

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: **42**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

James Grady
Prestage

OFFICE USE ONLY

Date Received

OCT 11 2022 RCVD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

36 Big Trail Missouri City TX 77459

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 433-4444

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Samuel L
Stewart

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

15526 Winter Bnar Missouri City

TX 77489

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 729-5761

9 REPORT TYPE

January 15

30th day 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

Year

07 / 01 / 22

THROUGH

Month

Day

Year

09 / 29 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 8 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any) County Commissioner
Precinct 2 Fort Bend County

13 OFFICE SOUGHT (if known) County Commissioner
Precinct 2 Fort Bend County

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>James Grady Prestage</i>		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)	\$ <i>- 0 -</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>41,575.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>9,079.77</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>112,787.35</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>220,350.55</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>- 0 -</i>

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

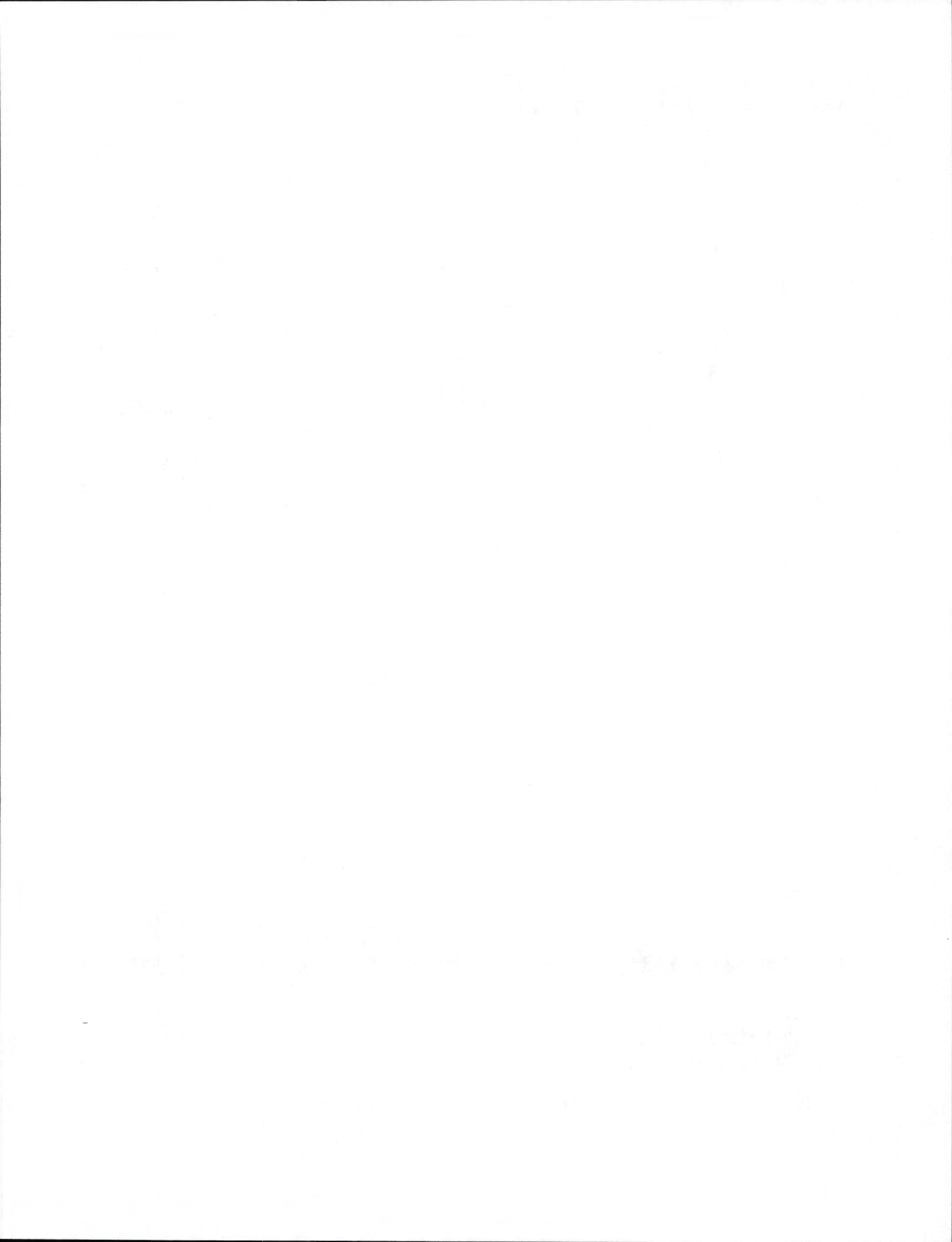
(2) Unsworn Declaration

My name is *James Grady Prestage*, and my date of birth is *07-30-1958*.

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

Executed in *Fort Bend* County, State of *Texas*, on the *11th* day of *October*, 20 *22*.
(month) (year)

James Grady Prestage
Signature of Candidate/Officeholder (Declarant)



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

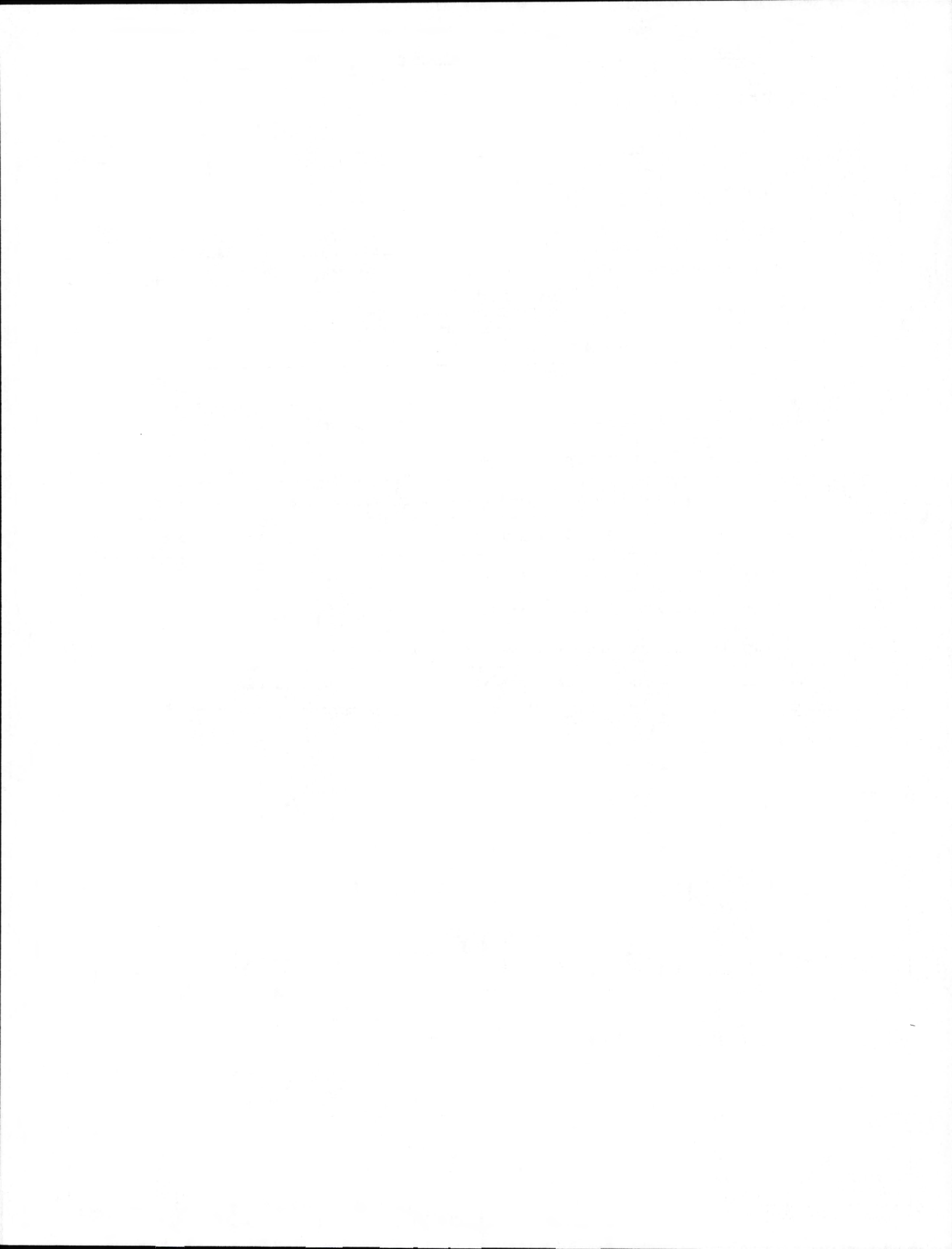
James Grady Prestage

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 41,575.00
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	\$ 112,787.35
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	\$



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

SCHEDULE T

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 1
2 FILER NAME James Grady Prestage		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / <u>Payee</u> Gaylord Hotel Rockies		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel 7/21/22 to 7/25/22	7 Name of person(s) traveling James Grady Prestage	
	8 Departure city or name of departure location Houston, TX	
	9 Destination city or name of destination location Denver, CO	
10 Means of transportation Air	11 Purpose of travel (including name of conference, seminar, or other event) Attend NACo Annual Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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: 5
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 7/12/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD SPARKS III	7 Amount of contribution (\$) 75 ⁰⁰/₁₀₀
6 Contributor address; City; State; Zip Code 7 LITTLE RISE DR., MISSOURI CITY, TX 77459		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 7/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMARJIT VERMA	Amount of contribution (\$) 500 ⁰⁰/₁₀₀
Contributor address; City; State; Zip Code 14403 ARDWELL DR. SUGAR LAND, TX 77498		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 7/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOHAMMAD IRFAN	Amount of contribution (\$) 2,500 ⁰⁰/₁₀₀
Contributor address; City; State; Zip Code 5507 MAVERICK POINT LN. KATY, TX 77494		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)
Date 7/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel JOHNSON	Amount of contribution (\$) 1,500 ⁰⁰/₁₀₀
Contributor address; City; State; Zip Code 9407 RESTON GROVE LANE HOUSTON, TX, 77095		
Principal occupation / Job title (See Instructions) ENGINEER		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: 5
2 FILER NAME JAMES 'GRADY' PRESTASE		3 Filer ID (Ethics Commission Filers)
4 Date 8/2/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN GUESS III	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) REALTOR		9 Employer (See Instructions) GUESS GROUP
Date 8/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWATI VERMA	Amount of contribution (\$) 10,000⁰⁰/_{XX}
