CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE / MS / MRS / MR **OFFICEHOLDER** OFFICE USE ONLY NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** 36 Big Trail Missour City TX 77459 DCT 11 2022 RCVD **MAILING ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** OFFICEHOLDER Date Hand-delivered or Date Postmarked (281) 433-4444 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR MI TREASURER NAME Date Processed SUFFIX Date Imaged Stewart STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 15526 Winter Bnar 77489 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (713)729-57619 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day COVERED 07/01/22 29/22 **THROUGH ELECTION DATE** 11 ELECTION ELECTION TYPE Primary Runoff Month Day Description 11/8/22 General OFFICE HELD (If any) County Commissioner 13 OFFICE SOUGHT (If known) County Commissioner 12 OFFICE Precinct 2 Fort Rend County Precinct 2 14 NOTICE FROM 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, **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	es GradyPrestage	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0-			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$41,575,00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 9,079.77			
	4. TOTAL POLITICAL EXPENDITURES	\$ 112,787.35			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 220,350,55			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ - O -			
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information			
rec	quired to be reported by me under Title 15, Election Code.				
	Signature of Car	ndidate or Officeholder			
	Please complete either option below	:			
(1) Affidavit					
NOTARY STAMP/SEA	_				
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 administer	ring oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarati	on				
My name is Jame	es Grady Prestage, and my date of birth is . Mssavi City, 7	07-30-1958			
My address is 36 B					
Executed in Fort B	(street) (city) (city) (city) (street) (city) (c	tate) (zip code) (country)			
	Jane Ary	ate/Officeholder (Declarant)			
	V				



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	Filer ID (Ethics Commission Filers)
James Grady Prestage	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 41,575.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	* \$112,787.35
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COI	NTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	ISINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$

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 Instru	uction Guid	e explains	how to complete	this form.	1 Total pages Schedule T:	
2 FILER NAME James Grady Prestage			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Gaylord 17.	Corporation The Ro	or Labor C	Organization / Pledgo	Payee		
5 Contribution / Expend	liture reporte	d on:				
Schedule A2	Sch	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule	
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule	
6 Dates of travel	7 Name o	f person(s)	traveling Prest			
7/21/22	Jan	nes Gr	ady trest	age		
1/01/2	1.1		ame of departure loca	ation		
10		ton, T				
7/25/22		tion city or i	name of destination l	ocation		
10 Means of transportation	on				seminar, or other event)	
Ar		Atter	u NACO A	noval Confe	renee	
Name of Contributor /	Corporation	or Labor O	rganization / Pledgor	/ Payee		
Contribution / Expendi	ture reported	d on:				
Schedule A2			Cahadula B(I)	Cabadula 00		
Schedule P1				F1		
Schedule F2	∐ Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule	B-SS
Dates of travel	Dates of travel Name of person(s) traveling					
	Departu	re city or na	ime of departure loca	ition		
	Destinat	ion city or r	name of destination lo	ocation		
Means of transportation	on	Purpos	se of travel (including	name of conference,	seminar, or other event)	
Name of Contributor / 0	Corporation	or Labor Or	ganization / Pledgor	/ Payee		
Contribution / Expendit	ure reported	on:				
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-	
Dates of travel Name of person(s) traveling						
	Departure city or name of departure location					
	Destinat	on city or n	ame of destination lo	ecation		
Means of transportation	on	Purpos	se of travel (including	name of conference,	seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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	JAMES 'GRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
7/12/22	LEONARD SPARKS III 6 Contributor address; City; State; Zip Code	75 %
	pation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
A	TTORNEY	
Date	Full name of contributor	Amount of contribution (\$)
7/12/22	AMARSIT VERMA	5004
112/22	AMARS IT NERMA Contributor address; City; State; Zip Code 14403 ARSWELL DR.	500 4-
	14403 HRDWELL DR.	
7000	SUGAR LAND, TX 77498	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
R	ETIRED	
D-4-		
Date	Full name of contributor	Amount of contribution (\$)
Meline	MOHAMMAD IRFAN Contributor áddress; City; State; Zip Code 5507 MAVERICK POINT LN.	2,500 X
1/12/22	Contributor áddress; City; State; Zip Code	4300 %
/ /	5507 MAVERICK POINT LN.	
