# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Suide explains how to complete this	form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 37
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	nes Grady	OFFICE USE ONLY
		suffix tage	• Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUIT 36 BIG Trail MIS	E #; CITY; STATE; ZIP CODE	FEB 22 2022 RCV
Change of Address			
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 433-4444		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	Mi (.	Receipt # Amount \$
NAME	* * * * * * * * * * * * * * * * * * *		Date Processed
	NICKNAME LAST	suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 15526 Winter Br	APT / SUITE # CITY: ngr Misson Cuty	TX 77489
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER		
HIGHE	(713)729-576	> [	
9 REPORT TYPE	January 15 30th da	ay before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 🗹 8th day	/ before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Yea		Day Year / 19 / 22
11 ELECTION	03/01/22	ELECTION TYP Primary Runoff Other Description General Special	·····
12 OFFICE	OFFICE HELD (IF any) County Cou Precinct 2 Fort Be	n Missioner 13 OFFICE SOUGHT (it know nd County Precinct 2 For	mi county commissioner + Bend county
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE BOX IS FOR NOTICE OF POLITICAL CONT THE CANDIDATE / OFFICEHOLDER. THESE EXP	REBUTIONS ACCEPTED OR POLITICAL EXPENDITURES PENDITURES MAY HAVE BEEN MADE WITHOUT THE CA ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
00	COMMITTEE TYPE COMMITTEE NAME	Ε	
Additional Pages		RESS	
		PAIGN TREASURER NAME	· · ·
	COMMITTEE CAM	PAIGN TREASURER ADDRESS	
1	G	O TO PAGE 2	

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# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

16 C/OH NAME Jame	es Grady Prestage 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)	\$ _0 =		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 78,956.06		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 15,729.64		
	4. TOTAL POLITICAL EXPENDITURES	\$ 165, 230. 91		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	» 181,738.91		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$ -0-		
	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	nd correct and includes all information		
	Signature of Cand	idate or Officeholder		
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribe	d before me by this the	day of,		
20, to certi	fy which, witness my hand and seal of office.			
Signature of officer admini	stering oath Printed name of officer administering eath	Title of officer administering oath		
	OR			
(2) Unsworn Declara		7 20-1950		
My name is	es Grady Prestage and my date of birth is	1-30-170 V 20466 11CM		
My address is 36	319 Trail MISSOURI City - 1	X., 77455, USA		
Executed in FOVFB	(SIFEEL)	vuary 20 22.		
	Xam nod	Thomas .		
	Signature of Candie	ate/Officeholder (Declarant)		
1		Revised 8/17/20		

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SUBTOTALS - C/OH COVER SHEET PG 3				
19 FILER NAME James Grady Prestage	20 Filer ID (Ethics Co	mmission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1. C SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 78,95606		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$165,230,91		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
If the requested information is not applicable, DO NOT include this page in the	report.			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
SAMES GRADY PRESTAGE	and a star of			
4 Pate 6 Full name of contributor [] out-of-state PAC (ID#)	7 Amount of contribution (\$)			
BONNIE C. MOSS 6 Contributor address; City: State; Zip Code 12418 WESTELLA DR. HOUSTON, TX 77077 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	5,000			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)			
ENGINEER MBCD				
Date Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)			
HDELINE MARIE BOGAN Contributor address; City; State; Zip Code 44/5 CORY CN. MISSOURI CITY, TX 77459 Employer (See Instructions)	1005			
44/5 CORY CN.				
MISSOURI' CITY, TX 77459	<u> </u>			
	ctions)			
KETIRED				
Date Full name of contributor 🗍 out-of-state PAC (ID#:)	Amount of contribution (\$)			
1/19/22 HALFF ASSOCIATES PAC Contributor address; City: State: Zip Code. 1201 N. BOWSERRD. RICHARNSON, TX 75001	2,500			
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)			
	······································			
Date Full name of contributor [] out-of-state PAC (ID#)	Àmount of contribution (\$)			
1/24/22 LAN-PAC Contributor address: City: State: Zip Code 2925 BRIARPARK DR., FOURTH FLOOR HOUSTON, TX 77042	2,500 -			
Principal avergation / you use (and instructione) Employer (det instru				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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www.ethics.state.tx.us

Revised 8/17/2020

## 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)
JAMES GRADY PRESTAGE			
4 Date	5 Full name of contributor October of contributor		7 Amount of contribution (\$)
1 24 22	SAMES P.S. GRIF 6 Contributor address; City;	FITH SR. State; Zip Code	5,000∞
•	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Æ	Engineer	LAN	
Date	Full name of contributor Out-of-state PAC	(iD#:)	Amount of contribution (\$)
12822	JEANIE JONES		2500
1 -	Contributor address; City; 482.6 SUMMER MANOR	LANE	
	SUGAR LAND, TX 7747		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Retired		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
1/28/22	CORETTA SMITH Contributor address: 3018 NE 156th AVE. PORTLAND, OR 97230	State; Zip Code	250 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Retired Co	mmissioner	MULTNOMA	H COUNTY
Date	Full name of contributor	; (iD#)	Amount of contribution (\$)
12822	LORETTA SMITH		25000
	3818 NE 156th AVE, PORTLAND OR 97230	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	A
Co	MMISSIONER	MULTNOMAL	+ COUNTY
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

