13/22</del> <b>6/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRACEWELL PAC</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>711 LOUISIANA STREET SUITE 2300 HOUSTON, TX 77002</b>		
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: **39**

2 FILER NAME

**JAMES 'GRADY' PRESTAGE**

3 Filer ID (Ethics Commission Filers)

4 Date

**6/21/22**

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

**HR GREEN TEXAS PAC**

7 Amount of contribution (\$)

**1,500<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**11011 RICHMOND AVE. SUITE 200  
HOUSTON, TX 77042**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**6/21/22**

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

**CHRISTUS N. POWELL SR.**

Amount of contribution (\$)

**1,500<sup>00</sup>**

Contributor address; City; State; Zip Code

**P.O. BOX 45176  
HOUSTON, TX 77245**

Principal occupation / Job title (See Instructions)

**ARCHITECT**

Employer (See Instructions)

**AT3**

Date

**6/21/22**

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

**HALFF ASSOC. - STATE PAC**

Amount of contribution (\$)

**2,500<sup>00</sup>**

Contributor address; City; State; Zip Code

**1201 N. BOWSER ROAD  
RICHARDSON, TX 75081**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6/21/22**

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

**MELVIN G. SPINKS**

Amount of contribution (\$)

**2,500<sup>00</sup>**

Contributor address; City; State; Zip Code

**13619 OAK LAKE BND  
CYPRESS, TX 77429**

Principal occupation / Job title (See Instructions)

**ENGINEER**

Employer (See Instructions)

**CIVILTECH**

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



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the 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: <b>39</b>
2 FILER NAME <b>JAMES 'GRADY' PROSTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/21/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLINTON F. WONG</b>	7 Amount of contribution (\$) <b>2,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1616 S. VOSS RD., SUITE 618 HOUSTON, TX 77057</b>		
8 Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		9 Employer (See Instructions) <b>SKYMARK DEVELOPMENT CO., INC.</b>
Date <b>6/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOUETHEL BREMOND</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1615 SOUTH YEGUA RIVER CIRCLE SUGAR LAND, TX 77478</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>6/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID SINCERE</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>10402 DEER BRANCH MISSOURI CITY, TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>PASTOR</b>		Employer (See Instructions) <b>FBTC</b>
Date <b>6/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOHAMMAD ABBAZ</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>12323 ASHFORD HOLLOW DR. SUGARLAND, TX 77478</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>RETIRED</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

39

2 FILER NAME

JAMES 'GRADY' PRESTAGE

3 Filer ID (Ethics Commission Filers)

4 Date

6/21/22

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

JUSTINE CHERNE

7 Amount of contribution (\$)

100<sup>00</sup>

6 Contributor address; City; State; Zip Code

6028 RAWLINGS RD.  
NEEDVILLE, TX 77461

8 Principal occupation / Job title (See Instructions)

LEGAL ASSISTANT

9 Employer (See Instructions)

ABHR, LLP

Date

6/21/22

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

DONNA MILES

Amount of contribution (\$)

200<sup>00</sup>

Contributor address; City; State; Zip Code

3110 BLUE HILLS DR.  
MISSOURI CITY, TX 77459

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

6/21/22

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

JAY SUNDER WALA

Amount of contribution (\$)

500<sup>00</sup>

Contributor address; City; State; Zip Code

2313 W. SAM HOUSTON PARKWAY  
HOUSTON, TX 77043

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

NINYO & MODRE

Date

6/21/22

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

VERSTENE TRAYLOR

Amount of contribution (\$)

50<sup>00</sup>

Contributor address; City; State; Zip Code

15418 WILDWOOD LAKE DR.  
HOUSTON, TX 77083

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>JAMES 'GRADY' PROSTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/21/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESSE VALERIANO</b>	7 Amount of contribution (\$) <b>2,500<sup>00</sup></b>
6 Contributor address; City: State: Zip Code <b>8412 WALLISVILLE RD. HOUSTON, TX 77029</b>		
8 Principal occupation / Job title (See Instructions) <b>LAND DEVELOPER</b>		9 Employer (See Instructions) <b>THE DESEO GROUP, INC.</b>
Date <b>6/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIM SACHTLEBEN</b>	Amount of contribution (\$) <b>2,000<sup>00</sup></b>
Contributor address; City: State: Zip Code <b>2107 CITYWEST BLVD, 3RD FLOOR HOUSTON, TX 77064</b>		
Principal occupation / Job title (See Instructions) <b>CIVIL ENGINEER</b>		Employer (See Instructions) <b>COSTELLO</b>
Date <b>6/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SPURGEON ROBINSON</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City: State: Zip Code <b>4635 SOUTHWEST FWY, SUITE 700 HOUSTON, TX 77027</b>		
Principal occupation / Job title (See Instructions) <b>CONSULTANT</b>		Employer (See Instructions) <b>IMPACT CONSULTING</b>
Date <b>6/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAYNES AND BOONE - PAC</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City: State: Zip Code <b>2323 VICTORY AVE., SUITE 700 DALLAS, TX 75219</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>JAMES 'BRADY' PRESTAGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TREPAC/TEXAS ASSOCIATION OF REALTORS</b>	7 Amount of contribution (\$) <b>5,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. BOX 2246 AUSTIN, TX 78768</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENNETH W. SALTER</b>	Amount of contribution (\$) <b>150<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>18907 ARCADIA CANYON CT. CYPRESS, TX 77429</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAIGE CANTON</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>46 BIG TRAIL MISSOURI CITY, TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>6/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID EASTWOOD</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>17407 HIGHWAY 59N. HUMBLE, TX 77396</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>GEOTECH ENGINEERING &amp; TESTING</b>

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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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