Contributor address; City; State; Zip Code 2601 HEWN ROCK WAY PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RASASEKHAR BASAVARASU	Amount of contribution (\$) 1,000⁰⁰/_{XX}
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)
Date 8/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPIFANIO SALAZAR, JR.	Amount of contribution (\$) 2,500⁰⁰/_{XX}
Contributor address; City; State; Zip Code 6623 ALICANT DR. SUGAR LAKE, TX 77479		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SES HORIZON

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 8/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CPDY INC. PAC	7 Amount of contribution (\$) 5,000⁰⁰
6 Contributor address; City; State; Zip Code 11757 KATY FREEWAY STE. 1540 HOUSTON, TX 77079		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL WONG	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 1716 TRAIL MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) TOWNAY - WONG ENGINEERS, INC.
Date 9/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK HEIDAKER	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 7703 BREEZEWAY BEND LN. KATY, TX 77404		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) PROPERTY ACQUISITION SERVICES
Date 9/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HR. GREEN TEXAS PAC	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 11011 RICHMOND AVE. SUITE 200 HOUSTON, TX 77042		
Principal occupation / Job title (See Instructions) ENGINEER		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: 5
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL KWAN	7 Amount of contribution (\$) 2,500⁰⁰00
6 Contributor address; City; State; Zip Code 13423 AMBER QUEEN LANE HOUSTON, TX 77041		
8 Principal occupation / Job title (See Instructions) LAND SURVEYING		9 Employer (See Instructions) LAND TECH
Date 9/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C.C. LEE	Amount of contribution (\$) 2,500⁰⁰00
Contributor address; City; State; Zip Code 6001 SANDY DR., #100 HOUSTON, TX 77036		
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) STOA - ARCHITECTS
Date 9/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN ENGLISH	Amount of contribution (\$) 500⁰⁰00
Contributor address; City; State; Zip Code 7676 HILLMONT ST. HOUSTON, TX 77040		
Principal occupation / Job title (See Instructions) CIVIL ENGINEERING & LAND SURVEYING		Employer (See Instructions) REKHA ENGINEERING, INC.
Date 7/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID HAMILTON	Amount of contribution (\$) 1,250
Contributor address; City; State; Zip Code 12315 WOODTHORPE LANE HOUSTON, TX 77024		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) BINKLEY & BARFIELD