2       FILER NAME         2       FILER NAME         4       Date         5       Full name of contributor         1/3/22       MUSTAFA         6       Contributor address;         6       Contributor address;         1/3/22       Full name of contributor         1/3/22       MUSTAFA         1/3/22       MUSTAFA         1/3/22       Full name of contributor         1/3/22       MUSTAFA         6       Contributor address;         1/3/27       State;         2       File         1/3/200       Full name of contributor         1/3/2       MUSTAFA         1/3/2       Full name of contributor         1/3/2       Full name of contributor	1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 2, 500 <sup>20</sup> ms) <u>STRATEGIST</u>			
2       FILER NAME         2       FILER NAME         4       Date         6       Full name of contributor         1/3/22       MUSTAFA         6       Contributor address;         1/3/22       MUSTAFA         6       Contributor address;         1/3/22       Government         6       Contributor address;         1/3/22       Government         6       Contributor address;         1/3/22       Government         8       Principal occupation / Job title (See Instructions)         9       Employer (See Instructions)         0       OUT REACH	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 2, 500 2 ms) STRATEGIST			
SAMES       GRADY       PRESTAGE         4 Date       6 Full name of contributor       out-of-state PAC (ID#)         1/3/22       MUSTAFA       TAMEEZ         6 Contributor address;       City:       State;         1/3/22       6 Contributor address;       City:         6 Contributor address;       City:       State;         1/3/22       HOUSTON, TX       17077         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         0UT REACH	7 Amount of contribution (\$) $2_{1} 500^{20}$ ons) STRATEGIST			
13122       MUSTAFA       IAMEEZ         6 Contributor address;       City;       State;       Zip Code         1318       CRUSTAL       HILLS DR.         HOUSTON       TX       77077         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         OUT REACH	2,500 2 ms) STRATEGIST			
CONSULTANT OUT REACH	STRATEGIST			
Date Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)			
1/31/22 SELMA TAMBEZ Contributor address; City; State; Zip Code 1518 CRYSTAL HILLS DR. HOUSTON, TX 77077	2,500 00			
	STRATE 61ST			
Date Full name of contributor [] out-of-state PAC (ID#)	Amount of contribution (\$) 5,000			
Principal occupation / Job title (See Instructions) Employer (See Instruction	A .			
ENGINEER ISANI	CONSULTANTS			
Date       Full name of contributor       I out-of-state PAC (ID#:)         I[31/22       CHARLES       SALSMAN SR.         Contributor address;       City;       State;         TTII       CHASEWAY       DR.         MISSOURI       CITY, TX 77489	Amount of contribution (\$)			
RETIRED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
If the requested information is not applicable, DO NOT include this page in the				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME SAMES 'GRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
1/31/22 EVINGSTON 6 Contributor address; City; State; Zip Code 2406 EDGE DALE DRIVE MISSOURI CITY, TX 77489	150 2			
8 Principal occupation / Job title (See Instructions) RETIRED	uctions)			
Date Full name of contributor Out-of-state PAC (ID#	) Amount of contribution (\$)			
LANETRA LARY SENIGAUR Contributor address; City; State; Zip Code P.D. BOX 145	750			
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)			
ATTORNEY FBC				
Date Full name of contributor Out-of-state PAC (ID#:	) Amount of contribution (\$)			
1/31/22 PEARLIE N. BYRD Contributor address: City: State; Zip Code 622 STEPHANLE DR. MISSOURI CITY, TX 77489	2500			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
RETIRED	· · · ·			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
131/22 MICHAEL MOORE Contributor address; City; State: Zip Code 6028 RAWLINGS RD. NEEDVILLE, TX 77461				
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 informa	ation is not applicable, <b>DO NOT in</b>	clude 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)	
3A	mes 'GRADY P	Restage		
	ne of contributor		7 Amount of contribution (\$)	
	RDARA HARRIS	State; Zip Code	2000	
	22 GATECRAFT DR MISSOURI CITY, D	C 77489		
8 Principal occupation / Job AvtMor	title (See Instructions)	9 Employer (See Instruc Self Employ	•	
	ne of contributor 🔲 out-of-state PA		Amount of contribution (\$)	
2322 CA	ROL LEWIS	State; Zip Code	150 2	
42	393 HARVEST LA HOUSTON, TX 7700			
Principal occupation / Job t		Employer (See Instruct	tions)	
PRO FE		TSU		
Date Full nam	ne of contributor		Amount of contribution (\$)	
2322 Contribu 2	LORUNSO ADEK utor address; 606 B16 VINE CI	State: Zip Code	1000	
	MISSOURI CITY		dinna)	
Principal occupation / Job t		Employer (See Instruction	PI OF BANKING	
Date Fuli nar	ne of contributor	\C (ID#:)	Amount of contribution (\$)	
2322 G	LENNIE GORDON	State: Zip Code	300 00	
Constructions)				
KETIRED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
If the reques	ted information is not applicable, DO NOT inc	lude this page in the	report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: /4	
2 FILER NAME	JAMES 'GRADY' PRE	estage	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC		7 Amount of contribution (\$)	
2/3/22	MITTIG P. GREGORY E-contributor address; city; P.O. BOX 1145 MISSOURI CITY, JX 7748	State; Zip Code	5000	
8 Principal occu	RETIRED	9 Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
2/3/22	A.M. RODRIGO Contributor address; City: 15514 TURTLE OAK (	State; Zip Code	2,5000	
HOUSTON, TX     71059       Principal occupation / Job title (See Instructions)     Employer (See Instructions)				
1	ENGINEER	GC Engin		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
2922	RAYMOND SEWELL Contributor address; City; 2228 WATERFORD VILLA	State: Zip Code	150 B	
Distant		/987		
	RETIRED	Employer (See Instruc	zuons)	
Date	Full name of contributor Out-of-state PAC	(ID#)	Amount of contribution (\$)	
2/9/22	WAYNE LUCKETT Contributor address: 4202 CLEARWATER COUR MISSOURI CITY, TX pation / Job title (See Instructions)	State: Zip Code	500 R	
Principal occu	MISSOURI CITY, TX	71459 Employer (See Instruc	ctions)	
Dist	nbuter	Brandwar		
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	e report.			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
JAMES 'GRADY' PRESTAGE				
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)			
2922 BOBBY ENGLISH 6 Contributor address; City; State; Zip Code 2021 FM 1092	606 00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru				
President Ophower He				
Date Full name of contributor 🗍 out-of-state PAC (ID#	Amount of contribution (\$)			
2/9/22 Contributor address: City: State: Zip Code 42 NAPOLI WAY DR. WISSOURI CITY, JX 77459	2,500-			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
DWNER/CEA Sterling Ph	ysical Therapy			
Date Full name of contributor I out-of-state PAC (ID# 2/9/22 Soft N. D. CALHOUN, PHD. Contributor address; City: State: Zip Code 2307 TWIN LAKES CIRCLE SACKSON, MS 39211	Amount of contribution (\$) $2_{1}500^{2}$			
Principal occupation / Job title (See Instructions) Employer (See Instructions) LMS EN	uctions) 161 NAERING			
Date Full riame of contributor address; City; State; Zip Code P. D. BOX 927 MISSOURI CITY, IX 77459	Amount of contribution (\$) $100 \frac{100}{2}$			
INSURANTE HIS ARMSTRONG GROUP /AUSTRETUS				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		1 Total pages Schedula A4.	
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1: //	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	JAMES GRADY PRESTAGE		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
	PAMIEL GASKIN	8000	
2922	6 Contributor address; City; State; Zip Code 3006 VILLA LANE	2002	
	3006 VILLA LANE		
8 Principal occu	MISSOURI CITY, TX 77459 pation / Job title (See Instructions) 9 Employer (See Instru	l ctions)	
•	NOT EMPLOYED		
		1 .	
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	
	LUCY BREMOND	500 2	
292	Contributor address; City; State; Zip Code 1615 SOUTH VEGUA RIVER CRCLE	300 -	
	KUS DOUTH VEGUT NUCK CKCCE		
Principal occur	SUGARLAND, JX 77378 Dation / Job title (See Instructions) Employer (See Instru	luctions)	
	Exc. DIRACTOR EPC	-	
Date	Full name of contributor	Amount of contribution (\$)	
29/22	LEONARD SPARKS IIL	1000	
	Contributor address; City: State; Zip Code		
	7 LITTLE RISE DRIVE MISSOURI CITY ITX 77459	· · ·	
Principal occupation / Job title (See Instructions)			
C	ONTRACTS SPECIALIST INSIGH	T GLOBAL	
Date			
	Full name of contributor Contributor	) Amount of contribution (\$)	
29/22	MORRIS CLARK	1,500	
	2510 BAYWATER CANYON DR.		
	PEARLANS, TX 77584		
Principal occu	pation / Job title (See Instructions) Employer (See Instr		
	NOT EMPLOYED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS		
	If contributor is out-of-state PAC, please see Instruction guide for addition		