	ATY, TX 77494 pation / Job title (See Instructions) Employer (See Instructions)	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)
	ENGINGER	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7/29/22	Contributor address; City; State; Zip Code 9407 RESTONGROVE LANE	1,5000
	HOUSTON, TX, 77095	
	ation / Job title (See Instructions) Employer (See Instruc	tions)
ϵ	FNGINEER	

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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 SPINES 'GRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Solt N GUBSS TIL 6 Contributor address; City; State; Zip Code 10627 Albury Dr. 77096 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	1,500 ND
REALTOR GUESS GRI	DUP
Full name of contributor out-of-state PAC (ID#:) 8/2/22 SWATI VER MA Contributor address; City; State; Zip Code 2601 HEWN ROCK WAY	Amount of contribution (\$)
DESCRIPTION AND THE TOTAL	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) ### PACE CONTRIBUTION	Amount of contribution (\$) $2,500 \frac{80}{44}$
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
ENGINEER SES HORIZ	ON

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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	s form.	1 Total pages Schedule A1:
2 FILER NAME	SAMES 'GRADY' PRESTI	4 <i>GE</i>	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) 8 15 22 6 Contributor address; City; State; ZIp Code 11757 KATY FREEWAY STE. 1540 HOUSTON, TX 77079		7 Amount of contribution (\$) 5,000	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 9/2/d/22	BANIEL WONG	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
	NGINEER		ONS ENGINEERS, INC.
Date 9/26/22	MARK HEIDAKER	State; Zip Code	Amount of contribution (\$) 2,500 4
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
	OWNEYL		CRUISITION SORVICES
Date 9/26/22	Full name of contributor out-of-state PAC HR GREEN TEXAS Contributor address; City; 1/0/1 RICHMONS AVE. SVITE	1	Amount of contribution (\$) 2,500 @
	HOUSTON, TX 77042		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ENGINEER		

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SAMES 'GRADY PRESTAGE	
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$)
9/2/0/20 7/102 KWFN	··· 2,500 x
9/26/22 6 Contributor address; City; State; Zip Code 13423 AMBER QUEEN LANE	
HOUSTON, TX 77041	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
GAND SURVEYING LAND TE	TOH .
	Amount of contribution (\$)
	Amount of contribution (\$)
9/26/22 Contributor address; City; State; Zip Code 600 / SAVOY DR., #100	2 5000
Contributor address; City; State; Zip Code	2,500头
COUT SAVOY DR. #100	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
ARCHITECH STOA-AL	204 NECTS
NICHTIEST CONTIN	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9/2/02 JOHN FNGLISH	~~00
Contributor address; City; State; Zip Code	300 💢
7676 HILLMONT ST.	
HOUSTON, TX 77040	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
CIVIL ENGINEERING LAND SOCKEYING REKHA	ENGINEERING, INC.
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7/1/22 DAVID HAMILTON	1 200
i ' ' Contributor address: City: State: Zip Code	1,250
12315 WOODTHORPE LANE	
HOUSTON, TX 77024	- Augustian - N
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
ENGINEER BINKLEY	& BARFIELD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	JAMES 'GRADY' PI	RESTAGE	,
4 Date	5 Full name of contributor ut-of-state PA		7 Amount of contribution (\$)
7/13/22	6 Contributor address; City; 12315 WOODTHORPE LA HOUSTON TX 770: upation / Job title (See Instructions)	State; Zip Code	1,2500
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	ENGINEER	BINKLEY !	BARFIELD
Date 9/2/22	Full name of contributor out-of-state PAC		Amount of contribution (\$)
, ,	Contributor address; City; 2915 RED CARDINAL 4		
Principal occup	missouri City, Tx	Employer (See Instruc	tions)
	Physician	Envision Ha	alth Come
Date	Full name of contributor		Amount of contribution (\$)
9/12/22	Contributor address; City; 4218 Graham Heights Lr Katy TX 77494	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	S (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	4 4 - 4	SETURO COLLEDIU E ACA	FEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	orm.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date		ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor	ID#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor	ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others Contrary and Field Above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Expense /Wages/Contract Labor complete this form.	Travel Out Of Distri Other (enter a categ	ct ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Grady Presta	ge	3 Filer ID (Ethic	s Commission Filers)
7/5/22	A oede, LLC			
6 Amount (\$) 22 533	7 Payee address: 2440 Texas Parkway MISSOUN City, TX 7748	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Renfal	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 7/5/22	American Storage			
Amount (\$) 751	Payee address: 2427 Texas Par Kwan Missoun City, TX 77480	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7/5/22	Alpha Phi Alpha Fraternit	7		
270 co	Payee address; 7031 West Riggs Missour City, TX 27489	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wenbuship	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Grady Prestage	2	3 Filer ID (Ethics Commission Filers)
4 Date 7/5/22	5 Payee name Steve Bundage		
6 Amount (\$)	15519 Weldon Dr. Houston, Tx 77032	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Expense	(b) Boompton	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/5/22	DaylanJones		
Amount (\$)	Payee address;	City;	State; Zip Code
15000	Contract Labor		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 10602 Indian Painthorsh 1 tuston, TX 77095	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/11/22	T-Monle		
Amount (\$) 589 00	Payee address; 5684 Highwayb Missouri City, TX 77459	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Phone Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEI	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Grady Prestage 4 Date Texas Black Democrats PAC 6 Amount (\$) State: Zip Code FORTWORTH , TX 76161 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Donahon OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name O'Neil Williams Campaign Payee address;
9711 S. Mason Road #125 City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Dunation OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Fairfield Im & Svites Dallas City; State: Zip Code 1770 Young St. Description Texas State Demucratic Convention Travel Out of Dismot **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. James Grady Prestage

5 Payoe name

True Kitchen + Rock toils

7 Payoe address; 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME City: Zip Code Dallas, Tx 75201 (b) Description 8 Food and Beverage Expense PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 7/18/22 Fort Bend Country Sheriff's Foundation Amount (\$) 1,062 50 Zip Code P.O. BOX 1128 Richmond, TX 77406
Category (See Categories listed at the top of this schedule) Description PURPOSE Donation OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Rodenck Gamer Campaign

Payee address;
2210 N. Fountain Valley Dr

Missour City TX 77459

Category (See Categories listed at the contribution) Zip Code Description PURPOSE Donation OF EXPENDITURE Check If trevel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credil Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (not a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	By Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Grady Pre	estage	3 Filer ID (Ethics Commission Filers)
4 Date 7/19/22	5 Payee name Ta Paula Kemp Ca 7 Payee address;		
6 Amount (\$)		City;	State; Zip Code
1,000	3418 Ardudge Dr. Missouri City, TX =	77459	
8	(a) Category (See Categories listed at the top of this sch		
PURPOSE	Donation		
OF EXPENDITURE	Dorce (10)		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	4	
7/19/22	Fairfield Inn and Su	ites, Dallas	
Amount (\$)	Payee address;	City;	State; Zip Code
157 7	1770 Young St. Dallas, TX 75201		
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Travel out of District		ocratic Convention
	Check if travel outside of Texas. Complete Sched	edule T. 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	11-7-1	
7/19/22	Juli Mathew Campa	ngn	
Amount (\$)	Payee address;	City;	State; Zip Code
1,000	4523 Summer Lak Sugar Land, TX 27	25	
	•		
PURPOSE	Category (See Categories listed at the top of this scher	edule) Description	
OF EXPENDITURE	Dunation		
EAFENDITORE	Charles and problems of Toyon Complete Sahn	Charle if Austin	***
Consists Chilly is disast	Check if travel outside of Texas. Complete Sched	Office sought	TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH		Ollido Godgii.	Ollido Hold
	ATTACH ADDITIONAL CODIES OF	ETHIS SCHEDIII E AS NEEL	nen

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/With	ages/Contract Labor	Other (enter a category not listed abo	ve)
1 Total pages Schedule F1:	2 FUED MANE		3 Filer ID (Ethics Commission	Filers)
33	James Grady Prest	age		
4 Date 7 [19/22	Monica Rawlins Cam	pargu		
6 Amount (\$)	7 Payee address; 4303 Bubulink Civcle Missour City ITX 774 (a) Category (See Categories listed at the top of this schedule)	City;	State; :Zip Code	
8 PURPOSE OF EXPENDITURE	Donation			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1			
Date	Payee name			
7/19/22	JPBE Consulting			
Amount (\$) 5,000	Payee address; f. O. Box 14226 Houston, TX 77221	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Fees	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 7/19/22	Surendran Pattel Camp	aign		
Amount (\$)	Payee address; 618 Stubbs Bend Pr. Rusenberg, TX 77469	Clty;	State; Zlp Code	•
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	,	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Grady Pres		3 Filer ID (Ethics Commission Filers)
4 Date 7/20/22	5 Payee name Albert Tibbs Campai		
6 Amount (\$) 00	7 Payee address; Pro. Box (715) Sugar Land, TX 77	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/20/22	Toni V. Smith Campaig	n	
Amount (\$)	Payee address; 23626 Rimini CRUYT RICHMOND, TX 77406	City;	State; Zip Code
(700	Richmond, 1x 7406		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/22/22	Bria Lawson		
Amount (\$) 00 980	Payee address; 5826 New Territory Blvd Sugar Land, TX 77479	#810	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Scholars M. P.	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor	Other (enter a catego	ry not listed above)		
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME James Grady Prestac	9e	3 Filer ID (Ethics	Commission Filers)		
4 Date 7/22/22	5 Payee name					
6 Amount (\$) 00 1,000	Stephen Longoria Camp 7 Payee address: 9414 Plaza Terrace Dr. MISSOUR City ITX 7745		State;	Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Donation		Acres de la constante de la co			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name			., ., ., ., ., ., ., ., ., ., ., ., ., .		
7/25/22	Gaylord Hotel Rockies					
153 °4	Payee address; 6700 N. Gaylord Rockie Aurora, CO 80019	s Blvd	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Expenses out of District Check if travel outside of Texas, Complete Schedule T.	Description	in, TX, officeholder living	evnence		
			m, rx, omeendaer name			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
7/25/22	Boys and Girls Club of Grea	ter loston				
2,500 og	Payee address; 815 Crusby St. Houston, TX 77019	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donahon	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ехреяѕе		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Contract Section (1)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Grady Prestage 4 Date Delta Sigma Theta Soron'ty, Inc State: Zip Code Payor address; 1707 New Hampshire Avenue NW Washington, (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Donation **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Fort Bend County Democratic Party - Coordinated Campaign Payee address; City; 13515 Southwest Fwy, Suite 204 20,000 Sugar Land, TX 77478
Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Houston Parking Garage - Hobby Airport Payee address; 7800 Airport Bird Hovston, Tx 7061 Zip Code Description Transportation Expense **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Openations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W. The Instruction Guide explains how to committee	ages/Contract Labor omplete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME James Grady Presta	9e	3 Filer ID (Ethics Commission Filers)		
4 Date 7/29/22	Grambling Friends of Fo				
300 00	POBOX 96199 Itouston, TX 77213	Clty;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dona ton	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 7/29/22	Community Express				
Amount (\$) &	Payee address; 543 N. Pine Rusharon, TX 77583	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ponation	Description			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 7/29/22	Payee name Texas Democratic Women of	Fort Bend			
Amount (\$) 60	Payee address; 1710 Covona Del Mar MSSouri City, TX 77459	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dona hon	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Grady Prestage 5 Payee name 4 Date City; 6 Amount (\$) State: Zip Code 7602 Bugard Cli 1,000 Sugar Land, TX 8 **PURPOSE** Donation **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Beverley Walker Campaign Zip Code P.O. Box 434 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Independence Firel - Exxon
Payee address;
2202 Texas Parkway City; State; Zip Code Description Transportation Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	James Grady Prestac	90	3 Filer ID (Ethics Commission Filers)	
4 Date 8/1/22	Hello Flowers			
6 Amount (\$) 27	7 Payee address; 508 6th St. Rupert, ID 83350	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Memorial Exponse			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8/1/22	American Carnbean Chamb	per of Comm	ierce	
500 00	American Carnbean Chamber of Commerce Payee address; City; State; Zip Code 6201 Bonhorme Rd, Ste Z14 N			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Daration	Sosonphon		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 8/1/22	Pearl and Vine			
Amount (\$) 1,183	Payee address; 26151 Nelson Way Katy, TX 77494	Clty;	State; Zlp Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	·	ies/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:		3 Filer ID (Ethics Commission Filers)
4 Date 8/1/22	New St. Phillip Church	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1000	6135 FM 521 Arcula, TX 77583	
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description
PURPOSE OF EXPENDITURE	Donation	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
8/2/22	American Storage	
Amount (\$)	Payee address;	City; State; Zip Code
939	2427 Texas Parkwey	
	MISSOUVI City JX 274	189
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Storage Expense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8/2/22	Acede, LLC	
Amount (\$)	Payee address;	City; State; Zip Code
533	2440 10×43 Fax Karay	
5	Payee address; 2440 Texas Parkway Missouri City, TX 7748	89
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Office Rental	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica		ages/Contract Labor Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains how to co	emplete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
35	James Grady Prestag	2				
4 Date 8/2/22	5 Payee name Iota Phi Theta Soverty - Bet 7 Payee address; 3306 Indian Summer C	a Delta-Chapter				
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
480 -	3306 Ivalay Jummer Co					
	Friendswood, TX 77546					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Donation					
EXPENDITURE	700000					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
8/2/22	Toni Wallace Campaign	1				
Amount (\$)	Payee address;	City; State; Zip Code				
1,000	P.O. BOX 114					
17	Richmond, TX 77406					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Donation					
EXPENDITURE	Donalis					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
	() IA 14 00 00					
	Sherman Hatton Campa	190				
Amount (\$)	Payee address;	City; State; Zip Code				
1,000	4403 Perdido Bay Dr.					
1/000	Katy ,TX 77450					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Donation					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OF	1					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a categor	
		s now to complete this form.		
1 Total pages Schedule F1:	James Grady Pre	stage	3 Filer ID (Ethics	S Commission Filers)
4 Date 8/5/22	5 Payee name Brenda Patton			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
42000	1618 Dusty Ridge Missour City IX	77459		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE	Donation			
OF EXPENDITURE	porsefect			
	(C) Check if travel outside of Texas. Complete So	hedule T. Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/8/22	Paul the T-Shirt Gu	9		
Amount (\$)	Payee address;	City;	State;	Zip Code
1465-	5708 N. Shepherd			
1,465	Houston, TX 7709	1		
	Category (See Categories listed at the top of this so	chedule) Description		
PURPOSE OF EXPENDITURE	Printing Expense			
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/8/22	Worthing H.S. Class	i of '73		
Amount (\$)	Payee address;	City;	State;	Zip Code
100	3802 Point Clear			
100	Massouri City, TX 771	159		
	Category (See Categories listed at the top of this so			
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Grady Prestage 4 Date Tyra McCollum Campaign
7 Payee address; Zip Code State: 6 Amount (\$) 14906 White Forge Lane 8 **PURPOSE** Donation OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Suleman Lalani Campaign Zip Code City; 15270 VOSS Road \$432 Description **PURPOSE** Donation OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name T-Mobile Payee address; City; State: Zip Code 5684 Highway 6 Description PURPOSE Phone Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Polltical Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment					
	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:		tage	3 Filer ID (Ethics Commission Filers)		
4 Date 8 12/22	5 Payee name Caroly nBrown	•			
400 00	7 Payee address; 7714 Chasewood Prive MISSOUVI CMY TX	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ContractLabor				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8/15/22	Lazy Dug Restaurant Payoe address; 12223 Southwest Free				
Amount (\$)	Payee address;	City;	State; Zip Code		
00	12223 Southwest Freeway				
149	Stafford, TX 77477				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Foud & Beverage Exposse				
OF EXPENDITURE	Total Development				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
8/15/22	Paul the T-Shirt Guy				
Amount (\$)	Payee address;	City;	State; Zip Code		
12000	5708 N. Shepherd				
120	Houston, TX 77091				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	P. Aug France				
OF	Printing Expense				
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Consulting expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
22	James Grady	Prestage	
4 Date			
8/15/22	7 Payee address;	Inglain	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1	2730 Coyote Trail	Drive	
1,000	Missouri City, TX -	77459	
8	(a) Category (See Categories listed at the top of this s		
PURPOSE	Davidson		
OF EXPENDITURE	Donation		
EXICHOTORE	(c) Check if travel outside of Texas. Complete Sci	hadula T Chack if Aust	in TV officeholder living everyo
			in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	which is a short to provide the company of the state of t	
Chelan	TODE		
8/15/20	JPBE Consulting		
Amount (\$)	Payee address;	City;	State; Zip Code
5 142	P.O. BOX 14226		
5,000	Houston, TX 77221		
	Category (See Categories listed at the top of this sc	hedule) Description	
PURPOSE			
OF	ConsultingExpense		
EXPENDITURE			and the same of th
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
experiatore to benefit C/OF			
Date	Payee name		
0/12/22-	D		
8/17/22	Varrel Lee Campaig	~	
Amount (\$)		City;	State; Z p Code
1 000	Payee address; 23430 Fairbranch	. Dr	
1,000	Katy IX 77494		
	Category (See Categories listed at the top of this sci	hedule) Description	
PURPOSE	n 1		
OF EXPENDITURE	Donation		
EXPENDITORE			
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	•	Legal Services	Salaries/W	ages/Contract Labor	Other (enter a categ	
Credit Card Fayinent		The Instruction Guide expl	ains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	imes Grady Pr	estage	2	3 Filer ID (Ethic	s Commission Filers)
8 18 22	5 Payee na		,			
6 Amount (\$) 60	7 Payee ad	dress; 3 Commerce Grav Land, TX	reen E	31vd city;	State;	Zip Code
8		y (See Categories listed at the top of t		(b) Description		
PURPOSE OF EXPENDITURE	Even	tExpense				
	(c)	Check if travel outside of Texas. Complet	te Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
8/18/22	South	er-University Su	1 stem F	oundation		
Amount (\$) 00	Pavee ad			City:	State;	Zip Code
		(See Categories listed at the top of th		Description		
PURPOSE OF EXPENDITURE	Dona	ition				
		Check if travel outside of Texas. Complet	e Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
8/19/22	City	of Stafford				
Amount (\$)	Payee ad			City;	State;	Zlp Code
3,500	_	OS, Main St ford, TX 774				
		(See Categories listed at the top of the		Description		
PURPOSE OF EXPENDITURE	Ever	it Expense				
		Check if trevel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIE	S OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	ages/Contract Labor	Other (enter a category not listed above)
4 Total access Cabadata Etc.		omprote and rolling	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	James Grady Prest	age	7 12 (2
4 Date 8/22/27	Fort Bend Sheriff's Four	dation	
6 Amount (\$) 48	7 Payee address; P-0, Box 1128 Richmond, TX 77406	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event-Expense/ponation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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		
7,263 ⁸⁷	Payee address; POBOX 12634 Scuttsdale, AZ 8526	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee S	Description	
	Check if travel outside of Texas. Complete Schedule T,	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 8/29/22	Eunice Restaurant		
Amount (\$) 136 92	Payee address; 3737 Buffalo Speedwar Houston, TX 77098	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living experse
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 8/29/22	5 Payee name M 3 Gra Onics		
6 Amount (\$) (, 058	7 Payee address; 11730 S, WILCrest Dr 1700ston, TX 77099	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Prophy Expense	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/29/22	Fastsigns		
Amount (\$)	Payee address;	City;	State; Zip Code
219 -	9612 Itishway 6, Unit MISSOURI CITY, TX 774	130 59	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/29/22	Matt Littleton		
Amount (\$)	Payee address;	City;	State; Zlp Code
12000	5807 Willow Park Richmond, TX 77469		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Others (extension of the following)

Other (enter a category nct listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date The Greatest BBG State: Zip Code 6 Amount (\$ 2358 Texas Parkway MissouriCity JX 77489 8 **PURPOSE** Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Jesse Torres
Payee address; City: State; Zip Code 405 San Jose St.
Richmond, TX 77469
Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Maunce Lewis Payee address; 9614 Brannok Ln City; State; Zip Code Tomball, TX 77375

Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense	Printing Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Grady Pres	tage	3 Filer ID (Ethics Commission Filers)
4 Date 8/31/22	5 Payee name Thomas Randle High		
6 Amount (\$)	7 Payee address: 7600 Koeblen Rd Richmond, TX 77	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Donation		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/1/22	Southern University S	ystem Foundat	ron
Amount (\$)	Payee address;	City;	State; Zip Code
100	598 Harding Blvd Baton Rouge, LA	70807	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete Schen	dule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/2/22	Brenda Patton		
Amount (\$)	Payee address;	City;	State; Zip Code
540	Payee address: 1618 Dusty Ridge MISSOUVI CM TX	7459	
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Consulting Fees		
	Check if trevel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	- 1 1 411	ages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME James Grady Pre	stage	3 Filer ID (Ethics Commission Filers)	
4 Date 9 2 2 2 2	5 Payee name KMW Business Solution	215		
6 Amount (\$) 250	Provided TX 77406	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/2/22	Roy Martin			
Amount (\$) 50 216	Payor address; 222 Verde Lake Way Rusenberg, TX 77469	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/6/22	Cleopatra's			
Amount (\$) 93 427	Payee address; 1833 Richmond Pkyy Richmond, TX 77469	City; 2000	State; Zlp Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount City; State; Zip Code MISSOUVI City 11X 77489 8 Office Rental **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name American Storage City; Zip Code 2347 Texas Parkway MISSUM CIty TX 77489 Category (See Categories listed at the top of this schedule) **PURPOSE** Storage Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Wheeler Ave Ministries Payer address; 3,826 Wheeler Avenue City; State; Zip Code Description **PURPOSE** Donation OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Opnations Made By
Candidate/Opticholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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:	James Grady Presto	198	3 Filer ID (Ethics Commission Filers)	
4 Date 9/9/22	5 Payee name Lazy Dog Restaurau 7 Payee address;	1		
6 Amount (\$)	7 Payee address; 12223 Southwest Freen Stafford, TX 77477	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food & Beverage Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/9/22	Lary Dog Restaurant			
Amount (\$)	Lazy Dug Restaurant Payee address; 12223 Southwest Freewan City; State; Zip Code			