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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: 5
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 7/13/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID HAMILTON	7 Amount of contribution (\$) 1,250⁰⁰
6 Contributor address; City; State; Zip Code 12315 WOODTHORPE LANE HOUSTON, TX 77024		
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) BINKLEY & BARFIELD
Date 9/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMUND ADEDAO	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 2915 RED CARDINAL LANE MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ENVISION Health Care
Date 9/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Davidson	Amount of contribution (\$)
Contributor address; City; State; Zip Code 4218 Graham Heights Ln Katy, TX 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 7/5/22	5 Payee name Auede, LLC	
6 Amount (\$) 533 ²²	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/5/22	Payee name American Storage	
Amount (\$) 751 ⁰⁰	Payee address; City; State; Zip Code 2427 Texas Parkway Missouri City, TX 77489	
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
Date 7/5/22	Payee name Alpha Phi Alpha Fraternity	
Amount (\$) 270 ⁰⁰	Payee address; City; State; Zip Code 7031 West Fugate Missouri City, TX 77489	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Membership	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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 7/5/22	5 Payee name Steve Bundage
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6 Amount (\$) 180 ⁰⁰	7 Payee address; 15519 Weldon Dr. Houston, TX 77032	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office 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 7/5/22	Payee name Daylan Jones
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Amount (\$) 150 ⁰⁰	Payee address; Contract Labor	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 10602 Indian Paintbrush Houston, TX 77095	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/22	Payee name T-Mobile
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Amount (\$) 589 ⁰⁰	Payee address; 5684 Highway 6 Missouri City, TX 77459	City;	State;	Zip Code
----------------------------------	-------------------------------------------------------------	-------	--------	----------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 7/13/22	5 Payee name Texas Black Democrats PAC	
6 Amount (\$) 150 ⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 16 3712 Fort Worth, TX 76161	
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 7/14/22	Payee name O'Neil Williams Campaign	
Amount (\$) 1,000 ⁰⁰	Payee address; City; State; Zip Code 9711 S. Mason Road #125 Richmond, TX 77407	
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 7/18/22	Payee name Fairfield Inn & Suites Dallas	
Amount (\$) 403 ⁴²	Payee address; City; State; Zip Code 1770 Young St. Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description Texas State Democratic Convention
	<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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 7/18/22	5 Payee name True Kitchen + Rock tails	
6 Amount (\$) 181.53	7 Payee address; City; State; Zip Code 1933 Elm St. Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food and Beverage Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/18/22	Payee name Fort Bend County Sheriff's Foundation	
Amount (\$) 1,062.50	Payee address; City; State; Zip Code P.O. Box 1128 Richmond, TX 77406	
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 7/18/22	Payee name Rodenck Gamer Campaign	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 2210 N. Fountain Valley Dr 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

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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 7/19/22	5 Payee name Ja Paula Kemp Campaign	
6 Amount (\$) ⁰⁰ 1,000	7 Payee address; City; State; Zip Code 3418 Ardudge Dr. Missouri City, TX 77459	
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
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Date 7/19/22	Payee name Fairfield Inn and Suites, Dallas		
Amount (\$) ⁹⁰ 157	Payee address; City; State; Zip Code 1770 Young St. Dallas, TX 75201		

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/19/22	Payee name Juli Mathew Campaign		
Amount (\$) ⁰⁰ 1,000	Payee address; City; State; Zip Code 4523 Summer Lakes 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 33	2 FILER NAME James Grody Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 7/19/22	5 Payee name Monica Rawlins Campaign
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6 Amount (\$) 1,000⁰⁰	7 Payee address; City; State; Zip Code 4303 Bobolink Circle Missouri City, TX 77459
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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
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Date 7/19/22	Payee name JPBE Consulting
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Amount (\$) 5,000⁰⁰	Payee address; City; State; Zip Code P.O. Box 14226 Houston, TX 77221
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/19/22	Payee name Surendran Pattel Campaign
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Amount (\$) 1,000⁰⁰	Payee address; City; State; Zip Code 618 Stubbs Bend Dr. Roseberg, TX 77469
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 7/20/22	5 Payee name Albert Tibbs Campaign	
6 Amount (\$) 1,000⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 17151 Sugar Land, TX 77496	
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 7/20/22	Payee name Toni V. Smith Campaign	
Amount (\$) 1,000⁰⁰	Payee address; City; State; Zip Code 23626 Rimini Court Richmond, TX 77406	
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 7/22/22	Payee name Bria Lawson	
Amount (\$) 980⁰⁰	Payee address; City; State; Zip Code 5826 New Territory Blvd #810 Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Scholarship	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 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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 7/22/22	5 Payee name Stephen Longoria Campaign	
6 Amount (\$) 1,000 ⁰⁰	7 Payee address; City; State; Zip Code 9414 Plaza Terrace Dr. Missouri City, TX 77459	
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 7/25/22	Payee name Gaylord Hotel Rockies	
Amount (\$) 153 ⁰⁴	Payee address; City; State; Zip Code 6700 N. Gaylord Rockies Blvd Aurora, CO 80019	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Expenses out of District	Description
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/25/22	Payee name Boys and Girls Club of Greater Houston	
Amount (\$) 2,500 ⁰⁰	Payee address; City; State; Zip Code 815 Crosby St. Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 7/25/22	5 Payee name Delta Sigma Theta Sorority, Inc	
6 Amount (\$) 175⁰⁰	7 Payee address; City; State; Zip Code 1707 New Hampshire Avenue NW Washington, DC 20009	
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 7/25/22	Payee name Fort Bend County Democratic Party - Coordinated Campaign	
Amount (\$) 20,000⁰⁰	Payee address; City; State; Zip Code 13515 Southwest Fwy, Suite 204 Sugar Land, TX 77478	
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 7/27/22	Payee name Houston Parking Garage - Hobby Airport	
Amount (\$) 120⁰⁰	Payee address; City; State; Zip Code 7800 Airport Blvd Houston, TX 77061	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 7/29/22	5 Payee name Grambling Friends of Football, Inc
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6 Amount (\$) 300⁰⁰	7 Payee address; City; State; Zip Code PO Box 96199 Houston, TX 77213
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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
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Date 7/29/22	Payee name Community Express
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Amount (\$) 150⁰⁰	Payee address; City; State; Zip Code 543 N. Pine Rusharon, TX 77583
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/29/22	Payee name Texas Democratic Women of Fort Bend
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Amount (\$) 1,000⁰⁰	Payee address; City; State; Zip Code 1710 Corona Del Mar Missouri City, TX 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 7/29/22	5 Payee name Sonia Rash Campaign	
6 Amount (\$) 1,000⁰⁰	7 Payee address; City; State; Zip Code 7602 Bogard Ct. Sugar Land, TX 77479	
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 7/29/22	Payee name Beverley Walker Campaign	
Amount (\$) 1,000⁰⁰	Payee address; City; State; Zip Code P.O. Box 434 Richmond, TX 77406	
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 7/20/22	Payee name Independence Fuel - Exxon	
Amount (\$) 120.¹⁵	Payee address; City; State; Zip Code 2202 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

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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 8/1/22	5 Payee name Hello Flowers
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6 Amount (\$) 111 ²⁷	7 Payee address; 508 6th St. Rupert, ID 83350	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Memorial Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/1/22	Payee name American Caribbean Chamber of Commerce
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Amount (\$) 500 ⁰⁰	Payee address; 6201 Bonhomme Rd, ste 214 N Houston, TX 77036	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/1/22	Payee name Pearl and Vine
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Amount (\$) 1,183 ¹⁵	Payee address; 26151 Nelson Way Katy, TX 77494	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 8/1/22	5 Payee name New St. Phillip Church	
6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code 6135 Fm 521 Arcola, TX 77583	
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 8/2/22	Payee name American Storage	
Amount (\$) 939 ⁰⁰	Payee address; City; State; Zip Code 2427 Texas Parkway Missouri City, TX 77489	
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
Date 8/2/22	Payee name Aode, LLC	
Amount (\$) 533 ²²	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 8/2/22	5 Payee name Iota Phi Theta Sorority - Beta Delta - Chapter	
6 Amount (\$) 480 ⁰⁰	7 Payee address; City; State; Zip Code 3306 Indian Summer Ct Friendswood, TX 77546	
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 8/2/22	Payee name Toni Wallace Campaign	
Amount (\$) 1,000 ⁰⁰	Payee address; City; State; Zip Code P.O. Box 114 Richmond, TX 77406	
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	Payee name Sherman Atton Campaign	
Amount (\$) 1,000 ⁰⁰	Payee address; City; State; Zip Code 4403 Perdido Bay Dr. Katy, TX 77450	
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: <i>33</i>	2 FILER NAME <i>James Grady Prestage</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/5/22</i>	5 Payee name <i>Brenda Patton</i>	
6 Amount (\$) <i>420⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1618 Dusty Ridge Missouri City, TX 77459</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation</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
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Date <i>8/8/22</i>	Payee name <i>Paul the T-Shirt Guy</i>		
Amount (\$) <i>1,465⁰⁰</i>	Payee address; City; State; Zip Code <i>5708 N. Shepherd Houston, TX 77091</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing 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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Date <i>8/8/22</i>	Payee name <i>Worthing H.S. Class of '73</i>		
Amount (\$) <i>100⁰⁰</i>	Payee address; City; State; Zip Code <i>3802 Point Clear Missouri City, TX 77459</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</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

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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 8/9/22	5 Payee name Tyra McCollum Campaign	
6 Amount (\$) ⁰⁰ 1,000	7 Payee address; 14906 White Forge Lane Sugar Land, TX 77478	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 8/9/22	Payee name Suleman Lalani Campaign	
Amount (\$) ⁰⁰ 1,000	Payee address; 15270 Voss Road #0432 Sugar Land, TX 77498	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 8/10/22	Payee name T-Mobile	
Amount (\$) ⁸⁸ 580	Payee address; 5684 Highway 6 Missouri City, TX 77459	City; State; Zip Code
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

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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 8/12/22	5 Payee name Carolyn Brown	
6 Amount (\$) 400⁰⁰	7 Payee address; City; State; Zip Code 7714 Chasewood Drive Missouri City, TX	
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 8/15/22	Payee name Lazy Dog Restaurant	
Amount (\$) 149⁰⁰	Payee address; City; State; Zip Code 12223 Southwest Freeway Stafford, TX 77477	
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 8/15/22	Payee name Paul the T-Shirt Guy	
Amount (\$) 120⁸⁶	Payee address; City; State; Zip Code 5708 N. Shepherd Houston, TX 77091	
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

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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: 33		2 FILER NAME James Grady Prestage		3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/22		5 Payee name Lynn Clouser Campaign			
6 Amount (\$) 1,000 ⁰⁰		7 Payee address; 2730 Coyote Trail Drive Missouri City, TX 77459		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 8/15/22		Payee name JPBE Consulting			
Amount (\$) 5,000 ⁰⁰		Payee address; P.O. Box 14226 Houston, TX 77221		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	

Date 8/17/22		Payee name Daniel Lee Campaign			
Amount (\$) 1,000 ⁰⁰		Payee address; 23430 Fairbranch Dr Katy, TX 77494		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

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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 8/18/22	5 Payee name Fort Bend Chamber of Commerce	
6 Amount (\$) 135⁰⁰-	7 Payee address; City; State; Zip Code 443 Commerce Green Blvd Sugar Land, TX 77478	
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 8/18/22	Payee name Southern University System Foundation	
Amount (\$) 1,000⁰⁰-	Payee address; City; State; Zip Code 598 Harding Blvd Baton Rouge, LA 70807	
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 8/19/22	Payee name City of Stafford	
Amount (\$) 3,500⁰⁰	Payee address; City; State; Zip Code 2610 S. 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 <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 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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 8/22/27	5 Payee name Fort Bend Sheriff's Foundation	
6 Amount (\$) 268⁴⁸	7 Payee address; City; State; Zip Code P.O. Box 1128 Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense / 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 8/25/22	Payee name Leads Please	
Amount (\$) 7,263⁸⁷	Payee address; City; State; Zip Code PO Box 12634 Scottsdale, AZ 85267	
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
Date 8/29/22	Payee name Eunice Restaurant	
Amount (\$) 136⁹²	Payee address; City; State; Zip Code 3737 Buffalo Speedway 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

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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 8/29/22	5 Payee name M3 Graphics	
6 Amount (\$) 1,058 ¹⁰	7 Payee address; City; State; Zip Code 11730 S. Wilcrest Dr Houston, TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/29/22	Payee name Fastsigns	
Amount (\$) 219 ¹⁴	Payee address; City; State; Zip Code 9612 Highway 6, Unit 130 Missouri City, TX 77459	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/29/22	Payee name Matt Littleton	
Amount (\$) 120 ⁰⁰	Payee address; City; State; Zip Code 5807 Willow Park Richmond, TX 77469	
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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 8/29/22	5 Payee name The Greatest BBQ
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6 Amount (\$) 1500⁰⁰	7 Payee address; 2358 Texas Parkway Missouri City, TX 77489	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
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Date 8/30/22	Payee name Jesse Torres
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Amount (\$) 2,550⁵⁶	Payee address; 405 San Jose St. Richmond, TX 77469	City;	State;	Zip Code
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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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Date 8/31/22	Payee name Maurice Lewis
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Amount (\$) 392⁷⁴	Payee address; 9614 Brannock Ln Tomball, TX 77375	City;	State;	Zip Code
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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	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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 8/31/22	5 Payee name Thomas Randle High School	
6 Amount (\$) 1,000 ⁰⁰ -	7 Payee address; City; State; Zip Code 7600 Koeblen Rd Richmond, TX 77471	
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 9/1/22	Payee name Southern University System Foundation	
Amount (\$) 100 ⁰⁰ -	Payee address; City; State; Zip Code 598 Harding Blvd Baton Rouge, LA 70807	
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 9/2/22	Payee name Brenda Patton	
Amount (\$) 540 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) Consulting 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 <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 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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 9/2/22	5 Payee name KMW Business Solutions	
6 Amount (\$) 250⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 1844 Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 9/2/22	Payee name Roy Martin	
Amount (\$) 216⁵⁰	Payee address; City; State; Zip Code 222 Verde Lake Way Rosenberg, TX 77469	
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 9/6/22	Payee name Cleopatra's	
Amount (\$) 427⁹³	Payee address; City; State; Zip Code 1833 Richmond Pkwy # 2000 Richmond, TX 77469	
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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 & 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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 9/6/22	5 Payee name Acede, 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/6/22	Payee name American Storage	
Amount (\$) 794⁰⁰	Payee address; City; State; Zip Code 2347 Texas Parkway Missouri City, TX 77489	
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
Date 9/8/22	Payee name Wheeler Ave Ministries	
Amount (\$) 208¹²	Payee address; City; State; Zip Code 3826 Wheeler Avenue Houston, TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 9/9/22	5 Payee name Lazy Dog Restaurant
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6 Amount (\$) 104 ²⁰	7 Payee address; 12223 Southwest Freeway Stafford, TX 77477	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverage Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/9/22	Payee name Lazy Dog Restaurant
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Amount (\$) 124 ⁶⁵	Payee address; 12223 Southwest Freeway Stafford, TX 77477	City;	State;	Zip Code
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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
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Date	Payee name Vickie Gibbs
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Amount (\$) 400 ⁰⁰	Payee address; 3802 Point Clear Missouri City, TX 77459	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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 | 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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 9/12/22	5 Payee name T-mobile
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6 Amount (\$) 590⁸⁴	7 Payee address; City; State; Zip Code 5684 Highway 6 Missan City, TX 77459
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/12/22	Payee name Toni V. Smith Campaign
------------------------	---------------------------------------------

Amount (\$) 250⁰⁰	Payee address; City; State; Zip Code 23626 Rimini Ct. Richmond, TX 77406
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/12/22	Payee name Dexter McCoy Campaign
------------------------	--------------------------------------------

Amount (\$) 1,000⁰⁰	Payee address; City; State; Zip Code 23534 M=Nabb Spur Lane Richmond, TX 77469
------------------------------------------	----------------------------------------------------------------------------------------------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 9/12/22	5 Payee name Dustin Prestage	
6 Amount (\$) 1,250 ⁰⁰	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/14/22	Payee name Carla Wyatt Campaign	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code PO Box 270864 Houston, TX 77277	
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 9/14/22	Payee name Lynn Clouser Campaign	
Amount (\$) 250 ⁰⁰	Payee address; City; State; Zip Code 9119 Highway 6, Ste 230 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

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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 9/15/22	5 Payee name Shaz Graphics
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6 Amount (\$) 479⁰¹	7 Payee address; City; State; Zip Code 13003 Murphy Rd # B6 Stafford, TX 77477
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/22	Payee name USPS
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Amount (\$) 180⁰⁰	Payee address; City; State; Zip Code Missouri City, TX 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/22	Payee name Fort Bend County
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Amount (\$) 125⁰⁰	Payee address; City; State; Zip Code 9555 Highway 6 Missouri City, TX 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 <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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/22	5 Payee name Apple.com	
6 Amount (\$) 106²⁴	7 Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT 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 9/19/22	Payee name Houston Community College Foundation	
Amount (\$) 100⁰⁰	Payee address; City; State; Zip Code 3100 Main Houston, TX 77004	
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 9/19/20	Payee 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	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: 33	2 FILER NAME James Grody Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/22	5 Payee name Ron Reynolds Campaign	
6 Amount (\$) 1,000 ⁰⁰	7 Payee address; 6140 Highway 6 South #233 Missouri City, TX 77459	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
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Date 9/20/22	Payee name Apple.com		
Amount (\$) 106 ²⁴	Payee address; 1 Infinite Loop Cupertino, CA 95014	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) IT Expense	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/22	Payee name Fastsigns		
Amount (\$) 151 ⁰²	Payee address; 9612 Highway 6 Missouri City, TX 77459	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 | 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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 9/22/22	5 Payee name Houston Missouri City Dominos Club
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6 Amount (\$) 140⁰⁰	7 Payee address; 16030 Bluevridge Rd Missouri City, TX 77489	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
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Date 9/26/22	Payee name Chester Machen
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Amount (\$) 500⁰⁰	Payee address; 1423 Bramblebury Dr Sugar Land, TX 77498	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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
------------------------------------------------------------	-------------------------------	---------------	-------------

Date 9/26/22	Payee name Dustin Prestage
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Amount (\$) 1,250⁰⁰	Payee address; 1357 Flatbush Ave # 1-G Brooklyn, NY 11210	City;	State;	Zip Code
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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
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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: 33	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/22	5 Payee name American Caribbean Chamber of Commerce	
6 Amount (\$) 500 ⁰⁰	7 Payee address; City; State; Zip Code 6201 Bonhomme Rd, ste 214 Houston, TX 77036	
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 9/29/22	Payee name JPBE Consulting	
Amount (\$) 10,000 ⁰⁰	Payee address; City; State; Zip Code P.O. Box 14226 Houston, TX 77221	
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	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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