WONEI	ART PULITICAL CUNTRIBU	TIONS	SCHEDULE A1		
If the reques	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)		
	JAMES GRADY PRO	FSTAGE			
4 Date	<b>5</b> Full name of contributor	C (ID#:)	7 Amount of contribution (\$)		
2922	DARRYL CARTER 6 Contributor address; City; 5651 WILLERS WAY HOUSTON, JX 77056	State; Zip Code	1,5002		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc			
A	FTORNEY	Self Em	20450		
Date	Full name of contributor	C (ID#:)	• Amount of contribution (\$)		
2/10/22	BETTY BAITLAND Contributor address; City; 72 CRESTWOOD CIRLL SUGAR LAND, 1% 774	State; Zip Code E 178	10020		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
<u> </u>	ETIRES	L			
Date .	Full name of contributor 🔲 out-of-state PA		Amount of contribution (\$)		
2/10/22	Contributor address; 5318 FENWICK WAY SUGARLAND, TX 77	State: Zip Code	250 <u>D</u>		
	pation / Job title (See Instructions)	Employer (See Instruct	-		
		I INTRASTING	URE ASSOCIATES		
Date 2/10/22	Full name of contributor DLAOLU EMITAN Contributor address; City; 5340 WESLAYAN # 270 HOUSTON, TX 77005		Amount of contribution (\$)		
Conc	sultant	1	uds Consulting		
	- -				
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see ins		•		

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Revised 8/17/2020

# 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)
	SAMES 'GRADY' PRE	PSTAGE	
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
2/10/22	WALTER SASS 6 Contributor address; 2707 AUTUMN LAKE L KATU TX 77450	State; Zip Code	500 <u>a</u>
8 Principal occu	KATY, TX 77450 pation / Job title (See Instructions)	9 Employer (See Instruc	
	VGINEER	WEISSER	ENS.
Date	Full name of contributor aut-of-state PAC SOHN ENGLISH		Amount of contribution (\$)
2/10/22	Contributor address; City; IBIII TOSCA LN.	State; Zip Code	500
		· · · · · · · · · · · · · · · · · · ·	and the second sec
	HOUSTON, TX. 77079 Dation / Job title (See Instructions)		
E	NGINEER	REKHA	ENGINEERING
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2/10/22	NKEMDI OHACETE Contributor address: City: P.O.BOX 570484 HOUSTON, TX 7725'	State; Zip Code	500 🕿
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	ENGINEER	NEDU ENE	GINGERING SERVICES
Date 2   10   22	Full name of contributor out-of-state PAL COSTELLO INC. IAC Contributor address: 2107 CITYENEST BLVB, 2 HOUSTON, TX, 77042	State: Zip Code 310 - 100 R	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	~		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see inst		

MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1
If the reques	ted information is not applicable, DO NOT in	clude this page in the	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	To say 100 and Do		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Contributor	; (ID#:)	7 Amount of contribution (\$)
2/10/22	CES A. NEWTON 6 Contributor address; City: 3506 MESQUITE DR. SUSAR CAND, TX 774		1,000
	pation / Job title (See Instructions) (CSI dent	9 Employer (See Instruc	tions) WMTY PENELOPERS
Date 2/10/22	Full name of contributor HALFF ASSOCIATES Contributor address; 1201 XI- BOWSER ROAD RICHARDSON, TX 7506 pation / Job title (See Instructions)	-STATE PAC State; Zip Code	Amount of contribution (\$) $2_{1}500 \frac{2}{5}$
Data 2/10/22	Full name of contributor I out-of-state PAR AUEN BOONE HUMPHRIESS Contributor address; City; 3200 SOUTHWEST FREEW HOU STON, TX 77027	State: Zip Code	Amount of contribution (\$) $2_{1}$ SOO
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 2/10/22	Full name of contributor LYLE E. HENKEL Contributor address; City; BG30 WINDHAM VILLAGE SERSEY VILLAGE, TX 7		Amount of contribution (\$) 2,500
EN	SINEER	VERRA A460	·
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the reques	ted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	JAMES 'GRADY' PRE	STAGE	3 Filer ID (Ethics Commission Filers)
4 Date 2(10/22	5 Full name of contributor Dout-of-state PAC 1.D.S. ENGINEERING ( 6 Contributor address; City; 13430 NORTH WEST FRWY, S HOUSTON, TX 77040	(ID#) SROUP PAC State; Zip Code SOITE 700	7 Amount of contribution (\$) 2,500
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 2/10/22_	Full name of contributor dut-of-state PAC DANIEL SIGNOREL Contributor address; City; 1401 WOODLANDS PARKW THE WOODLANDS TX	LE State; Zip Code IAY	Amount of contribution $($)$ 2,500 =
Principal occup	DEVELOPER	Employer (See Instruc	tions) UI Cantany
Date 2 3 22	Full name of contributor SUSTINE CHERN Contributor address: City: 6028 RAWUNGS RC	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instru	
Date 2/16/22.	Full name of contributor ARUN SREERAMA Contributor address: City:	State: Zio Code	Amount of contribution (\$)
/ Principal occu	4406 ORANGE LEAF CT. HOUSTON, TX 7705 pation / Job title (See Instructions) EN 61 MEEP-		s
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

MONET	ARY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1
If the reques	ted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 34
2 FILER NAME	JAMES GRADY PRES	TAGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$)
2/16/22	6 Contributor address; 134,10 INDIGO JANDS D PEARLAND, TX 77584	State; Zip Code K.	500 0
	pation / Job title (See Instructions)	9 Employer (See Instruc	
	RMSER	STEWARTS A	PPRAISA SERVICE
Date 2/16/22	Full name of contributor address; City; 2206 MAPLEGATE D. MISSOURI CITY, TX	State; Zip Code K	Arnount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	REALTOR/APPRMSER	KEYS RESIDI	SKIT AL
Date 2/16/22	Full name of contributor 🔲 out-of-state PA RAVIRAS YANAMAN & ALA		Amount of contribution (\$) $5,000 \frac{1}{2}$
Principal occup	Contributor address; City: 2504 BAYFRONT DR. PEARLAND, TX 77584 pation / Job title (See Instructions)	State: Zip Code	
	NGINEER	GEDTEST	
Date 2/16/22	Full name of contributor out-of-state PA COBB FENSLEY PAC Contributor address; City; 13430 NORTHWEST FREE HOUSTON, TX TO 40	C (ID#:)	Amount of contribution (\$) 2,000 D
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the reques	ted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	JAMES 'GRADY' PREST	AGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC HOUSTON APARTMENT ASS 6 Contributor address; 4810 WESTWAY PARK BLUT HOUSTON, TX 77041	OCHATION - PAC State: Zip Code J. 7322 FLOOR	7 Amount of contribution (\$) $\int_{1}^{1} OOO \frac{dP}{dP}$
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor aut-of-state PAC COSTELLO, INC. PAC Contributor address; City: 2107 CITYWEST BLVD. HOUSTON, TX 77042 pation / Job title (See Instructions)	State; Zip Code	Amount of contribution $($)$ 2, 500 = 0
Date	Full name of contributor out-of-state PAG Contributor address; City;	C (ID#) State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Dout-of-state PA Contributor address: City;	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job tille (See Instructions)	Émployer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional	reporting requirements.