124 -	Stafford, TX 77477			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food & Beverage Expense			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
	Vickie Gibbs			
Amount (\$)	Payee address;	City;	State; Zip Code	
400	3802 Point Clear MISSOUN City, TX 774	-0		
(00	MISSOUN City, 1X 779	59		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Cabor			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Contributions/Donations Made By Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Grady Prestage T-mabi 7 Payee address; 6 Amount (\$ City; Zip Code State; 5684 Hishway 6 (a) Category (See Categories listed at the top of this schedule) (b) 8 **PURPOSE** Phone Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Poni Vi Smith Campaign City: State: Zip Code 23626 Rimini Ct. Category (See Categories listed at the top of this schedule) Description PURPOSE Donation **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Dexter McCoy Campaign
Payee address;
23534 M=Nabb Spur Lane Amount (\$) State: Zip Code 1000 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	ages/Contract Labor	Other (enter a category r	not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
33	James Grady Presta	90		
4 Date 9/12/22	Dushu Prestage			
6 Amount (\$) 1,250	7 Payee address; 1357 Flatbush Ave # Brooklyn, NY 11210	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
9/14/22	Carla Wyatt Campangn			
Amount (\$)	Payee address; PU Box 270864 Houston, TX 77277	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donahon	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date 9/14/22	Lynn Clouser Campaign			
250 °C	Payee address; 9119 Highway 6, Ste 23 MISSOUN City, TX 774	50 City;	State;	ZIp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Grady Pres-	tage	3 Filer ID (Ethics Commission Filers)
4 Date 9/15/22	5 Payee name Shaz Graphics		
6 Amount (\$) 479	7 Payee address; 13003 Murphy Rd + Stafford, TX 77477	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/15/22	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
1800	Missouri Cuty, TX 774	59	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/16/22	Fort Bend County		
Amount (\$)	Payee address; 9555 Highway 6	City;	State; Zip Code
100	MISSOURI CITY ITX 774	59	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manes/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 9/19/22	5 Payee name Apple: com		
6 Amount (\$) 24	7 Payee address; 1 Infinite Loop Cupertino, CA 95014	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	IT Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/19/22	Houston Community Coll.	ege Founda	
Amount (\$)	Payee address;	City;	State; Zip Code
100	3100 Main Houston, TX 77004		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Donation		
EXPENDITURE			And the same of th
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/19/20	Dustin Prestage Payor address; 1357 Flatbush Ave		
Amount (\$)	Payee address;	A 1-G City;	State; Zip Code
1250	Brooklyn, NY 11210	, 0	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Condit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	James Grady Hesta	ige	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/22	Ren Reynolds Campa	1311	
6 Amount (\$)	7 Payee address; 6140 Anghway 6 South	City; 1 233	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/20/22	Apple, com		
Amount (\$)	Payee address; 1 Infinite Loop	City;	State; Zip Code
106	1 Infinite Loop Cupertino, CA 95044		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	IT Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/22/22	Fastsigns		
Amount (\$) 02	Payee address; 9612 Highway 6	City;	State; Zip Code
151 -	Missour City ITX 7745	9	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Zip Code 8 PURPOSE Donation **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Chester Machen Payee address; 1423 Brambleburg Dr City; Zip Code State: Sugar Land, TX 77498 **PURPOSE** Supplies OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Dushn Prestage Payee address; 1357 Flatbush Ave #1-G Brooklyn, NY 11210 Category (See Categories listed at the top of this schedule) De State; Zip Code Description **PURPOSE** Consulting Expense **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manae/Contract Lebor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME James Grady Presta	90	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/22	5 Payee name American Carribean Chai	ubor of Con	merce
6 Amount (\$) 500	7 Payee address; 6201 Bonhomme Rd, 9 17045ton, TX 77036	37e 214	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/29/22	JPBE Consulting		
10,000 oo	Payee address; Pro. Box 14226 Houston, TX 77221	City;	State; Ziṗ Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
A.W.	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED