

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: 98

| | | | | | |
|--|----------------------|-----------------------------|--------|----------------------------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST James Grady | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST Prestage | SUFFIX | Date Received RECEIVED | |

| | | | | | |
|---|---------------------|----------------------|-----------|--------------|--|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE |
| <input type="checkbox"/> Change of Address | 36 Big Trail | Missouri City | TX | 77459 | Date Hand-delivered or Date Postmarked JAN 18 2022 |

| | | | | |
|---|--------------|-----------------|-----------|--|
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked |
| | (281) | 433-4444 | | |

| | | | | | |
|----------------------------------|---------------|------------------------|--------|----------------|-----------|
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Samuel | MI | Receipt # | Amount \$ |
| | NICKNAME | LAST Stewart | SUFFIX | Date Processed | |

| | | | | | |
|-------------------------------------|------------------------------------|----------------------|-----------|--------------|----------|
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: | STATE: | ZIP CODE |
| (Residence or Business) | 15526 Winter Briar | Missouri City | TX | 77489 | |

| | | | |
|-----------------------------------|--------------|-----------------|-----------|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (713) | 729-5761 | |

| | | | | |
|----------------------|--|---|--|--|
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |

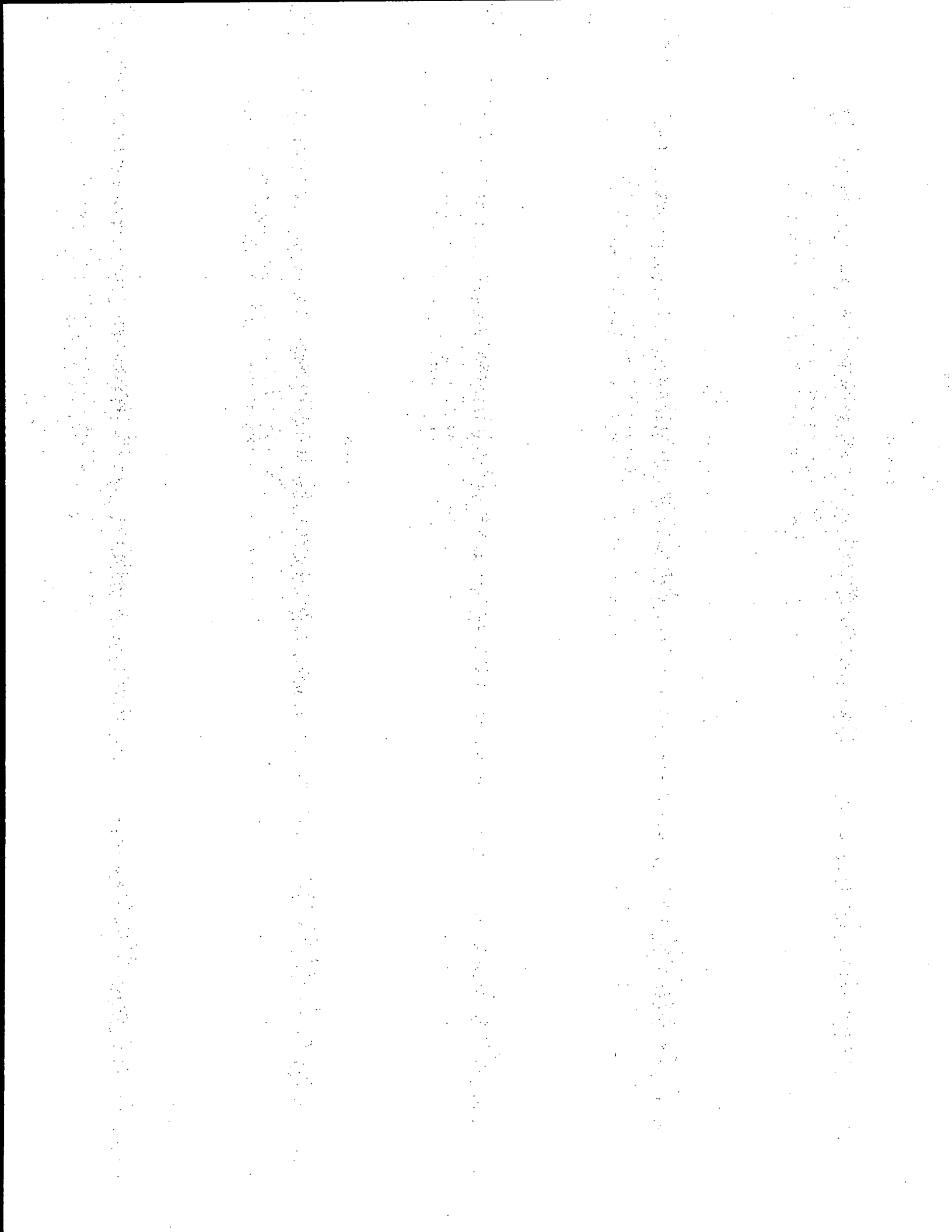
| | | | | | | | |
|--------------------------|-----------|-----------|-----------|---------|-----------|-----------|-----------|
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 07 | 01 | 21 | | 12 | 31 | 21 |

| | | | | | | | |
|--------------------|---------------|-------|-----|------|----------------------------------|----------------------------------|--|
| 11 ELECTION | ELECTION DATE | Month | Day | Year | ELECTION TYPE | | |
| | / / | | | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description |
| | | | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | |

| | | |
|------------------|--|---|
| 12 OFFICE | OFFICE HELD (if any) Precinct 2 County Commissioner | 13 OFFICE SOUGHT (if known) Precinct 2 County Commissioner |
|------------------|--|---|

| | | | | |
|--|---|--------------------------------------|--|--|
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

GO TO PAGE 2

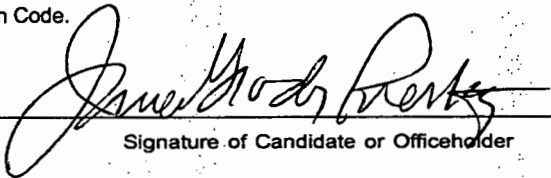


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---|---|--|
| 15 C/OH NAME <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>34,076.32</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>211,776.32</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>26,658.67</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>155,149.11</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>286,735.60</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

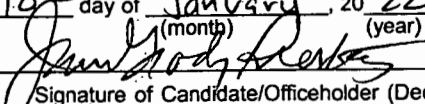
OR

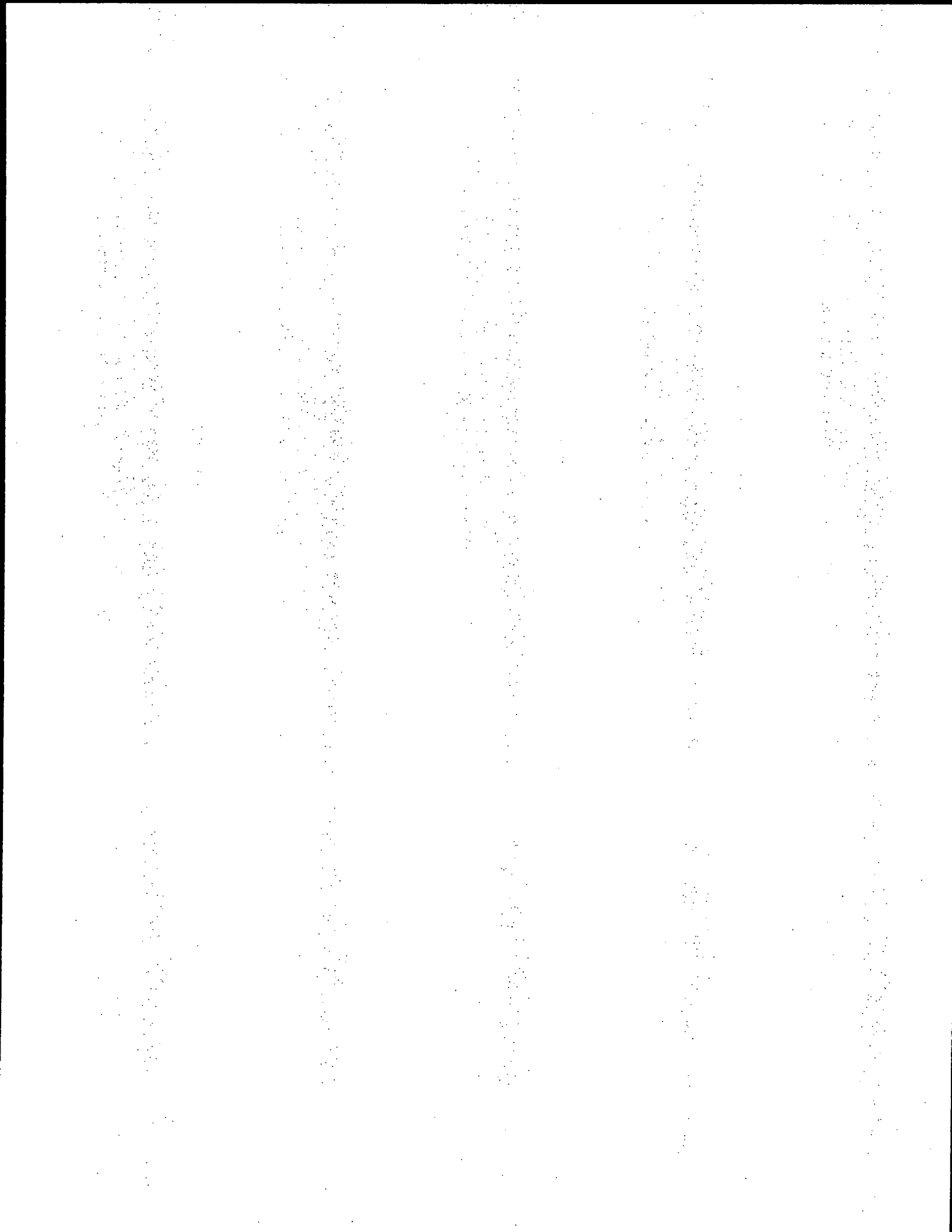
(2) Unsworn Declaration

My name is James Grady Prestage, and my date of birth is _____.

My address is 36 Big Trail, Missouri City, TX, 77459, Ft. Bend
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 18th day of January, 2022.
(month) (year)

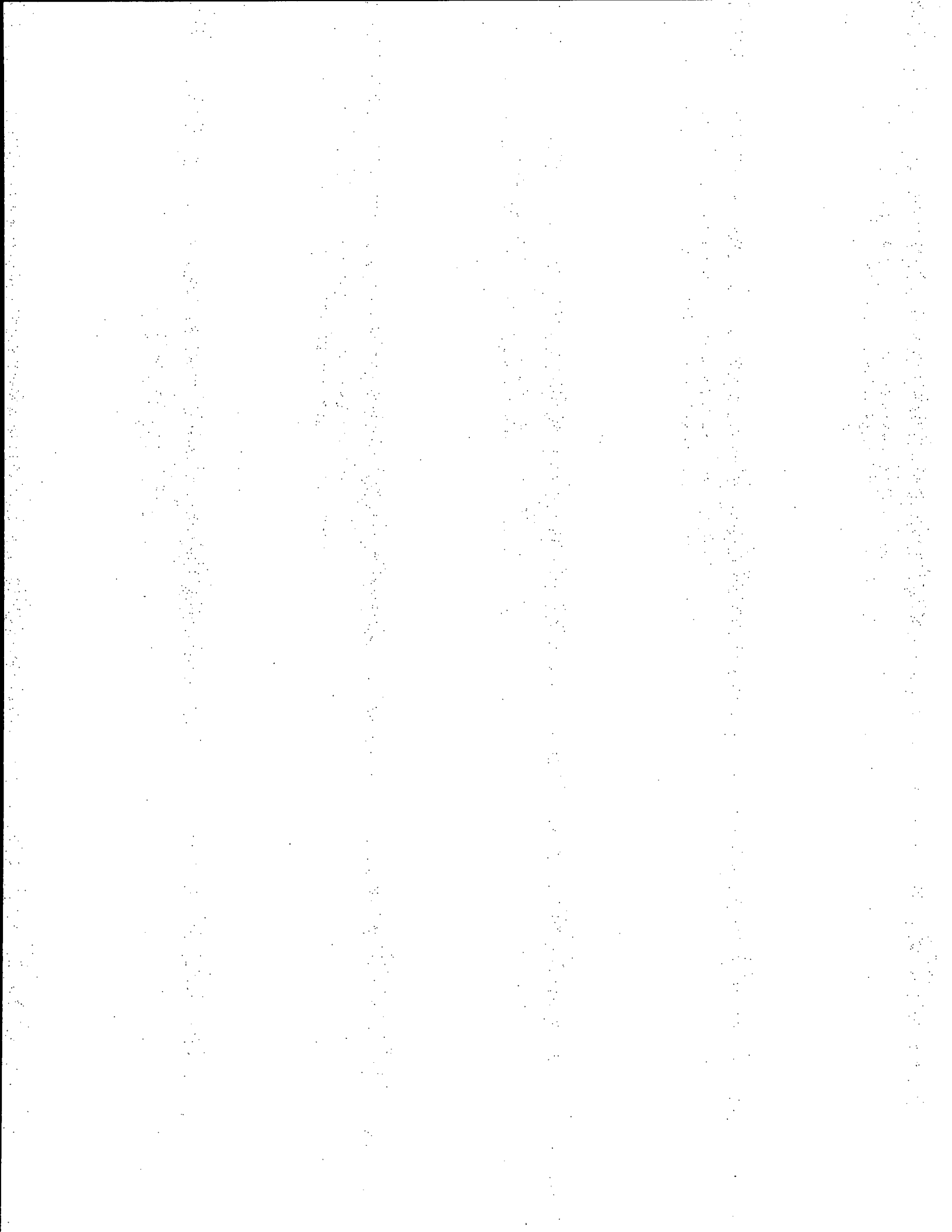

 Signature of Candidate/Officeholder (Declarant)



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | |
|---|---|---|
| 19. FILER NAME <i>James Grady Prestage</i> | | 20. Filer ID (Ethics Commission Filers) |
| 21. SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>183,890</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>128,490.44</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/14/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES AND CARTER INC. PAC | 7 Amount of contribution (\$) 1,500.⁰⁰ |
| 6 Contributor address; City: State: Zip Code 6330 W LOOPS. SUITE 150 BELLAIRE, TX 77401 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEERS | | 9 Employer (See Instructions) JONES & CARTER |
| Date 7/15/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIEL JOHNSON | Amount of contribution (\$) 3,000.⁰⁰ |
| Contributor address; City: State: Zip Code 9407 RESTON GROVE LANE HOUSTON, TEXAS 77095 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) AIS TECHNICAL SERVICES |
| Date 7/27/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES OTHON | Amount of contribution (\$) 1,000.⁰⁰ |
| Contributor address; City: State: Zip Code 5906 LAGUNA FALLS CT. HOUSTON, TX 77041 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) OTHON INC |
| Date 7/27/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY McCLENDON | Amount of contribution (\$) 1,500.⁰⁰ |
| Contributor address; City: State: Zip Code 416 LAKESIDE BLVD. SUGAR LAND TX 77478 | | |
| Principal occupation / Job title (See Instructions) LAND SURVEYOR | | Employer (See Instructions) TEXAS SURVEYING INC. |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|---|---|
| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/31/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE SALIGER | 7 Amount of contribution (\$) 500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 3338 COUNTY RD. 23A GONZALES, TX 78629 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEER | | 9 Employer (See Instructions) SALIGER ENGINEERING |
| Date 9/9/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL SIGNORELLI | Amount of contribution (\$) 5,000⁰⁰ |
| Contributor address; City; State; Zip Code 1401 WOODLANDS PARKWAY THE WOODLANDS, TX 77380 | | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) SIGNORELLI COMPANIES |
| Date 9/24/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNETTE BRATTON | Amount of contribution (\$) 1000⁰⁰ |
| Contributor address; City; State; Zip Code 12 GREENWAY PLAZA, STE. 1100 HOUSTON, TX 77046 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) BRATTON ASSOCIATES |
| Date 11/03/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIRDIE R. KELLEY | Amount of contribution (\$) 40⁰⁰ |
| Contributor address; City; State; Zip Code 7631 S. GLEN WILLOW LN. MISSOURI CITY, TX 77489 | | |
| 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: 35 |
| 2 FILER NAME: JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/03/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONY ADEKOYA | 7 Amount of contribution (\$) 150⁰⁰ |
| 6 Contributor address; City: State: Zip Code 3415 VELASCO COURT MISSOURI CITY, TX 77459 | | |
| 8 Principal occupation / Job title (See Instructions) BANK EXAMINER | | 9 Employer (See Instructions) TEXAS DEPT OF BANKING |
| Date 11/12/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.M. RODRIGO | Amount of contribution (\$) 2,000⁰⁰ |
| Contributor address; City: State: Zip Code 15614 TURTLE OAK COURT HOUSTON, TX 77059 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) GC ENGINEERING, INC |
| Date 11/15/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOHAMMAD AISAZ | Amount of contribution (\$) 1,000⁰⁰ |
| Contributor address; City: State: Zip Code 12323 ASHFORD HOLLOW DR. SUGAR LAND, TX 77498 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) NOT EMPLOYED |
| Date 11/22/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIEL JOHNSON | Amount of contribution (\$) 300⁰⁰ |
| Contributor address; City: State: Zip Code 9407 RESTON GROVE LANE HOUSTON, TX 77095 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) AIG TECHNICAL SERVICES |

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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME JAMES 'GRADY' PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/02/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S.D. GOGGANS | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code P.O. BOX 140590 DALLAS, TX 75214 | | |
| 8 Principal occupation / Job title (See Instructions) DEVELOPER | | 9 Employer (See Instructions) USF |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOME - PAC GREATER HOUSTON BUILDERS ASSOC. | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 9511 W. SAM HOUSTON PKWY N HOUSTON, TX 77064-5398 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL WONG | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 1 BIG TRAIL MISSOURI CITY, TX 77459 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) TOLONAY-WONG ENGINEERS |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERLINE FAUST | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 16726 VILLAGE TRACE DR. HOUSTON, TX 77053 | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |

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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 12/02/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH WALKER | 7 Amount of contribution (\$) 500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 4206 WEST MEADOWS DR. SUGAR LAND, TX 77479 | | |
| 8 Principal occupation / Job title (See Instructions) SALESMAN | | 9 Employer (See Instructions) DOWLEY COMPANY |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL KWAN | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City; State; Zip Code 13423 AMBER QUEEN LANE HOUSTON, TX 77041 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) LANDTECH CONSULTANTS |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEMACHANDRA P. KOLLURU | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City; State; Zip Code 94 HEATHROW LANE SUGAR LAND, TX 77479 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) AMANI ENGINEERING |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE SAMUEL RATLIFF | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City; State; Zip Code 8202 FRONTENAC DR. HOUSTON, TX 77071 | | |
| Principal occupation / Job title (See Instructions) CLERGY | | Employer (See Instructions) BRENTWOOD BAPTIST CHURCH |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 12/02/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARRYL CARTER | 7 Amount of contribution (\$) 2,500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 5651 WILLERS WAY HOUSTON, TX 77056 | | |
| 8 Principal occupation / Job title (See Instructions) ATTORNEY | | 9 Employer (See Instructions) |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK MOSEMECHE | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 4310 BELLAIRE BLVD. BELLAIRE, TX 77401 | | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) M GROUP |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EARL CUMMINGS | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 61 OPEN SANDS CT. SUGAR LAND, TX 77479 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LLARANCE TURNER | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code P.O. BOX 481 STAFFORD, TX 77497 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) KALUZA, INC |

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| | | |
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| 2 FILER NAME JAMES 'BRADY' PRESTAS | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/02/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN MATOCHA | 7 Amount of contribution (\$) 3,000⁰⁰ |
| 6 Contributor address; City; State; Zip Code 1600 HWY. 6 SOUTH, STE. 245 SUGAR LAND, TX 77478 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) STONE HENSE |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CSA H INVESTMENTS LLC. | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELVIN SPINKS | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 13619 OAK LAKE BEND CYPRESS, TX 77429 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) CIVIL TECH |
| Date 12/02/01 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAHAN TOLLIVER | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 7402 CALICO POINT COURT RICHMOND, TX 77407 | | |
| Principal occupation / Job title (See Instructions) ASSISTANT IT DIRECTOR | | Employer (See Instructions) FB COUNTY |

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SCHEDULE A1

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| 2 FILER NAME JAMES 'BRADY' PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/02/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONYA BROWN MARSHALL | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 407 JEWEL LANDING MISSOURI CITY, TX 77459 | | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) MMGI MANAGEMENT |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM HAYES | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 9211 WHEATFIELD LN. RICHMOND, TX 77469 | | |
| Principal occupation / Job title (See Instructions) PEACE OFFICER | | Employer (See Instructions) FBC SHERIFF |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M.E. DAWKINS | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 6831 RIVER BLUFF DR. HOUSTON, TX 77085 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND SEWELL | Amount of contribution (\$) 200.00 |
| Contributor address; City; State; Zip Code 2228 WATERFORD VILLAGE BLVD, MISSOURI CITY, TX 77459 | | |
| 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: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/06/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANETRA LARY SENIGAU | 7 Amount of contribution (\$) 450.00 |
| 6 Contributor address; City; State; Zip Code P.O. BOX 145 RICHMOND, TX 77406 | | |
| 8 Principal occupation / Job title (See Instructions) ATTORNEY | | 9 Employer (See Instructions) FBC |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMECIA S. GLOVER | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 7406 AVALON TRACE RICHMOND, TX 77407 | | |
| Principal occupation / Job title (See Instructions) FBC ASSOC. JUDGE | | Employer (See Instructions) FBC |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC FAGAN | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 2304 HIGH TIDE LANE PEARLAND, TX 77584 | | |
| Principal occupation / Job title (See Instructions) FBC SHERIFF | | Employer (See Instructions) FBC |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMMY EARL JOHNSON | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 11905 RIPRAP DR. MANDR, TX 78653-2209 | | |
| Principal occupation / Job title (See Instructions) Contract Administrator | | Employer (See Instructions) BAE SYSTEMS, INC. |

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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.

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| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/6/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER JASS | 7 Amount of contribution (\$) 500 ⁰⁰ |
| 6 Contributor address; City; State; Zip Code 2707 AUTUMN LAKE DR. KATY, TX 77450 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEER | | 9 Employer (See Instructions) WEISSER |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY RANDERMANN | Amount of contribution (\$) 500 ⁰⁰ |
| Contributor address; City; State; Zip Code 4860 JAMES LN FULSHEAR, TX 77441-3016 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) BSE, INC. |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT BEND UNITED | Amount of contribution (\$) 500 ⁰⁰ |
| Contributor address; City; State; Zip Code P.O. BOX 420811 HOUSTON, TX 77242 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD WHITE | Amount of contribution (\$) 500 ⁰⁰ |
| Contributor address; City; State; Zip Code 1492 HARDINS BLVD BATON ROUGE, LA | | |
| Principal occupation / Job title (See Instructions) MERCHANT | | Employer (See Instructions) TAPCHORD PRODUCTS LLC. |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME <u>JAMES GRADY PRESTAGE</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12/06/21</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DEBRA MITCHELL</u> | 7 Amount of contribution (\$) <u>1,000⁰⁰</u> |
| 6 Contributor address; City: State: Zip Code <u>P.O. BOX 58741 WEBSTER, TX 77598</u> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <u>12/06/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WAYNE SAUGER</u> | Amount of contribution (\$) <u>1,500⁰⁰</u> |
| Contributor address; City: State: Zip Code <u>3338 COUNTY RD. 239 GONZALES, TX 78629</u> | | |
| Principal occupation / Job title (See Instructions) <u>ENGINEER</u> | | Employer (See Instructions) <u>SAUGER ENGR</u> |
| Date <u>12/06/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHRISTUS POWELL JR.</u> | Amount of contribution (\$) <u>1,500⁰⁰</u> |
| Contributor address; City: State: Zip Code <u>P.O. BOX 451726 HOUSTON, TX 77245</u> | | |
| Principal occupation / Job title (See Instructions) <u>ARCHITECT</u> | | Employer (See Instructions) <u>ATB A</u> |
| Date <u>12/06/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>C.C. LEE</u> | Amount of contribution (\$) <u>1,500⁰⁰</u> |
| Contributor address; City: State: Zip Code <u>6001 SANDY DR. #100 HOUSTON, TX 77036</u> | | |
| Principal occupation / Job title (See Instructions) <u>ARCHITECT</u> | | Employer (See Instructions) <u>STOA ARCHITECTS</u> |

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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 12/06/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOURHAF SABOUNI | 7 Amount of contribution (\$) 1,500 ⁰⁰ |
| 6 Contributor address; City; State; Zip Code 23 PALM BLVD MISSOURI CITY, TX 77459 | | |
| 8 Principal occupation / Job title (See Instructions) ARCHITECT | | 9 Employer (See Instructions) AUTO ARCH |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHOUTINS HU | Amount of contribution (\$) 1,500 ⁰⁰ |
| Contributor address; City; State; Zip Code 105 PAMELLIA DR. BELLAIRE, TX 77401 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) AVILES ENGINEERING GROUP |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE MULLER LAW GROUP, PLLC | Amount of contribution (\$) 1,500 ⁰⁰ |
| Contributor address; City; State; Zip Code 202 CENTURY SQUARE BLVD. SUGAR LAND, TX 77478 | | |
| Principal occupation / Job title (See Instructions) ATTORNEYS AT LAW | | Employer (See Instructions) |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & PARTNERS, LLP | Amount of contribution (\$) 1,500 ⁰⁰ |
| Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN, TX 78760 | | |
| Principal occupation / Job title (See Instructions) ATTORNEYS AT LAW | | Employer (See Instructions) |

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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 12/06/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSA BRYANT | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City: State: Zip Code 11 THETFORD ST. SUGAR LAND, TX 77479 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) NOT EMPLOYED |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID SEPULVEDA | Amount of contribution (\$) 2,500.00 |
| Contributor address; City: State: Zip Code 3003 DARNELL CT. MISSOURI CITY, TX 77459 | | |
| Principal occupation / Job title (See Instructions) CIVIL ENGINEER | | Employer (See Instructions) TERRA ASSOC. INC. |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW SCHATTE | Amount of contribution (\$) 2,500.00 |
| Contributor address; City: State: Zip Code 5330 MONTROSE BLVD. HOUSTON, TX 77005 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW PADERANGA | Amount of contribution (\$) 2,500.00 |
| Contributor address; City: State: Zip Code 26314 CRESCENT COVE LN. KATY, TX 77494 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) RG MILLER, INC |

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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 12/06/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. LINTON WONG | 7 Amount of contribution (\$) 2,500.00 |
| 6 Contributor address; City; State; Zip Code 1616 S. VOSS RD., STE. 618 HOUSTON, TX 77057 | | |
| 8 Principal occupation / Job title (See Instructions) DEVELOPER | | 9 Employer (See Instructions) SKY MARK DEVELOPMENT, INC. |
| Date 12/06/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRE PAC / TEXAS ASSOC. OF REALTORS PAC | Amount of contribution (\$) 5,000.00 |
| Contributor address; City; State; Zip Code P.O. BOX 2246 AUSTIN, TX 78768 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARITY CARTER | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 6123 BARDON HILL SUGAR LAND, TX 77479 | | |
| Principal occupation / Job title (See Instructions) DANCE INSTRUCTOR | | Employer (See Instructions) SELF EMPLOYED |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD PATRICK | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 21310 LOCHMERE LANE KATY, TX 77450 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) |

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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 12/09/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGUIRRE & FIELDS LP PAC | 7 Amount of contribution (\$) 500⁰⁰ |
| 6 Contributor address; City: State: Zip Code 7215 NEW TERRITORY BLVD, STE 100 SUGAR LAND, TX 77479 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYNES AND BOONE PAC | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City: State: Zip Code 2505 N. PLANO RD. STE 4000 RICHARDSON, TX 75082-4109 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOUCHE MICKEY | Amount of contribution (\$) 1,000⁰⁰ |
| Contributor address; City: State: Zip Code 27810 BERING CROSSING DR. KATY, TX 77494 | | |
| Principal occupation / Job title (See Instructions) SELF EMPLOYED | | Employer (See Instructions) UNIVERSAL WASTE |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN MURPHY | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City: State: Zip Code 5950 BERKSHIRE LN. #700 DALLAS, TX 75225 | | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) STREET LEVEL INVESTMENTS |

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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) 7 |
| 4 Date 12/09/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS SELLERS | 7 Amount of contribution (\$) 1,500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 20502 KERMIER RD. WALLER TX 77484 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN ALDRIDGE JR. | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City; State; Zip Code 2111 HAMMERWOOD MISSOURI CITY, TX 77489 | | |
| Principal occupation / Job title (See Instructions) Teacher/Coach | | Employer (See Instructions) FBLSD |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H.V.S. P.A.C. | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City; State; Zip Code 6120 S. DAIRY ASHFORD RD, HOUSTON, TX 77072 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN D. CALHOUN, PhD | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 2307 TWIN LAKES CIRCLE JACKSON, MS 39211 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) I M S ENGINEERS, INC. |

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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 12/09/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK C. MBACHU | 7 Amount of contribution (\$) 2,500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 4419 APRIL MEADOW WAY SUGAR LAND, TX 77479-3119 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEER | | 9 Employer (See Instructions) FLM ENGINEERS |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID COLLINS | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 7719 CHASEWOOD DR. MISSOURI CITY, TX 77409 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) FLM ENGINEERS |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GITI ZARINKELK | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 1025 S. SHEPHERD DR. UNIT 310 HOUSTON, TX 77019-3634 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) ZARINKELK ENGINEERS |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY SANAK | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 19215 COHEN GREEN LANE HOUSTON, TX 77094 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) IDC US |

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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 12/09/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.M. RODRIGO | 7 Amount of contribution (\$) 2,500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 15514 TURTLE OAK COURT HOUSTON, TX 77059 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEER | | 9 Employer (See Instructions) GC ENGINEERING |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEC PAC | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 1 GREENWAY PLAZA STE. 225 HOUSTON, TX 77046 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/09/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RPS INFRASTRUCTURE, INC. PAC | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 1160 DAIRY ASHFORD RD., STE. 500 HOUSTON, TX 77079-3022 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAD CRAIN | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City; State; Zip Code 3812 BUCKHOLT STREET PEARLAND, TX 77581 | | |
| Principal occupation / Job title (See Instructions) OWNER | | Employer (See Instructions) THE CRAIN GROUP |

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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 12/13/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN GUESS | 7 Amount of contribution (\$) 1,500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 10627 ALBURY DR. HOUSTON, TX 77096 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) GUESS GROUP |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIND CORBETT | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 27101 WESTHEIMER #8. PKWY KATY, TX 77494 | | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) POST OAK POINTE, LTD |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON REYNOLDS | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 6140 HIGHWAY 6 SOUTH 233 MISSOURI CITY, TX 77459 | | |
| Principal occupation / Job title (See Instructions) STATREP | | Employer (See Instructions) |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSE B. JOHNSON | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 1270 CRABB RIVER RD. RICHMOND, TX 77469 | | |
| Principal occupation / Job title (See Instructions) DIRECTOR | | Employer (See Instructions) COLON CANCER FOUNDATION |

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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME <u>JAMES 'BRADY' PRESTAGE</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12/13/21</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DONALD MIDDLETON</u> | 7 Amount of contribution (\$) <u>1,500⁰⁰</u> |
| 6 Contributor address; City; State; Zip Code <u>7118 PINEHOOK LN. HOUSTON, TX 77016</u> | | |
| 8 Principal occupation / Job title (See Instructions) <u>CONSULTANT</u> | | 9 Employer (See Instructions) <u>MIDDLETON BROWN, LLC</u> |
| Date <u>12/13/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROY OWENS, SR.</u> | Amount of contribution (\$) <u>500⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>4100 HULL ST. HOUSTON, TX 77021</u> | | |
| Principal occupation / Job title (See Instructions) <u>CONSTRUCTION</u> | | Employer (See Instructions) <u>ROCA</u> |
| Date <u>12/13/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARK GIBSON</u> | Amount of contribution (\$) <u>500⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>6307 PENHALLOW LN. MISSOURI CITY, TX 77459</u> | | |
| Principal occupation / Job title (See Instructions) <u>JUSTICE OF PEACE</u> | | Employer (See Instructions) <u>FBC</u> |
| Date <u>12/13/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MICHAEL R. DOTSON</u> | Amount of contribution (\$) <u>500⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>2800 KIRBY DR. APT. A630 HOUSTON, TX 77098-1472</u> | | |
| Principal occupation / Job title (See Instructions) <u>CEO</u> | | Employer (See Instructions) <u>ACCESS HEALTH</u> |

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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME JAMES 'GRADY' PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/13/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEROME POWELL | 7 Amount of contribution (\$) 500⁰⁰ |
| 6 Contributor address; City: State: Zip Code 16503 MAHOSANY DRIVE MISSOURI CITY, TX 77489 | | |
| 8 Principal occupation / Job title (See Instructions) RETIRED | | 9 Employer (See Instructions) |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOVEN VALVERDE | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City: State: Zip Code 11703 PENDER LN. STAFFORD, TX 77477 | | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) M3 GRAPHICS |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLORIA LUCAS | Amount of contribution (\$) 100⁰⁰ |
| Contributor address; City: State: Zip Code 15414 POOLVIEW ST. HOUSTON, TX 77071 | | |
| Principal occupation / Job title (See Instructions) Contract Specialist | | Employer (See Instructions) TXDOT |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRENCE SMITH | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City: State: Zip Code 12603 SOUTHWEST FREEWAY STAFFORD, TX 77477 | | |
| Principal occupation / Job title (See Instructions) ARCHITECT | | Employer (See Instructions) SMITH & COMPANY |

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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME JAMES 'GRADY' PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/13/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUITT - ZOLLARS, INC TEXAS PAC | 7 Amount of contribution (\$) 1,500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 5430 LBJ FREEWAY, SUITE 1500 DALLAS, TX 75240 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEERS | | 9 Employer (See Instructions) |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K.P. GEORGE | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code P.O. BOX 56386 HOUSTON, TX 77256 | | |
| Principal occupation / Job title (See Instructions) County Judge | | Employer (See Instructions) FBC |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY BAREFIELD | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 1515611 STABLE PARK DR. CYPRESS, TX 77429 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) BINKLEY & BAREFIELD |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA BYNUM | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 10815 SAGEMEADOW LN. HOUSTON, TX 77089 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/13/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES GRIFFITH JR. | 7 Amount of contribution (\$) 500⁰⁰ |
| 6 Contributor address; City: State: Zip Code 3417 MILAM STREET HOUSTON, TX 77002 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID EASTWOOD | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City: State: Zip Code 17407 HIGHWAY 59 N. HUMBLE, TX 77396-3008 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) GEOTECH ENGINEERING TESTING |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL K. SIGNORELLI | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City: State: Zip Code 1401 WOODLANDS PARKWAY THE WOODLANDS, TX 77380 | | |
| Principal occupation / Job title (See Instructions) PRESIDENT | | Employer (See Instructions) SIGNORELLI Company |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEC PAC | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City: State: Zip Code 1 GREENWAY PLAZA, STE. 225 HOUSTON, TX 77046 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) DEC |

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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: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/13/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CP&Y INC. PAC | 7 Amount of contribution (\$) 5,000⁰⁰ |
| 6 Contributor address; City; State; Zip Code 1820 REGAL ROW, STE. 200 DALLAS, TX 75235-2393 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEERS | | 9 Employer (See Instructions) |
| Date 12/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF CANNON | Amount of contribution (\$) 10,000⁰⁰ |
| Contributor address; City; State; Zip Code 4315 WYCKHAM DR. FULSHEAR, TX 77441 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) LSA |
| Date 12/15/21 12/15/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANEIRA LARY SENIGOUR | Amount of contribution (\$) 50⁰⁰ |
| Contributor address; City; State; Zip Code P.O. BOX 145 RICHMOND, TX 77406-0004 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) FBC |
| Date 12/15/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR TELFAIR | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 7011 HARWIN DR. STE. 220 HOUSTON, TX 77036 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) LAW OFFICE OF TELFAIR, P.C. |

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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;">35</div> |
| 2 FILER NAME <div style="font-size: 1.2em; text-align: center;">JAMES GRADY PRESTAGE</div> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <div style="font-size: 1.2em;">12/15/21</div> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; text-align: center;">LEVI BENTON</div> | 7 Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">500⁰⁰</div> |
| 6 Contributor address; City: State: Zip Code <div style="font-size: 1.1em;">LEVI BENTON & ASSOC. PLLC 2207 PINE LOCH DR., HOUSTON, TX 77062</div> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) <div style="font-size: 1.1em;">LEVI BENTON & ASSOC., PLLC</div> |
| Date <div style="font-size: 1.2em;">12/15/21</div> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; text-align: center;">RAS BASAVARASU</div> | Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">500⁰⁰</div> |
| Contributor address; City: State: Zip Code <div style="font-size: 1.1em;">13518 FAUN LILY DRIVE CYPRESS, TX 77429</div> | | |
| Principal occupation / Job title (See Instructions) <div style="font-size: 1.1em; text-align: center;">ENGINEER</div> | | Employer (See Instructions) <div style="font-size: 1.1em; text-align: center;">HNTB</div> |
| Date <div style="font-size: 1.2em;">12/15/21</div> | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00457853</u>) <div style="font-size: 1.2em; text-align: center;">TERRACON PAC</div> | Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">1,500⁰⁰</div> |
| Contributor address; City: State: Zip Code <div style="font-size: 1.1em;">10841 S. RIDGEVIEW ROAD OLATHE, KS 66061-6456</div> | | |
| Principal occupation / Job title (See Instructions) <div style="font-size: 1.1em; text-align: center;">ENGINEER</div> | | Employer (See Instructions) <div style="font-size: 1.1em; text-align: center;">TSUC, INC.</div> |
| Date <div style="font-size: 1.2em;">12/15/21</div> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; text-align: center;">BATES & COLEMAN PROFESSIONAL CORP.</div> | Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">1,500⁰⁰</div> |
| Contributor address; City: State: Zip Code <div style="font-size: 1.1em;">1402 ALABAMA HOUSTON, TX 77004</div> | | |
| Principal occupation / Job title (See Instructions) | | 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: |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) 35 |
| 4 Date 12/15/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES D. GODDEN JR. | 7 Amount of contribution (\$) 2,500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 6505 SAGE COURT PEARLAND, TX 77584-7010 | | |
| 8 Principal occupation / Job title (See Instructions) PRINCIPAL | | 9 Employer (See Instructions) GODDEN ENGR |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIVIAN BURLEY | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 1138 MISSRIDGE DR MISSOURI CITY, TX 77489 | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA RAWLINS | Amount of contribution (\$) 50⁰⁰ |
| Contributor address; City; State; Zip Code 4303 BOBOLINK CIR MISSOURI CITY, TX 77459 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) MONICA RAWLINS PATTY |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIRDIE R. KELLEY | Amount of contribution (\$) 50⁰⁰ |
| Contributor address; City; State; Zip Code 7631 S. GLEN WILLOW LN MISSOURI CITY, TX 77489 | | |
| 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: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/20/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELORES FELIX | 7 Amount of contribution (\$) 100⁰⁰ |
| 6 Contributor address; City; State; Zip Code 546 LYNNWOOD DR. MISSOURI CITY, TX 77489 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEER | | 9 Employer (See Instructions) IDS |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESLIE A. BACON | Amount of contribution (\$) 100⁰⁰ |
| Contributor address; City; State; Zip Code 99 WIND RIDGE CIR. THE WOODLANDS, TX 77381-6304 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIMITRIS G. MILLAS | Amount of contribution (\$) 200⁰⁰ |
| Contributor address; City; State; Zip Code 5324 CALHOUN RD. HOUSTON, TX 77021 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAMAL ARISS | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 6902 CHANTILLY CT. DALLAS, TX 75214 | | |
| Principal occupation / Job title (See Instructions) PRINCIPAL | | Employer (See Instructions) VANIR |

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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: 33 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/20/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES SMITH | 7 Amount of contribution (\$) 500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 2245 JAGUAR DR. FRISCO, TX 75033 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLORIA BARRERA | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 37023 STALLION RUN MAGNOLIA, TX 77355 | | |
| Principal occupation / Job title (See Instructions) PRINCIPAL | | Employer (See Instructions) VANIR |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID A. HAMILTON | Amount of contribution (\$) 625⁰⁰ |
| Contributor address; City; State; Zip Code 411 E. 24th ST. HOUSTON, TX 77008 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) BINKLEY & BAREFIELD |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD S. REDDISH | Amount of contribution (\$) 625⁰⁰ |
| Contributor address; City; State; Zip Code 1302 CEDAR TERRACE COURT SUGAR LAND, TX 77479 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) BINKLEY & BAREFIELD |

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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: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/20/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES BRETT BINKLEY | 7 Amount of contribution (\$) 625 ⁰⁰ |
| 6 Contributor address; City; State; Zip Code 9209 STAGECOACH DR. HOUSTON, TX 77041 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEER | | 9 Employer (See Instructions) BINKLEY & BAREFIELD |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY BAREFIELD | Amount of contribution (\$) 625 ⁰⁰ |
| Contributor address; City; State; Zip Code 10827 PAINTED CRESCENT CT. CYPRESS, TX 77433 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) BINKLEY & BAREFIELD |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DOUCET | Amount of contribution (\$) 1,000 ⁰⁰ |
| Contributor address; City; State; Zip Code 2300 GATLIN CREEK RD. DRIPPING SPRINGS, TX 78620 | | |
| Principal occupation / Job title (See Instructions) PRESIDENT | | Employer (See Instructions) DOUCET & ASSO. |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DVIDIO N. ALANIS | Amount of contribution (\$) 1,250 ⁰⁰ |
| Contributor address; City; State; Zip Code 2711 SILENT SPRING CREEK DR. KATY, TX 77450 | | |
| Principal occupation / Job title (See Instructions) PRESIDENT | | Employer (See Instructions) ENTECH |

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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:
35

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

JAMES GRADY PRESTAGE

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|----------|---|-------------------------------|
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) |
| 12/20/21 | VISAYA K. RAPOLU | 1,500 ⁰⁰ |
| | 6 Contributor address; City; State; Zip Code | |
| | 27822 ACACIA GLEN LN. KATY, TX 77494 | |

| | |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| ENGINEER | KAVI CONSULTING |

| | | |
|----------|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| 12/20/21 | HR GREEN TEXAS PAC | 1,500 ⁰⁰ |
| | Contributor address; City; State; Zip Code | |
| | 11011 RICHMOND AVE. SUITE 200 HOUSTON, TX 77042 | |

| | |
|---|-----------------------------|
| 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 (\$) |
| 12/20/21 | GLENN D. GRAHAM | 1,250 ⁰⁰ |
| | Contributor address; City; State; Zip Code | |
| | 11903 OSAGE PARK DRIVE HOUSTON, TX 77065 | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| ENGINEER | KCI |

| | | |
|----------|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| 12/20/21 | ASIM TVFAIL | 1,250 ⁰⁰ |
| | Contributor address; City; State; Zip Code | |
| | 1616 S. VOSS RD. STE. 300 HOUSTON, TX 77057 | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| ENGINEER | BLACKLINE ENGINEERING |

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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: 35 |
| 2 FILER NAME JAMES GRAY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/20/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEISI ASAKURA | 7 Amount of contribution (\$) 1,500⁰⁰ |
| 6 Contributor address; City: State: Zip Code 1409 BONNIE BRAE ST. HOUSTON, TX 77006 | | |
| 8 Principal occupation / Job title (See Instructions) OWNER | | 9 Employer (See Instructions) ASAKURA ROBINSON |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNETTE D. BRATTON | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City: State: Zip Code 12 GREENWAY PLAZA STE. 1100 HOUSTON, TX 77046 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) BRATTON & ASSOCIATES |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORTON ROSE FULBRIGHT US LLP TEXAS COMMITTEE | Amount of contribution (\$) 1,500⁰⁰ |
| Contributor address; City: State: Zip Code 1301 MCKINNEY SUITE 5100 HOUSTON, TX 77010 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN WHITMIRE | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City: State: Zip Code 321 W. COWAN DR. HOUSTON, TX 77007 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) JOHN WHITMIRE |

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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: 35 |
| 2 FILER NAME JAMES GRADY PRESTAGE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/20/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sim RUSS | 7 Amount of contribution (\$) 1,500 ⁰⁰ |
| 6 Contributor address; City: State: Zip Code 10011 MEADOW GLEN LANE HOUSTON, TX 77042 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEER | | 9 Employer (See Instructions) EHRA |
| Date 12/20/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICKIE R. GIBBS | Amount of contribution (\$) 500 ⁰⁰ |
| Contributor address; City: State: Zip Code 3802 POINT CLEAR DR. MISSOURI CITY, TX 77459 | | |
| Principal occupation / Job title (See Instructions) CLERK | | Employer (See Instructions) FBSP2 |
| Date 12/23/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTELLO, INC. PAC | Amount of contribution (\$) 2,500 ⁰⁰ |
| Contributor address; City: State: Zip Code 2107 CITY WEST BLVD., 3rd FLOOR HOUSTON, TX 77042 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/23/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK OLSHEFSKI | Amount of contribution (\$) 50 ⁰⁰ |
| Contributor address; City: State: Zip Code 3603 SON VALLEY DRIVE HOUSTON, TX 77025 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) FREESE AND NICHOLS |

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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 12/23/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SYDNEY AUSTIN | 7 Amount of contribution (\$) 1,000⁰⁰ |
| 6 Contributor address; City; State; Zip Code 6830 N. ELDRIDGE PARKWAY STE. HOUSTON, TX 77041 | | |
| 8 Principal occupation / Job title (See Instructions) CONSULTANT ENGINEER | | 9 Employer (See Instructions) AUSTIN REED ENGINEERS, LLC |
| Date 12/23/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARB NUCKLES | Amount of contribution (\$) 2,500⁰⁰ |
| Contributor address; City; State; Zip Code 10970 STANCLIFF ROAD HOUSTON, TX 77099 | | |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) TSC ENGINEERING & SURVEYING |
| Date 12/28/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOYCE EUGENE | Amount of contribution (\$) 50⁰⁰ |
| Contributor address; City; State; Zip Code 15115 RIDINGWOOD DR. MISSOURI CITY, TX 77489 | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| Date 12/28/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOIS C. ALBERT | Amount of contribution (\$) 50⁰⁰ |
| Contributor address; City; State; Zip Code 13627 BROKEN BRIDGE DR. HOUSTON, TX 77085 | | |
| 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: <u>35</u> |
| 2 FILER NAME <u>JAMES GRADY PRESTAGE</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12/28/21</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN ENGLISH</u> | 7 Amount of contribution (\$) <u>1,250⁰⁰</u> |
| 6 Contributor address; City; State; Zip Code <u>7676 HILLMONT HOUSTON, TX 77040</u> | | |
| 8 Principal occupation / Job title (See Instructions) <u>ENGINEER</u> | | 9 Employer (See Instructions) <u>REKHA ENGINEERING INC.</u> |
| Date <u>12/28/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SANICE LITTLE</u> | Amount of contribution (\$) <u>100⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>3834 CEDAR GARDENS DRIVE HOUSTON, TX 77082</u> | | |
| Principal occupation / Job title (See Instructions) <u>SOCIAL WORKE</u> | | Employer (See Instructions) <u>SELF EMPLOYED</u> |
| Date <u>12/28/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SERRY SOWELLS</u> | Amount of contribution (\$) <u>1,000⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>18022 BLUE RIDGE SHORES CYPRESS, TX 77433</u> | | |
| Principal occupation / Job title (See Instructions) <u>ENGINEER</u> | | Employer (See Instructions) <u>SCE</u> |
| Date <u>12/28/21</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERTINE JEFFERSON</u> | Amount of contribution (\$) <u>1,500⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>2714 SKYVIEW GLEN COURT HOUSTON, TX 77047</u> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) <u>NOT EMPLOYED</u> |

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: 35

2 FILER NAME

JAMES GRADY PRESTAGE

3 Filer ID (Ethics Commission Filers)

4 Date

12/30/21

5 Full name of contributor

out-of-state PAC (ID#: _____)

CYNTHIA M. GINYARD

7 Amount of contribution (\$)

500⁰⁰

6 Contributor address;

City:

State:

Zip Code

11418 OAK LAKE RIDGE CT.
SUGAR LAND, TX 77498

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

COUNTY CHAIR

Date

12/30/21

Full name of contributor

out-of-state PAC (ID#: _____)

MOHAMED A. SHIHADAH

Amount of contribution (\$)

2,500⁰⁰

Contributor address;

City:

State:

Zip Code

11907 ARCADIA BEND LANE
HOUSTON, TX 77041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ENGINEER

Date

12/31/21

Full name of contributor

out-of-state PAC (ID#: _____)

GABRIEL JOHANSON

Amount of contribution (\$)

1,500⁰⁰

Contributor address;

City:

State:

Zip Code

9407 RESTON GROVE LANE
HOUSTON, TX 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ENGINEER

AIG TECHNICAL SERVICES

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 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) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7-1-21 | 5 Payee name Brenda Patton | |
| 6 Amount (\$) 400⁰⁰ | 7 Payee address; 1618 Dusty Ridge Missouri City, TX 77459 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 7-1-21 | Payee name Brenda Patton | |
| Amount (\$) 300⁰⁰ | 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 | |
| | 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 7-2-21 | Payee name Fort Bend Museum | |
| Amount (\$) 700⁰⁰ | Payee address; 500 Houston Street Richmond, TX 77469 | 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 |

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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7-2-21 | 5 Payee name City of Stafford | |
| 6 Amount (\$) 3,000⁰⁰ | 7 Payee address; City; State; Zip Code 2610 S. Main Street Stafford, TX 77477 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 7-6-21 | Payee name T-Mobile | |
| Amount (\$) 205⁴⁵ | Payee address; City; State; Zip Code 3618 Factoria Blvd Bellevue WA 98006 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 7-7-21 | Payee name Katie Herrington | |
| Amount (\$) 200⁰⁰ | Payee address; City; State; Zip Code 1610 Mustang Crossing Missouri City, TX 77459 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Reimbursement | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7-8-21 | 5 Payee name Brenda Patton | |
| 6 Amount (\$) 300⁰⁰ | 7 Payee address; 1618 Dusty Ridge Missouri City, TX 77459 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Reimbursement | (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 7-8-21 | Payee name Ron Reynolds Campaign | |
| Amount (\$) 500⁰⁰ | Payee address; 6140 Highway 6 South # 233 Missouri City, TX 77459 | 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 |
| Date 7-9-21 | Payee name American Storage | |
| Amount (\$) 765.¹⁹ | Payee address; 2427 Texas Parkway Missouri City, TX 77489 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Storage | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7-12-21 | 5 Payee name T-Mobile | |
| 6 Amount (\$) 402.67 | 7 Payee address; City; State; Zip Code 3618 Factoria Blvd Bellevue WA 98006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Phone 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 7-12-21 | Payee name Bridgette Smith Lawson Campaign | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code 5826 New Territory Blvd #802 Sugar Land, TX 77479 | |
| 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 |
| Date 7-15-21 | Payee name Constant Contact | |
| Amount (\$) 204.75 | Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising 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: 50 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7-19-21 | 5 Payee name Mercy Goods | |
| 6 Amount (\$) 146¹⁴ | 7 Payee address; 501 Morton Street Richmond, TX 77469 | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 7-20-21 | Payee name Rose B. Johnson Colon Cancer Foundation | |
| Amount (\$) 250⁰⁰ | Payee address; 1025 Macek Rd Richmond, TX 77469 | 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 |
| Date 7-21-21 | Payee name Electric Bike Company | |
| Amount (\$) 3,479⁰⁰ | Payee address; 1351 Logan Ave Costa Mesa, CA 92626 | 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 <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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7-21-21 | 5 Payee name From You Flowers | |
| 6 Amount (\$) 114.72 | 7 Payee address; City; State; Zip Code 5 Greenway Plaza #420 Houston, TX 77046 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Memorial Expense | (b) Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 7-21-21 | Payee name Mark Gibson Campaign | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code 6307 Penhallow Lane Missouri City, TX 77459 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 7-21-21 | Payee name Brenda Patton | |
| Amount (\$) 621.00 | Payee address; City; State; Zip Code 1618 Dusty Ridge Missouri City, TX 77459 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Catering 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

| | |
|--------------------------|--|
| 4 Date 7-22-21 | 5 Payee name Friends of Landmarks Center |
|--------------------------|--|

| | | | | |
|---|--|-------|--------|----------|
| 6 Amount (\$) ⁰⁰ 1,000 | 7 Payee address: 100 Louisiana Missouri City, TX 77489 | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date 7-26-21 | Payee name Forward Solutions Management |
|------------------------|---|

| | | | | |
|---|--|-------|--------|----------|
| Amount (\$) ⁰⁰ 450 | Payee address: 1818 Seville Manor Fresno, TX 77545 | City: | State: | Zip Code |
|---|--|-------|--------|----------|

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

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

| | |
|------------------------|------------------------------------|
| Date 7-26-21 | Payee name Brenda Patton |
|------------------------|------------------------------------|

| | | | | |
|---|---|-------|--------|----------|
| Amount (\$) ⁰⁰ 200 | 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) Expense reimbursement | 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
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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7-26-21 | 5 Payee name Mufasa's Pride | |
| 6 Amount (\$) 103⁹⁵ | 7 Payee address: P.O. Box 131262 Houston, TX 77219 | 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 | | |
| Date 7-26-21 | Candidate / Officeholder name Brenda Patton | |
| Amount (\$) 621⁰⁰ | Payee address: 1618 Dusty Ridge Missouri City, TX 77459 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Catering 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 | | |
| Date 7-29-21 | Candidate / Officeholder name United Airlines | |
| Amount (\$) 230⁸⁰ | Payee address: 233 S. Wacker Drive Chicago, IL 60606 | |
| 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

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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|---|---------------------------------------|

| | |
|--------------------------|---|
| 4 Date 7-30-21 | 5 Payee name Jeffrey Boney Campaign |
|--------------------------|---|

| | | | | |
|-------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 1,000.00 | 7 Payee address: 742 Turtle Creek Dr Missouri City, TX 77488 | 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 8-2-21 | Payee name Gillette Properties |
|-----------------------|--|

| | | | | |
|---------------------------|---|-------|--------|----------|
| Amount (\$) 427.29 | Payee address: 2440 Texas Parkway Missouri City, TX 77489 | City: | State: | Zip Code |
|---------------------------|---|-------|--------|----------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office 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 8-3-21 | Payee name Walmart |
|-----------------------|------------------------------|

| | | | | |
|---------------------------|---|-------|--------|----------|
| Amount (\$) 127.10 | Payee address: 9929 Hwy 6 Missouri City, TX 77459 | City: | State: | Zip Code |
|---------------------------|---|-------|--------|----------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office 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 |
|---|-------------------------------|---------------|-------------|

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: 60 | | 2 FILER NAME James Grady Prestage | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 8-3-21 | | 5 Payee name American Caribbean Chamber of Commerce | | | |
| 6 Amount (\$) 250⁰⁰ | | 7 Payee address: 6201 Bonhomme Road, Ste 214 N Houston, TX 77036 | | City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 8-6-21 | | Payee name Oval Glen Home Owners Association | | | |
| Amount (\$) 500⁰⁰ | | Payee address: 16690 Park Row Houston, TX 77084 | | 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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 8-9-21 | | Payee name Brenda Patton | | | |
| Amount (\$) 400⁰⁰ | | 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) 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: 50 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|--------------------------|---------------------------------|
| 4 Date 8-10-21 | 5 Payee name T-Mobile |
|--------------------------|---------------------------------|

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|--------------------------------|---|-------|--------|-----------|
| 6 Amount (\$) 483.51 | 7 Payee address: 3618 Factoria Blvd Bellevue, WA 98006 | City: | State: | Zip Code: |
|--------------------------------|---|-------|--------|-----------|

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|---|--|------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Phone 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|--------------------------------|
| Date 8-16-21 | Payee name Constant Contact |
|-----------------|--------------------------------|

| | | | | |
|-----------------------|--|-------|--------|-----------|
| Amount (\$) 204.75 | Payee address: 1601 Trapelo Road Waltham, MA 02451 | City: | State: | Zip Code: |
|-----------------------|--|-------|--------|-----------|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising 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 8-19-21 | Payee name Legend's Catering |
|-----------------|---------------------------------|

| | | | | |
|-----------------------|---|-------|--------|-----------|
| Amount (\$) 319.34 | Payee address: 1 Stadium Drive Sugar Land, TX 77498 | 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 <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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8-24-21 | 5 Payee name Super Cleaners | |
| 6 Amount (\$) 104⁴⁵ | 7 Payee address; City; State; Zip Code 3003 Texas Parkway Missouri City, TX 77489 | |
| 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 8-26-21 | Payee name Discount Tire Company | |
| Amount (\$) 1,107⁰⁰ | Payee address; City; State; Zip Code 1655 Texas Parkway Missouri City, TX 77489 | |
| 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 |
| Date 8-26-21 | Payee name Brenda Patton | |
| Amount (\$) 400⁰⁰ | Payee address; City; State; Zip Code 1618 Dusty Ridge Missouri City, TX 77459 | |
| 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
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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|--------------------------|--|
| 4 Date 8-30-21 | 5 Payee name Double Good Popcorn |
|--------------------------|--|

| | | | | |
|---|---|-------|--------|----------|
| 6 Amount (\$) 100 ⁴⁵ | 7 Payee address: 16W030 83rd St Burr Ridge, IL 60527 | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|--------------------------------|
| Date 8-30-21 | Payee name Wings Track Club |
|-----------------|--------------------------------|

| | | | | |
|------------------------------------|--|-------|--------|----------|
| Amount (\$) 1,500 ⁰⁰ | Payee address: P.O. Box 1383 Missouri City, TX 77459 | 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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|----------------|--------------------------------------|
| Date 9-1-21 | Payee name Tanesha O'Neal Beckett |
|----------------|--------------------------------------|

| | | | | |
|----------------------------------|--|-------|--------|----------|
| Amount (\$) 402 ⁰⁰ | Payee address: 12606 Ginger Lane Houston, TX 77086 | City: | State: | Zip Code |
|----------------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation for storm relief | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-1-21 | 5 Payee name Aoede, LLC | |
| 6 Amount (\$) 417³⁰ | 7 Payee address; City, State, Zip Code 2440 Texas Parkway Missouri City, TX 77489 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Rental 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 9-2-21 | Payee name Conrad Johnson Music & Fine Arts Foundation | |
| Amount (\$) 100⁰⁰ | Payee address; City, State, Zip Code 1320 Main Street Houston, TX 77002 | |
| 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 |

| | | |
|---|---|---------------------------|
| Date 9-3-21 | Payee name Michelle Forman | |
| Amount (\$) 250⁰⁰ | Payee address; City, State, Zip Code 119 Lissa Ln Sugar Land, TX 77479 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation for Storm Relief | 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 |
| Candidates/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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

| | |
|-------------------------|---|
| 4 Date 9-7-21 | 5 Payee name American Storage |
|-------------------------|---|

| | | | | |
|--|---|-------|--------|----------|
| 6 Amount (\$) 720⁰⁰ | 7 Payee address: 2427 Texas Parkway Missouri City, TX 77489 | City: | State: | Zip Code |
|--|---|-------|--------|----------|

| | | |
|------------------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Storage 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 9-7-21 | Payee name Wal Mart |
|-----------------------|-------------------------------|

| | | | | |
|--|---|-------|--------|----------|
| Amount (\$) 295⁵¹ | Payee address: 9929 Hwy 6 Missouri City, TX 77459 | City: | State: | Zip Code |
|--|---|-------|--------|----------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office supplies | 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 9-8-21 | Payee name Houston Community College Foundation |
|-----------------------|---|

| | | | | |
|--|---|-------|--------|----------|
| Amount (\$) 100⁰⁰ | Payee address: 3100 Main St. Houston, TX 7700 | 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 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: 60 | | 2 FILER NAME James Grady Prestage | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9-10-21 | | 5 Payee name T-Mobile | | | |
| 6 Amount (\$) 475⁹⁸ | | 7 Payee address; 3618 Factoria Blvd Bellevue, WA 98006 | | City: | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Phone 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 9-14-21 | | Payee name Caliber Auto Care | | | |
| Amount (\$) 1,271¹⁰ | | Payee address; 9450 Hwy 6 Missouri City, TX 77459 | | City: | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Auto 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 9-15-21 | | Payee name Constant Contact | | | |
| Amount (\$) 204⁷⁵ | | Payee address; 1601 Trapelo Rd Waltham, MA 02451 | | City: | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-15-21 | 5 Payee name Vickie Haynes Gibbs | |
| 6 Amount (\$) 400⁰⁰ | 7 Payee address; City; State; Zip Code 3802 Point Clear Missouri City, TX 77459 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract labor | (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 9-20-21 | Payee name Amazon.com | |
| Amount (\$) 102²⁵ | Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office expenses | 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 9-20-21 | Payee name Apple.com | |
| Amount (\$) 106²⁴ | Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office equipment | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-22-21 | 5 Payee name O'Neil Williams Campaign | |
| 6 Amount (\$) 1,000⁰⁰ | 7 Payee address: 9711 S. Mason Road #125 City: State: Zip Code Richmond, TX 77407 | |
| 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 9-22-21 | Payee name Brenda Patton | |
| Amount (\$) 400⁰⁰ | Payee address: 1618 Dusty Ridge City: State: Zip Code Missouri City, TX 77459 | |
| 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 |

| | | |
|---|---|---------------------------|
| Date 9-23-21 | Payee name Dennis Colbert | |
| Amount (\$) 400⁰⁰ | Payee address: 2123 Brook Hill Ridge Dr City: State: Zip Code Chesterfield, MO 63017 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10-1-21 | 5 Payee name Aoede, LLC | |
| 6 Amount (\$) 427²⁹ | 7 Payee address; City; State; Zip Code 2440 Texas Parkway Missouri City, TX 77489 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office rental | (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 10-5-21 | Payee name Amazon Marketplace | |
| Amount (\$) 101⁸⁸ | Payee address; City; State; Zip Code 440 Terry Ave North Seattle, WA 98109 | |
| 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 10-5-21 | Payee name Personalization Mall | |
| Amount (\$) 143³⁷ | Payee address; City; State; Zip Code 16535 Southwest Freeway Sugar Land, TX 77479 | |
| 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 | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10-6-21 | 5 Payee name Million Cakes | |
| 6 Amount (\$) 245⁰⁰ | 7 Payee address: City: State: Zip Code 3424 Fm 1092 # 230 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 10-6-21 | Payee name Amazon Marketplace | |
| Amount (\$) 316⁵² | Payee address: City: State: Zip Code 440 Terry Avenue North Seattle, WA 98109 | |
| 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 10-8-21 | Payee name Fort Bend MUD # 26 | |
| Amount (\$) 179⁰³ | Payee address: City: State: Zip Code 2727 Allen Parkway #1100 Houston, TX 77019 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Property taxes for office | 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: 60 | | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10-12-21 | | 5 Payee name Amazon Marketplace | | | |
| 6 Amount (\$) 316.52 | | 7 Payee address: 440 Terry Avenue North Seattle, WA 98109 | | City: | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10-12-21 | | Payee name Amazon Marketplace | | | |
| Amount (\$) 134.93 | | Payee address: 440 Terry Avenue North Seattle, WA 98109 | | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10-12-21 | | Payee name American Storage | | | |
| Amount (\$) 2,222.00 | | Payee address: 2427 Texas Parkway Missouri City, TX 77409 | | City: | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Storage 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

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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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10-12-21 | 5 Payee name Amazon Marketplace | |
| 6 Amount (\$) 280 ⁴⁶ | 7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109 | |
| 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 10-12-21 | Payee name T-Mobile | |
| Amount (\$) 475 ⁹⁸ | Payee address; City; State; Zip Code 3618 Factoria Blvd Bellevue, WA 98006 | |
| 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 |
| Date 10-12-21 | Payee name Wings Track Club | |
| Amount (\$) 1,000 ⁰⁰ | Payee address; City; State; Zip Code P.O. Box 1383 Missouri City, TX 77459 | |
| 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

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: <u>60</u> | 2 FILER NAME <u>James Brady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>10-15-21</u> | 5 Payee name <u>Constant Contact</u> | |
| 6 Amount (\$) <u>204⁷⁵</u> | 7 Payee address; City; State; Zip Code <u>1601 Trapelo Rd Waltham, MA 02451</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> | (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 <u>10-19-21</u> | Payee name <u>Eva Laredo Campaign</u> | |
| Amount (\$) <u>500⁰⁰</u> | Payee address; City; State; Zip Code <u>P.O. Box 9342 Houston, TX 77621</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Donation</u> | 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 | | |
| Date <u>10-19-21</u> | Payee name <u>Brenda Patton</u> | |
| Amount (\$) <u>200⁰⁰</u> | Payee address; City; State; Zip Code <u>1618 Dusty Ridge Missouri City, TX 77459</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u> | 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 | | |

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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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10-19-21 | 5 Payee name John Washington | |
| 6 Amount (\$) 700⁰⁰ | 7 Payee address; City; State; Zip Code 5515 Condon Lane Houston, TX 77053 | |
| 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 10-20-21 | Payee name Mo City & Vicinity NAACP | |
| Amount (\$) 180⁰⁰ | Payee address; City; State; Zip Code P.O. Box 1053 Missouri City, TX 77459 | |
| 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 |
| Date 10-25-21 | Payee name Stanley Alexander | |
| Amount (\$) 200⁰⁰ | Payee address; City; State; Zip Code 5209 Earline St. Houston, TX 77016 | |
| PURPOSE OF EXPENDITURE | 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 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
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: <u>69</u> | 2 FILER NAME <u>James Grady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>10-25-21</u> | 5 Payee name <u>Super Cleaners</u> | |
| 6 Amount (\$) <u>132⁶⁵</u> | 7 Payee address: City: State: Zip Code <u>3003 Texas Parkway Missouri City, TX 77489</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | (b) Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date <u>10-25-21</u> | Payee name <u>Beverly Walker Campaign</u> | |
| Amount (\$) <u>1,000⁰⁰</u> | Payee address: City: State: Zip Code <u>P.O. Box 434 Richmond, TX 77469</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Donation</u> | 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 <u>10-27-21</u> | Payee name <u>Jinya Ramen Bar</u> | |
| Amount (\$) <u>120⁹⁴</u> | Payee address: City: State: Zip Code <u>13509 University Blvd Sugar Land, TX 77479</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u> | 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

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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: 59 | | 2 FILER NAME James Grady Prestage | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10-29-21 | | 5 Payee name Funeral Flowers Brunswick Floral | | | |
| 6 Amount (\$) 146⁶⁹ | | 7 Payee address; City; State; Zip Code 3701 Ross Road Brunswick, GA 31520 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Memorial Expense | | (b) Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense. | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 11-2-21 | | Candidate / Officeholder name Dustin Prestage | | | |
| Amount (\$) 1250⁰⁰ | | Payee address; City; State; Zip Code 1357 Flatbush Ave #1-G Brooklyn, NY 11210 | | | |
| 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 | | | | | |
| Date 11-2-21 | | Candidate / Officeholder name Brenda Patton | | | |
| Amount (\$) 400⁰⁰ | | Payee address; City; State; Zip Code 1618 Dusty Ridge Missouri City, TX 77459 | | | |
| 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 | | | | | |
| Date | | Candidate / Officeholder name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense. | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date | | Candidate / Officeholder name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense. | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 60 | | 2 FILER NAME James Grady Prestage | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11-8-21 | | 5 Payee name Microsoft Store | | | |
| 6 Amount (\$) 3,201⁶² | | 7 Payee address: One Microsoft Way Redmond, WA 98052 City: State: Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Computer 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 11-8-21 | | Payee name West Point Lincoln | | | |
| Amount (\$) 304⁴⁹ | | Payee address: 11833 Southwest Freeway Houston, TX 77031 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 | |
| Date 11-8-21 | | Payee name HCC - Bedichek Orman Fund | | | |
| Amount (\$) 394⁰⁹ | | Payee address: 3100 Main Street Houston, TX 77004 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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11-8-21 | 5 Payee name Dustin Prestage | |
| 6 Amount (\$) 1,250 | 7 Payee address; City; State; Zip Code 1357 Flatbush Ave # 1-G Brooklyn, NY 11210 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11-8-21 | Payee name Xi Kappa Lambda Foundation | |
| Amount (\$) 650⁰⁰ | Payee address; City; State; Zip Code 7031 W. Fugua 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 |
| Date 11-9-21 | Payee name Aciede, LLC | |
| Amount (\$) 448¹⁶ | Payee address; City; State; Zip Code 2440 Texas Parkway Missouri City, TX 77489 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Rental | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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: <i>60</i> | 2 FILER NAME <i>James Grady Prestage</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11-10-21</i> | 5 Payee name <i>T-Mobile</i> | |
| 6 Amount (\$) <i>475⁹⁸</i> | 7 Payee address; City; State; Zip Code <i>3618 Factoria Blvd Bellevue, WA 98006</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Phone Expense</i> | (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 <i>11-12-21</i> | Payee name <i>West Point Lincoln</i> | |
| Amount (\$) <i>316⁸⁸</i> | Payee address; City; State; Zip Code <i>11833 Southwest Freeway Houston, TX 77031</i> | |
| PURPOSE OF EXPENDITURE | 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 | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date <i>11-12-21</i> | Payee name <i>The Webstaurant Store</i> | |
| Amount (\$) <i>1,526⁶⁵</i> | Payee address; City; State; Zip Code <i>2011 W. Arkansas St. Durant, OK 74701</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expenses</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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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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

| | |
|---------------------------|---------------------------------|
| 4 Date 11-12-21 | 5 Payee name Best Buy |
|---------------------------|---------------------------------|

| | | | | |
|---|--|-------|--------|----------|
| 6 Amount (\$) 1,569.⁶⁰ | 7 Payee address: 24230 Commercial Dr Rosenberg, TX 77471 | City: | State: | Zip Code |
|---|--|-------|--------|----------|

| | | |
|------------------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Computer Equipment | (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 11-15-21 | Payee name Take 5 Oil Change |
|-------------------------|--|

| | | | | |
|---|--|-------|--------|----------|
| Amount (\$) 103.⁸¹ | Payee address: 3520 SH-6 South Houston, TX 77082 | 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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 11-15-21 | Payee name Shaz Graphics & Printing |
|-------------------------|---|

| | | | | |
|---|---|-------|--------|----------|
| Amount (\$) 256.⁰⁰ | Payee address: 13003 Murphy Rd 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 |
|---|-------------------------------|---------------|-------------|

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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: 50 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 11-15-21 | 5 Payee name Constant Contact |
|---------------------------|---|

| | | | | |
|--------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 204.15 | 7 Payee address; 1601 Trapelo Rd Waltham, MA 02451 | City; | State; | Zip Code |
|--------------------------------|--|-------|--------|----------|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---------------------------|
| Date 11-15-21 | Payee name USPS |
|-------------------------|---------------------------|

| | | | | |
|---|--|-------|--------|----------|
| Amount (\$) 290⁰⁰- | Payee address; Missouri City, TX 77459 | City; | State; | Zip Code |
|---|--|-------|--------|----------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Postage 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 11-15-21 | Payee name Costco Wholesale |
|-------------------------|---------------------------------------|

| | | | | |
|---|--|-------|--------|----------|
| Amount (\$) 120⁰⁰- | Payee address; 12717 Network Dr Stafford, TX 77477 | City; | State; | Zip Code |
|---|--|-------|--------|----------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Supplies | 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: <u>69</u> | 2 FILER NAME <u>James Grady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11-15-21</u> | 5 Payee name <u>Costco Wholesale</u> | |
| 6 Amount (\$) <u>280.⁰⁰</u> | 7 Payee address; <u>12717 Network Dr.</u> <u>Stafford, TX 77477</u> | City: State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | (b) Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <u>11-17-21</u> | Payee name <u>Stafford Centre</u> | |
| Amount (\$) <u>6,250.⁰⁰</u> | Payee address; <u>2610 Main St.</u> <u>Stafford, TX 77477</u> | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | 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 <u>11-18-21</u> | Payee name <u>Dustin Prestage</u> | |
| Amount (\$) <u>1,250.⁰⁰</u> | Payee address; <u>1357 Flatbush Ave # 1-G</u> <u>Brooklyn, NY 11210</u> | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u> | 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: | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11-19-21 | 5 Payee name Floyd's Cajun Sea Food | |
| 6 Amount (\$) 259 ¹² | 7 Payee address: 16549 Southwest Freeway Sugar Land, TX 77479 | City: State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11-22-21 | Payee name Dustin Prestage | |
| Amount (\$) 1,250 ⁰⁰ | Payee address: 1357 Flatbush Ave #1-G Brooklyn, NY 11210 | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11-23-21 | Payee name Fort Bend Democratic Party | |
| Amount (\$) 1,000 ⁰⁰ | Payee address: 13515 Southwest Freeway, Suite 204 Sugar Land, TX 77478 | 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: <u>60</u> | 2 FILER NAME <u>James Grady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11-24-21</u> | 5 Payee name <u>Fort Bend Tejano Democrats</u> | |
| 6 Amount (\$) <u>100⁰⁰</u> | 7 Payee address: <u>225 Mattage Way # 1531</u> <u>Sugar Land, TX 77478</u> | City: _____ State: _____ Zip Code _____ |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Donation</u> | (b) Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Date <u>11-26-21</u> | Payee name <u>Microsoft Store</u> | |
| Amount (\$) <u>106²⁴</u> | Payee address: <u>One Microsoft Way</u> <u>Redmond, WA 98052</u> | City: _____ State: _____ Zip Code _____ |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Office Expense</u> | 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 |
| Date <u>11-29-21</u> | Payee name <u>Dustin Prestage</u> | |
| Amount (\$) <u>1,250⁰⁰</u> | Payee address: <u>1357 Flatbush Ave # 1-G</u> <u>Brooklyn, NY 11210</u> | City: _____ State: _____ Zip Code _____ |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u> | 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 |

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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: <u>50</u> | 2 FILER NAME <u>James Grady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11-29-21</u> | 5 Payee name <u>Universally Made Veteran Organization</u> | |
| 6 Amount (\$) <u>250⁰⁰</u> | 7 Payee address; City; State; Zip Code <u>P.O. Box 1063 Fresno, TX 77545</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Donation</u> | (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 <u>12/1/21</u> | Payee name <u>Acode, LLC</u> | |
| Amount (\$) <u>487²⁹</u> | Payee address; City; State; Zip Code <u>2448 Texas Parkway Missouri City, TX 77489</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Office Rental</u> | Description |
| | <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: _____ | | |
| Date <u>12/1/21</u> | Payee name <u>Brenda Patton</u> | |
| Amount (\$) <u>400⁰⁰</u> | Payee address; City; State; Zip Code <u>1618 Dusty Ridge Missouri City, TX 77459</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Consulting Services</u> | Description |
| | <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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

| | |
|--------------------------|---|
| 4 Date 12-1-21 | 5 Payee name Restaurant Depot |
|--------------------------|---|

| | | | | |
|--|--|-------|--------|----------|
| 6 Amount (\$) 413³² | 7 Payee address: 11290 Bissonnet St. Houston, TX 77099 | City: | State: | Zip Code |
|--|--|-------|--------|----------|

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

| | |
|------------------------|-----------------------------|
| Date 12-1-21 | Payee name A.E.B. |
|------------------------|-----------------------------|

| | | | | |
|--|---|-------|--------|----------|
| Amount (\$) 107⁶⁰ | Payee address: 8900 Highway 6 Missouri City, TX 77459 | City: | State: | Zip Code |
|--|---|-------|--------|----------|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expenses | 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 12-1-21 | Payee name Harbor Freight Tools |
|------------------------|---|

| | | | | |
|--|---|-------|--------|----------|
| Amount (\$) 427⁵⁷ | Payee address: 4325 Highway 6 Missouri City, TX 77478 | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: <u>60</u> | 2 FILER NAME <u>James Grady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12-1-21</u> | 5 Payee name <u>HEB</u> | |
| 6 Amount (\$) <u>118</u> ^{<u>46</u>} | 7 Payee address; City: State: Zip Code <u>8900 Highway 6</u> <u>Missouri City, TX 77459</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | (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 <u>12-1-21</u> | Payee name <u>Ben E. Keith</u> | |
| Amount (\$) <u>2,583</u> ^{<u>11</u>} | Payee address; City: State: Zip Code <u>1 Ben E. Keith Way</u> <u>Missouri City, TX 77489</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | 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 <u>12-2-21</u> | Payee name <u>J&J Packing Company</u> | |
| Amount (\$) <u>244</u> ^{<u>94</u>} | Payee address; City: State: Zip Code <u>35602 Highway 90</u> <u>Brookshire, TX 77423</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | 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 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: 69 | | 2 FILER NAME James Grady Prestage | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12-3-21 | | 5 Payee name Chavollette Allen | | | |
| 6 Amount (\$) 400⁰⁰ | | 7 Payee address: City, State, Zip Code Rt 1, Box 712 Wharton, TX 77488 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | | (b) Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12-3-21 | | Payee name Hampton Inn - Sugar Land | | | |
| Amount (\$) 811⁸⁰ | | Payee address: City, State, Zip Code 218 Promenade Way Sugar Land, TX 77478 | | | |
| 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 12-3-21 | | Payee name Yvette Woods Britton | | | |
| Amount (\$) 300⁰⁰ | | Payee address: City, State, Zip Code 9927 South Court Dr Houston, TX 77099 | | | |
| PURPOSE OF EXPENDITURE | 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 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: <i>60</i> | 2 FILER NAME <i>James Brady Prestage</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12-6-21</i> | 5 Payee name <i>Legends Grill</i> | |
| 6 Amount (\$) <i>250⁰⁰</i> | 7 Payee address; City; State; Zip Code <i>12914 Murphy Rd S Stafford, TX 77477</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i> | (b) Description |
| | <input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>12-6-21</i> | Payee name <i>Raseen Ward</i> | |
| Amount (\$) <i>110⁰⁰</i> | Payee address; City; State; Zip Code <i>1835 Halstead St Missouri City, TX 77489</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Fundraiser 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 | Candidate / Officeholder name | Office sought Office held |
| Date <i>12-6-21</i> | Payee name <i>Dustin Prestage</i> | |
| Amount (\$) <i>1,250⁰⁰</i> | Payee address; City; State; Zip Code <i>1357 Flatbush Ave #1-G Brooklyn, NY 11210</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Consulting 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 | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12-6-21 | 5 Payee name John Washington | |
| 6 Amount (\$) 250⁰⁰ | 7 Payee address: 5515 Condon Ln Houston, TX 77053 | City: State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (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 | | |
| Date 12-6-21 | Candidate / Officeholder name Ursula Davidson Wright | |
| Amount (\$) 675⁰⁰ | Payee address: 415 Summer Mist Ln Rosenberg, TX 77469 | City: State: Zip Code |
| PURPOSE OF EXPENDITURE | 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 ONLY if direct expenditure to benefit C/OH | | |
| Date 12-6-21 | Candidate / Officeholder name Solomon Spencer | |
| Amount (\$) 275⁰⁰ | Payee address: 3819 Kamesha Dr. Missouri City, TX 77459 | 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 | | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | 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 | 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: 69 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12-8-21 | 5 Payee name Amazon Marketplace | |
| 6 Amount (\$) 116⁷¹ | 7 Payee address; 440 Terry Avenue North Seattle, WA 98109 | City; State; Zip Code |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---------------------------|
| Date 12-8-21 | Payee name ACCC - Bike Giveaway | |
| Amount (\$) 300⁰⁰ | Payee address; 6201 Bonhomme Rd Ste. 214 N Houston, TX 77036 | 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 |

| | | |
|--|---|---------------------------|
| Date 12-10-21 | Payee name The Poker Depot | |
| Amount (\$) 640⁸⁰ | Payee address; 12105 28th St. St. Petersburg, FL 33716 | 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 <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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|---|---------------------------------------|-----------------|
| 1 Total pages Schedule F1: 60 | | 2 FILER NAME James Grady Prestage | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12-10-21 | | 5 Payee name T-Mobile | | | |
| 6 Amount (\$) 475⁹⁸ - | | 7 Payee address: 3618 Factoria Blvd Bellevue, WA 98006 | | City: | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12-10-21 | | Payee name Square, Inc | | | |
| Amount (\$) 656⁶³ - | | Payee address: 1455 Market St., suite 600 San Francisco, CA 94103 | | City: | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Equipment | | 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 12-10-21 | | Payee name West Point Lincoln | | | |
| Amount (\$) 5,918⁷² | | Payee address: 11833 Southwest Freeway Houston, TX 77031 | | 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 | |

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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 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: <u>60</u> | 2 FILER NAME <u>James Grady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12-13-21</u> | 5 Payee name <u>Costco Wholesale</u> | |
| 6 Amount (\$) <u>123 ⁵⁷</u> | 7 Payee address; City; State; Zip Code <u>12717 Network Dr Stafford, TX 77477</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | (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 <u>12-13-21</u> | Payee name <u>Dustin Prestage</u> | |
| Amount (\$) <u>1,250⁰⁰</u> | Payee address; City; State; Zip Code <u>1357 Flatbush Ave # 1-G Brooklyn, NY 11210</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u> | 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 <u>12-13-21</u> | Payee name <u>Trulia Harvey</u> | |
| Amount (\$) <u>150⁰⁰</u> | Payee address; City; State; Zip Code <u>6407 W. Ridgecreek Missouri City, TX 77489</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Contract Labor</u> | 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: <u>60</u> | 2 FILER NAME <u>James Grady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12-14-21</u> | 5 Payee name <u>Mens Warehouse</u> | |
| 6 Amount (\$) <u>199⁷¹</u> | 7 Payee address; City; State; Zip Code <u>2621 Town Center Blvd N Sugar Land, TX 77479</u> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | |
| | (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 <u>12-15-21</u> | Payee name <u>Constant Contact</u> | |
| Amount (\$) <u>204⁷⁵</u> | Payee address; City; State; Zip Code <u>1601 Trapelo Rd Waltham, MA 02451</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> | |
| | 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 <u>12-15-21</u> | Payee name <u>Taylor Harrison</u> | |
| Amount (\$) <u>600⁰⁰</u> | Payee address; City; State; Zip Code <u>10602 Indian Paintbrush Lane Houston, TX 77095</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | |
| | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12-15-21 | 5 Payee name Ben E. Keith Food Service | |
| 6 Amount (\$) 1,313⁴⁸ | 7 Payee address; City; State; Zip Code 1 Ben E. Keith Way Missouri City, TX 77489 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 12-16-21 | Payee name Apex Signs | |
| Amount (\$) 1,278⁰⁰ | Payee address; City; State; Zip Code 13003 Murphy Rd Suite B-2 Stafford, TX 77477 | |
| 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 12-16-21 | Payee name The Phoenix Design Group | |
| Amount (\$) 1,059⁴² | Payee address; City; State; Zip Code 4850 Waight Rd #150 Stafford, TX 77477 | |
| 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 |

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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 12-16-21 | 5 Payee name Houston Community College Foundation |
|---------------------------|---|

| | | | | |
|--|---|-------|--------|----------|
| 6 Amount (\$) 100⁰⁰ | 7 Payee address; 3100 Main St Houston, TX 77004 | 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 12-16-21 | Payee name Costco Wholesale |
|-------------------------|---------------------------------------|

| | | | | |
|--|--|-------|--------|----------|
| Amount (\$) 173⁰⁵ | Payee address; 12717 Network Dr Stafford, TX 77477 | 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 12-16-21 | Payee name J & J Packing Company |
|-------------------------|--|

| | | | | |
|--|--|-------|--------|----------|
| Amount (\$) 948⁰⁶ | Payee address; 35602 Highway 90 Brookshire, TX 77423 | 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 |
|---|-------------------------------|---------------|-------------|

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: 50 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12-16-21 | 5 Payee name Brenda Patton | |
| 6 Amount (\$) 200⁰⁰ | 7 Payee address; City; State; Zip Code 1618 Dusty Ridge Missouri City, TX 77459 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Reimbursement for Event 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 |

| | | | |
|---|---|---------------|-------------|
| Date 12-17-21 | Payee name Pinstripes | | |
| Amount (\$) 144⁴⁹ | Payee address; City; State; Zip Code 3300 Kirby Dr, Unit 3A Houston, TX 77098 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage 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 12-16-21 | Payee name Orion The Band | | |
| Amount (\$) 2,500⁰⁰ | Payee address; City; State; Zip Code 3937 Yellowstone Houston, TX 77021 | | |
| 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 | 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: 50 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|---|---------------------------------------|

| | |
|--------|---------------------------------------|
| 4 Date | 5 Payee name Tanesha Fisher |
|--------|---------------------------------------|

| | |
|--|--|
| 6 Amount (\$) 200⁰⁰ | 7 Payee address; City; State; Zip Code 2306 Manchester Crossing Dr. Fresno, TX 77545 |
|--|--|

| | | |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (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 12-20-21 | Payee name Ursula Davidson Wright |
|-------------------------|---|

| | |
|--|---|
| Amount (\$) 2,450⁰⁰ | Payee address; City; State; Zip Code 415 Summer Mist Ln Rosenberg, TX 77469 |
|--|---|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|---------------------------------------|
| Date 12-20-21 | Payee name Charolette Allen |
|-------------------------|---------------------------------------|

| | |
|--|---|
| Amount (\$) 650⁰⁰ | Payee address; City; State; Zip Code Rt. 1, Box 212 Wharton, TX 77488 |
|--|---|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | 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 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: <u>60</u> | 2 FILER NAME <u>James Grady Prestage</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12-20-21</u> | 5 Payee name <u>Jayden Robinson</u> | |
| 6 Amount (\$) <u>150⁰⁰</u> | 7 Payee address; <u>17402 Sandalisle Ln Richmond, TX 77407</u> | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Contract Labor</u> | (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 <u>12-20-21</u> | Payee name <u>Ayjana Lewis</u> | |
| Amount (\$) <u>240⁰⁰</u> | Payee address; <u>17402 Sandalisle Ln Richmond, TX 77407</u> | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Contract Labor</u> | 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 <u>12-20-21</u> | Payee name <u>Ulysses Grady</u> | |
| Amount (\$) <u>240⁰⁰</u> | Payee address; <u>2501 Southmore Houston, TX 77004</u> | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Contract Labor</u> | 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: 60 | | 2 FILER NAME James Grady Prestage | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12-20-21 | | 5 Payee name Fort Bend Democratic Party | | | |
| 6 Amount (\$) 1,250⁰⁰ | | 7 Payee address; 13515 Southwest Freeway, suite 204 Sugar Land, TX 77478 | | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Filing Fee | | (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 12-20-21 | | Payee name Ty Fisher | | | |
| Amount (\$) 200⁰⁰ | | Payee address; 2306 Manchester Crossing Dr Fresno, TX 77545 | | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12-20-21 | | Payee name Linda Gilbert | | | |
| Amount (\$) 200⁰⁰ | | Payee address; 10505 Cash Rd Stafford, TX 77477 | | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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 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: <i>59</i> | 2 FILER NAME <i>James Brady Prestage</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12-20-21</i> | 5 Payee name <i>John Washington</i> | |
| 6 Amount (\$) <i>700⁰⁰</i> | 7 Payee address: <i>5515 Condon Lane Houston, TX 77053</i> | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contract labor</i> | (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 <i>12-20-21</i> | Payee name <i>Rixie Balfour</i> | |
| Amount (\$) <i>200⁰⁰</i> | Payee address; City; State; Zip Code <i>10505 Cash Rd Stafford, TX 77477</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract labor</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>12-21-21</i> | Payee name <i>Veve' Fisher</i> | |
| Amount (\$) <i>250⁰⁰</i> | Payee address; City; State; Zip Code <i>2306 Manchester Crossing Dr. Fresno, TX 77545</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract labor</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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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: 60 | 2 FILER NAME: James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: 12-21-21 | 5 Payee name: The Greatest Barbeque | |
| 6 Amount (\$): 8,500⁰⁰ | 7 Payee address; City; State; Zip Code: 2358 Texas Parkway Missouri City, TX 77489 | |
| 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: 12-21-21 | Payee name: Tahl Fisher | | |
| Amount (\$): 200⁰⁰ | Payee address; City; State; Zip Code: 2306 Manchester Crossing Dr Fresno, TX 77545 | | |

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | | | |
|---|--|--|--|
| Date: 12-21-21 | Payee name: Ralston Discount Liquor | | |
| Amount (\$): 4,735³² | Payee address; City; State; Zip Code: 3013 N Main St. Stafford, TX 77477 | | |

| | | |
|------------------------|---|-------------|
| 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 | 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12-22-21 | 5 Payee name Juhan LeGrant | |
| 6 Amount (\$) 100⁰⁰ | 7 Payee address: 3102 W. Bay Area Blvd Friendswood, TX 77546 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift | (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 12-22-21 | Payee name Dylan Smith | | |
| Amount (\$) 150⁰⁰ | Payee address: 1123 Wesley Dr Stafford, TX 77477 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift | 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 12-22-21 | Payee name Montra Brown | | |
| Amount (\$) 100⁰⁰ | Payee address: 7714 Chasewood Missouri City, TX 77489 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift | 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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 60 | James Grady Prestage | |
| 4 Date | 5 Payee name | |
| 12-22-21 | Brenda Patton | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| 1,500 ⁰⁰ | 1618 Dusty Ridge | |
| | Missouri City, TX 77459 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | Contract Labor | |
| | (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 | Payee name | |
| 12-22-21 | Toni Wallace Campaign | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| 1,000 ⁰⁰ | P.O. Box 2042 | |
| | Richmond, TX 77406 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Donation | |
| | <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 | Payee name | |
| 12-22-21 | Squave, Inc | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| 771 ⁰⁴ | 1455 Market St. Suite 600 | |
| | San Francisco, CA 94103 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Fees | |
| | <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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) 1 |
| 4 Date 12-23-21 | 5 Payee name U-Haul | |
| 6 Amount (\$) 311³⁵ | 7 Payee address; City; State; Zip Code 2427 Texas Parkway Missouri City, TX 77489 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Rental | (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 12-23-21 | Payee name Katie Herrington | | |
| Amount (\$) 1,000⁰⁰ | Payee address; City; State; Zip Code 1610 Mustang Crossing Missouri City, TX 77459 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description | |
| | (c) <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 12-23-21 | Payee name Felecia Evans-Smith | | |
| Amount (\$) 750⁰⁰ | Payee address; City; State; Zip Code 1123 Wesley Stafford, TX 77477 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description | |
| | (c) <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: 09 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date 12-23-21 | 5 Payee name Dustin Prestage |
|---------------------------|--|

| | | | | |
|--|---|-------|--------|----------|
| 6 Amount (\$) 1,000⁰⁰ | 7 Payee address; 1357 Flatbush Ave # 1-G Brooklyn, NY 11210 | City; | State; | Zip Code |
|--|---|-------|--------|----------|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (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 12-23-21 | Payee name Maurice Lewis |
|-------------------------|------------------------------------|

| | | | | |
|--|--|-------|--------|----------|
| Amount (\$) 1,500⁰⁰ | Payee address; 22510 Cutter Mill Dr Spring, TX 77389 | City; | State; | Zip Code |
|--|--|-------|--------|----------|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | 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 12-23-21 | Payee name Betty Arceneaux |
|-------------------------|--------------------------------------|

| | | | | |
|--|---|-------|--------|----------|
| Amount (\$) 200⁰⁰ | Payee address; 10505 Cash Road Stafford, TX 77477 | City; | State; | Zip Code |
|--|---|-------|--------|----------|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | 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 |
|---|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12-23-21 | 5 Payee name Dylan Smith | |
| 6 Amount (\$) 240⁰⁰ | 7 Payee address: 1123 Wesley Stafford, TX 77477 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (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 12-27-21 | Payee name Dakayne Santa Cruz | |
| Amount (\$) 1,000⁰⁰ | Payee address; City; State; Zip Code P.O. Box 651 Katy, TX 77492 | |
| PURPOSE OF EXPENDITURE | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | |
|--|--|-------------|
| Date 12-28-21 | Payee name Dustin Prestage | |
| Amount (\$) 1,250⁰⁰ | Payee address; City; State; Zip Code 1357 Flatbush Ave #1-G Brooklyn, NY 11210 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expenses | 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 | 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: 00 | 2. FILER NAME James Grady Prestage | 3. Filer ID (Ethics Commission Filers) |
| 4. Date 12-29-21 | 5. Payee name Kapchard Photography | |
| 6. Amount (\$) 625⁰⁰ | 7. Payee address: 1824 Spring St, #204 Houston, TX 77007 | City; State; Zip Code |
| 8. PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (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 12-31-21 | Payee name Southern University Foundation | | |
| Amount (\$) 100⁰⁰ | Payee address: P.O. Box 9562 Baton Rouge, LA 70813 | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | | | |
|--|---|-------------|-----------------|
| Date | Payee name Carla Braley Campaign | | |
| Amount (\$) 100⁰⁰ | Payee address: P.O. Box 8176 Houston, TX 77288 | 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 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 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: 60 | 2 FILER NAME James Grady Prestage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12-31-21 | 5 Payee name Aoede, LLC | |
| 6 Amount (\$) 533²² | 7 Payee address; City; State; Zip Code 2440 Texas Parkway Missouri City, TX 77489 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Rental | (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 12-31-21 | Payee name B's Wine Bar | City; State; Zip Code |
| Amount (\$) 1,000⁰⁰ | Payee address; Fees / Event Expense | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 8770 Highway 6 Missouri City, TX 77489 | 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 12-31-21 | Payee name B's Wine Bar | City; State; Zip Code |
| Amount (\$) 3,225³¹ | Payee address; 8770 Highway 6 Missouri City, TX 77459 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees / 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 | 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: <i>60</i> | 2 FILER NAME <i>James Grady Prestage</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12-31-21</i> | 5 Payee name <i>Art Blue</i> | |
| 6 Amount (\$) <i>720.⁸⁹</i> | 7 Payee address; City; State; Zip Code <i>14 Arrow Street, suite 11 Cambridge, MA 02138</i> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Fees</i> | (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 | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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