#### 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	E
Accounting/Banking	Ē
Consulting Expense	F
Contributions/Donations Made By	G
Candidate/Officeholder/Political Committee	ū
Credit Card Payment	

4

vent Expense ees ood/Beverage Expense idt/Awards/Memorials Expense egal 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 c	omplete this form.				
1 Total pages Schedule F1: フカ	2 FILER NAME	)	3 Filer ID (Ethics Commission Filer	rs)		
4 Date	James Grady Prestage					
1-21-22	Ready Go Signs					
6 Amount (\$)	7 Payee address;	City:	State; Zip Code			
7,677.00	9825 Drysdale Ln, S. Houston, TX 77041	nk B				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	**************************************			
PURPOSE OF EXPENDITURE	PrintingExpense					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
1-24-22	Dustin Prestage		· · · · · · · · · · · · · · · · · · ·			
Amount (\$) 00	Payee address;	City;	State; Zip Code			
1,250	1357 Flatbush Ave #1	-G				
1/200	Brooklyn, NY 11210					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Consulting Expense					
OF EXPENDITURE						
LAPENDITONE		1				
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OI	1					
Date	Payee name					
1-24-22	Vaskey Media Group					
Amount (\$)	Payeo address;	City;	State; Zip Code			
4,000	7322 SW Freeway #800					
1000	Houston, TX 77074					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising Expense					
OF EXPENDITURE	Allower is a set of the					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			

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#### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(2)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overt Polling Expe Printing Exp Salaries/Wa	ense Iges/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
4	<b>A EU ED U</b>	The Instruction Guide explain	15 NOW 10 CO	implete this form.	2 Ellor ID (Ethio	Commission Filers)
1 Total pages Schedule F1: 20	2 FILER N	James Grady	Prest	age		s Commission Filers)
4 Date 1-24-22	6 Payee na	Franc Lyons				
6 Amount (\$) 00 700	7 Payee a 34				State;	Zip Code
8		ry (See Categories listed at the top of this	•	(b) Description		
PURPOSE OF EXPENDITURE	Con	struction Service	ce.s			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				·····
1-25-22	The	Tyson Organiz	ation			
Amount (\$) <u>0</u> 24,000	Payee a		Inve	City;	State;	Zip Code
		y (See Categories listed at the top of this		Description		
PURPOSE OF EXPENDITURE	Pol	ling Expense				
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee r	lame				
1-25-22	NX	Media				
Amount (\$)		Aletha Lane		City;	State;	Zip Code
1101 1, 3	Hor	ston, IX 77081				
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Priv	nting Expense				
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livir	ng expanse
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
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## SCHEDULE F1

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

Advertising	Expense
Accounting/Ba	
Consulting Exp	ense
Contributions/E	Conations Made By
Candidate/Of	ficeholder/Political Committee
Credit Card Paym	ent

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: 20	2 FILER NAME James Grady Pres	tage	3 Filer ID (Ethic	s Commission Filer	's)
4 Date 1-26-22	6 Payee name				
6 Amount (\$) 500	Facelift Graphics 7 Payee address: 2419 Winding Creek Dri Fresno, TX 77545	City:	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Coハらいけれら Expense	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
1-26-22	Trulia Harvey				
Amount (\$)	Payee address;	City;	State;	Zip Code	
24000	6407 W. Ridge creek Missouri City TX 748	9			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ConNact Labor				
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
1-27-22	Paul The Brinter				
Amount (\$) 00 1,900	5708 N. Shepherd Houston, TX 77091	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Prinhng Expense	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
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## SCHEDULE F1

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

EXPENDITURE CATEG	<b>ORIES FOR</b>	BOX 8(a	)
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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political			Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME James Grady	Prestage	3 Filer ID (Ethics Commission Filers)	
4 Date 1-28-22	5 Payee name Brandani's Restaurar	~+		
6 Amount (\$) 157 -	7 Payee address; 3340 FM 1092 MISSOURI CIFY, TX 77	Спу;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schere Foud / Beverage Expen			
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Aust	tin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		<u> </u>	
1-28-22	H-E-B			
Amount (\$) 121 -	Payee address; 8900 Huyb MISSOURI City, TX-	city; 27459	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched EVENTEX PENSE	tule) Description	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1-28-22	Aspive Integrated Sei	rnces		
Amount (\$) 00 (0,000	3706 Straightfork ( Houston, TX 77082		State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched CONSULTING SERVICES	dule) Description		

Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Complete **ONLY** if direct expenditure to benefit C/OH

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Forms provided by Texas Ethics Commission

Office held

Check if Austin, TX, officeholder living expense

Office sought

#### SCHEDULE F1

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#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking         Fees         Office Ove           Consulting Expense         Food/Beverage Expense         Polling Exp           Contributions/Donations Made By         Gift/Awards/Memorials Expense         Printing Exp			g Expense Travel Out Of District as/Wages/Contract Labor Other (enter a category not listed a			
1 Total pages Schedule F1:	2 FILER NAME		ompiete uns torm.			
7.0	Tamps Grad	14 Pro	octaco	S Filer ID (Ethic	s Commission Filers)	
4 Date	James Grady Prestage					
1-28-22	Brenda Patton		,			
6 Amount (\$)	7 Payee address:		City:	State;	Zip Code	
2.900	1618 Dusty Ridge					
210	Missour City, TX	7745	59			
8	(a) Category (See Categories listed at the top of this		(b) Description		· · · · · · · · · · · · · · · · · · ·	
PURPOSE	Reimbursement for					
OF EXPENDITURE	Event Expense					
	(c) Check if travel outside of Texas. Complete \$	Cabadi da T				
				in, TX, officeholder living		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought		Office held	
	Pouro a como					
Date	Payee name					
1-28-22	Maunce Leuris					
Amount (\$)	Payee address;	0	City;	State	Zip Code	
750 -	22510 Cutter Mill					
()0	Spring, TX 7738	4				
	Category (See Categories listed at the top of this	schedule)	Description			
PURPOSE	(DASULTING EVAPAS	ρ				
OF EXPENDITURE	Consulting Expens	-				
	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF	1		-			
·					•	
Date	Payee name					
1-28-22	Matthew Teague					
Amount (\$) 00	Payoo addroiss;	~	City;	State;	ZIP Code	
350-	14306 Darrah	Pr.				
	Houston, TX 7709	0	······			
	Category (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF	Event Expense					
EXPENDITURE	,					
	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OI	1					
	ATTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

# SCHEDULE F1

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#### EXPENDITURE CATEGORIES FOR BOX 8(a)

		EXPENDITURE	GALEGORIE	SFUR BUX d(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Frees         Office Overhead           Food/Beverage Expense         Polling Expense           e By         Gift/Awards/Memorials Expense         Printing Expense			Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense		
Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: 20	2 FILER N	AME James Gr	rady Pr	estage	3 Filer ID (Ethic	s Commission Filers)	
4 Date 1-31-22	5 Payee na	stin Presto	1				
6 Amount (\$)				City;	State;	Zip Code	
1,250		ndress; 7 Flatbus 20Klyn,N					
8	(a) Categor	y (See Categories listed at th	e top of this schedule)	(b) Description			
PURPOSE	1	sulting Ex					
EXPENDITURE	ļ				<u> </u>		
	(c)	Check if travel outside of Texas	. Complete Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		iate / Officeholder nam	e	Office sought		Office held	
Date	Payee na	ame			,,,,,,		
1-31-22	Vot	eMap			·		
Amount (\$)	Payee a			City;	State;	Zip Code	
15,000		> River It		-Unit C			
127000		stin, TX -				· · · · · · · · · · · · · · · · · · ·	
	Categor	(See Categories listed at the	top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Con	suiting BXF	Jense				
		Check if travel outside of Texas	. Complete Schedule T	Check if A	ustin, TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder nam	e	Office sought		Office held	
				······································			
Date	Payeen						
1-31-22		se Torres					
Amount (\$)	Payas =	San Jose	St	City;	State;	Zip Code	
1,091-				C			
		hmond, TY					
PURPOSE		y (See Categories listed at the		Description			
OF	Con	tract Labo	V		- <u>.</u>		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expens						ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder nar	ne	Office sought		Office held	
	A	TACH ADDITIONAL	COPIES OF TH	IIS SCHEDULE AS N	IEEDED		

#### 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: 7.0	2 FILER NAME James Grady Prest	3 Filer ID (Ethics Commission Filer	rs)		
4 Date 1-31-22	6 Payee name Needville ISD Educat	zon Foundation			
6 Amount (\$) 00 500	7 Payee address: 16319 Highway 36 Needville, TX 77461	City; State; Zip Code			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Duration				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
2-1-22	Rodd Guillory				
Amount (\$) 00	Payee address; 8748 Clay Road, Um 1700ston, TX 77080	City; State; Zip Code + 300			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
2-1-22	M3 Graphics				
Amount (\$) 30 9,505	11730 S. Wilcrest Pr. Houston, TX 77099	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held			
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#### SCHEDULE F1

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	If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees         Office Over Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense         Printing Expense	xpense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 20	2 FILER NAME James Grady Pre	stage	3 Filer ID (Ethics Commission Filers)			
4 Date 2-2-22	2 FILER NAME James Grady Pre 6 Payee name Paul The Printer					
6 Amount (\$) 1, 100	7 Payee address; 5708 N. Shepherd Houston, TX 77091	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2-2-22	Office Depot					
Amount (\$) 22 343	Payee address: 5766 Highway 6 Missoun City TX 774	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed al the top of this schedule) Office Expenses	Description				
•	Check if travel outside of Texas. Complete Schedule T,	Check if Aus	stin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2-2-22	Rodd Guillory					
Amount (\$) 537 69	B748 Ccay Rd #300 KOUSTUN, TX 77080	Cny; )	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Prinhng EXPENSE	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			

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#### SCHEDULE F1

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

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Condi Cont Pageset	Fees         Office Ov           Food/Beverage Expense         Polling Expense           y         Gift/Awards/Memorials Expense         Printing Expense		æ
Credit Card Payment	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	James Grady Pri	3 Filer 1D (Ethics Commission Filers) 2.5 tage	
4 Date 2-2-22	M3 Graphics		
6 Amount (\$) (6, 233 = 58)	7 Payee address; 11730 Si Wilcrest Pr Houston, TX 77099	City: State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2-3-22	Data & Mail Resources	-	
Amount (\$)	Payee address;	City; State; Zip Code	
2,059 23	4929 Blalock Rd Horston, TX 77041		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Postage Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2-3-22	Center Court PIZZA		
Amount (#) 128 01	Center Court Pizza 7425 itwy6 Missoun City, TX 77	city; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	

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#### SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX	8(a)
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Advertising Expense       Event Expense       Loan Repayment/Reimbursement       Solicitation/Fundraising Expense         Accounting/Banking       Fees       Office Overhead/Rental Expense       Transportation Equipment & Rela         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         Credit Card Payment       The Instruction Guide explains how to complete this form.       The						
1 Total pages Schedule F1:	2 EU ED NAME	dy Prestage		cs Commission Filers)		
4 Date 2-3-22	6 Payee name Best Buy	1				
6 Amount (\$) 74 246	7 Payee address; 16980 Southwest Sugar Land, TX	Freeway 77479	; State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top or Office Equipmen	f this schedule) (b) Descrip	vtion			
•	(c) Check if travel outside of Texas. Comp	iete Schedule T. Ch	eck if Austin, TX, officeholder liv	ng expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office s	ought	Office held		
Date	Payee name					
2-4-22	Mark Gibson Co	ampaign				
Armount (\$) 400	Payee address; 6307 Penhallow MISSOUN City, TX	cit Lane 77459	r; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Donation		btion			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp					
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office s	ought	Office held		
Date	Payee name					
2-7-22	Fort Bend Her	ald Newspap	er			
Amount (\$) 00 700	1902 Fourth Sti	77471	y; State;	Zip Code		
	Category (See Categories listed at the top of	this schedule) Descri	ption			
PURPOSE OF EXPENDITURE	Advertising Expe	inse				
	Check if travel outside of Texas. Comp	olete Schedule T.	neck if Austin, TX, officeholder liv	ving expanse		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office	sought	Office held		
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDUL	EAS NEEDED			

#### SCHEDULE F1

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

EVERNEN	TIME	0 ATEOO	R BOX 8(a)
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			n Den olaj

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 calegory not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: $70$	2 FILER NAME	+	3 Filer ID (Ethics	Commission Filers)		
4 Date	James Grady Press	rage		<b>`</b>		
2-7-22	Enterprise Rent-A-Ca	iv .				
6 Amount (\$) 29	7 Payee address;	City;	State;	Zip Code		
603 -	10330 State Hanway 6 Missouri City, TX 7745	Sauth 59				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		······································		
PURPOSE OF EXPENDITURE	Travs portation Expense					
EXPENDITORL						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
2-7-22	Maunce Leurs					
Amount (\$)	Payee address;	City;	State;	Zip Code		
50000	22510 Cotter Mill Di.					
500	Spring, TX 77389					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Consulting Expense					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
2-7-22	St. Paul A.M.E. Churc	6				
Amount (\$)	Payoe address;	City;	State;	Zip Code		
12500	20700 Mills Branch Dri	UC				
105	Porter, TX 77365			· · · · · · · · · · · · · · · · · · ·		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Donation					
	. Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

If the requested information is not applicable, DO NOT in	include this page in the report.
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#### EXPENDITURE CATEGORIES FOR BOX 8(a)

	dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee edit Card Payment
С	edit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Caro Payment	The Instruction Guide explains how to co	mplete this form.					
1 Total pages Schedule F1: 20	2 FILER NAME James Grady Pres	tage	3 Filer ID (Ethics	Commission Filers)			
4 Date 2-7-22	Anele, LLC						
6 Amount (\$) $523\frac{2^2}{2}$	7 Payee address; 2440 TEXAS PORKWAY	City; Sure Zoz	State;	Zip Code			
	Missoun City TX 7748	19					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Office Rental						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
2-7-22	Dustin Prestage						
Amount (\$)	Payee address;	City;	State;	Zip Code			
1,250							
	Brouklyn, NY 11210 Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Decemption					
OF	Consulting Expense						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held			
Date	Payee name	······································					
2-7-22	Brenda Patton						
Amount (\$)	Payes address:	City;	State;	Zip Code			
400 00	1018 Disty Ridge Missoin City, TX 774	59					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Consulting Expense						
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED				

## SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Exp Salaries/W	pense lages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME James G	rodu	Prestage	3 Filer ID (Ethic	s Commission Filers)
4 Date 2-7-22	5 Payee na Rec	me	f		L	
6 Amount (\$) 7,590 <u>81</u>	· · ·			, le Bity:	State;	Zip Code
8		y (See Categories listed at the top of thi		(b) Description		
PURPOSE OF EXPENDITURE	Priv	nting Expense				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
2-8-22	But	ler Wiseman,	LLC			
Amount (\$) 1,500	Payee ac 454 Hove	Idross; 12 Ripple Ridg stan, TX 7705	e Dru 3	City; ⁄C	State;	Zip Code
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adv	evhsing Expens	e			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
2-9-22	Cit	n of Missouri C	ity			
Amount (\$) 00 215	152	y of Missowi C Z Texas Porki	vay	City;	State;	ZIP Code
		SSOUN City ITY				
PURPOSE OF EXPENDITURE	Category FC-6	(See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting/Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overt           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense           I Committee         Legal Services         Salaries/Wards/Memorials	ense ages/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 co	mplete this form.	·			
1 Total pages Schedule F1: 20	James brady fro	estage	3 Filer ID (Ethics Commission Filers)			
4 Date 2-10-22	5 Payee name T-MONILE					
6 Amount (\$) 475 94	7 Payee address; 3618 Factoria Bivd Bellevue, WA 98006	City;	State; Zip Code			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Phone Expense					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2-10-22	Sprint 2 Print					
Amount (\$) 72 3,570 -	Payee address: 8748 Clay Road #-300 Horston, TX 77080	city; D	Statė; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing EXPense	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2-11-22	Aspire Integrated Ser	vices				
Amount (\$) DD [0,000	Payao address: 3706 Straightfork Driv Houston, TX 77082		State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING SEVACE	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expanse			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

If the requested 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)

Creat Card Payintha	The instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME James Grady Prest	298	3 Filer ID (Ethics	Commission Filers)			
4 Date			·. · ·				
2-14-22	Enterpose Rental Car	/		·-·			
6 Amount (\$)	7 Payee address; 10330 SH 6 - Souty	City;	State;	Zip Code			
100 -	MISSOUN City TX 7245						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Transportation Expense	۰.	<u></u>				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
2-14-22	ENterprise Rental Qu Payee address:						
Amount (\$)	Payee address;	City;	State;	Zip Code			
(0Z3 <u>09</u>	6330 SH 6 South						
625	Missour City, TX 7745	9					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Transportation Expense						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	) expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	· Office sought	•	Office held			
Date	Payee name						
2-1.4-22	PF Changs						
Amount (\$)	Payas address:	City;	State;	ZIp Code			
134 32	2120 Lonestar Drive						
	Sugar Land, TX 77479						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Foud/Beverge Expense						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED				

## SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1: 7,0	2 FILER NAME JAMAPS Gradu	Prestage	3 Filer ID (Ethics Commission Filers)				
4 Date 2-14-22	5 Payee name Deita Academic and	James Grady Prestage Payee name Deita Academic and Artishic Philanthropic Foundation, Inc					
6 Amount (\$) 100	7 Payee address; P.O. BOX 711091 HOUSTON, TX 77271	City;	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this se Dunation	chedule) (b) Description					
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin	n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
Date 2-44-22	Payeename Dustin Prestage						
Amount (\$) 00 1,25D	Payee address: 1357 Flatbush Ave Brooklyn, NY 11		State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so CONSULFING EXPENSE		•.				
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payëe name		· ·				
2-14-22	Maurice Lewis						
Amount (\$) 500	Payoo address; 22510 Cutter Mill Spring, TX 77389	Drue City:	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Consulting Expense	thedule) Description					
	Check if travel outside of Texas. Complete So	hedule T. Check if Austi	n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	bense ages/Contract Labor:	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER NA	Tames Grad	dy Pr	ectage.	3 Filer ID (Ethic	s Commission Filers)
4 Date 2-14-22	5 Payee nar	celift Graph	1	<u>c &gt;1~7</u>		
6 Amount (\$) 500	7 Payee ad	dress: 19 Winding Cru esno, TX 7754	eek D	City; )Yive	State;	Zip Code
8 PURPOSE OF EXPENDITURE		r (See Categories listed at the top of this throug Expense	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date	Payee nar	me				
2-14-22	Ord	the Drew				
Amount (\$) 240	36	dress: Big Trail SWN City, TX 77	7459	City;	State;	Zip Code
	Category	(See Categories listed at the top of this s		Description		
PURPOSE OF EXPENDITURE	Con	n tract Labor				
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
2-14-22	ME	3 Graphics				
Amount (\$) 1,491 -	-	droiss; 1 130 S, Wilcrest US:ton, TX 7709		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s Hug Expense		Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check If Austi	in, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Öfficeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## POLITICAL EXPENDITURES MADE NTRIBUTIONS

#### SCHEDULE F1

	ICAL CONTRIBUTIONS			
If the requested info	ormation is not applicable, DO NOT incl	ude this page in the r	eport.	
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	an Repayment/Reimbursement flice Overhead/Rental Expense olling Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Rela Travel In District Travel Out Of District Other (enter a category not listed	ated Expense
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commiss	ion Filers)
20	James Gradu	Prestage		
4 Date 2-15-22	5 Payee name Data & Mail Resource		·	
6 Amount (\$) 6,620 -	7 Payee address; 4929 Blalock Road Houston, TX 77041	City:	State; Zip C	ode
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE	Postage Services			
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Au	stin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office he	əld
Date	Payee name			
2-17-22	ENJEUPISE Reut-A- Payee address;	Car		
Amount (\$) 1,354 91	Payee address: 10330 S.H. 6 Sout MISSDUN City, TX -	h	State; Zip C	ode
	Category (See Categories listed at the top of this sche	edule) Description		
PURPOSE OF EXPENDITURE	Trasportation Expense			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Au	stin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office h	əld
Date	Payee name			
2-18-22	Soliz Case de Tacos	, ,		
Armount (\$) 181 75	Payee address; 303 Dulles Avenus Stafford, TX 7747	City; 2	State; Zip C	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Foud/Beverage Expen			
	Check if travel outside of Texas. Complete Schu	edule T. Check if Au	ustin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Complete **<u>ONLY</u>** if direct expenditure to benefit C/OH Office held

Office sought

# 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 Commit	tee
Credit Card Payment	

Event Expense Fees Food/Beverage Expense Gitt/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:	TADAD	3 Filer ID (Ethic	s Commission Filers)		
4 Date	James Grady Prestage				
2-18-22	o rayee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,000	6140 Highway 6 South T	233			
· · · · · · · · · · · · · · · · · · ·	Missouri City, TX 77459				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Donation				
· ·	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	] expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
2-18-22	Aspire Integrated Services				
Amount (\$)	Payee address;	City;	State;	Zip Code	
12 000	Payee address; City; State; Zip Code 3706 Straight fork Drive				
[0,000	Houston, TX 7082				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE				· .	
OF	Consulting Services				
EXPENDITURE	·				
	Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			-	
2-18-22	Aspire Integrated Servic	es			
Amount (\$) 00	Payee address;	City;	State;	Zip Code	
5,400	3706 Straightfork Drive	2			
5,400	Houston, TX 77082				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		· · · · · · · · · · · · · · · · · · ·	
	Consulting Services				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder livin	g 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					

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# SCHEDULE F1

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

If the requested information is not applicable, DO NOT include this page in the report.							
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Total pages Schedule F1:	James Grad	y Prestage	3 Filer 1D (Ethics Commission Filers)				
Date 2-6-22	6 Payee name Act Blue	• • • • • • • • • • • • • • • • • • •	······				
	7 Payee address: 14 Arrow Street Cambridge, MA	, suite (1 <sup>city;</sup> 02138	State; Zip Code				
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t						
	(c) Check if travel outside of Texas. Complete	te Schedule T. Check if Au	stin, TX, officeholder living expense				
Complete ONLY 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 the	his schedule) Description					
	Check if travel outside of Texas. Comple	te Schedule T. Check if Au	ustin, 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 the	his schedule) Description					
	Check if travel outside of Texas. Comple	ete Schedule T. Check if Au	ustin, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED