

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: **18**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

James Grady

NICKNAME

LAST

SUFFIX

Prestage

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

36 Big Trail Missouri City TX 77459

JAN 31 2022 RCVD

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 433-4444

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Samuel L

NICKNAME

LAST

SUFFIX

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 Briar 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

01/01/22

THROUGH

Month

Day

Year

01/20/22

11 ELECTION

ELECTION DATE

Month

Day

Year

3/1/22

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner

OFFICE SOUGHT (if known)

County Commissioner

Precinct 2 Fort Bend County 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

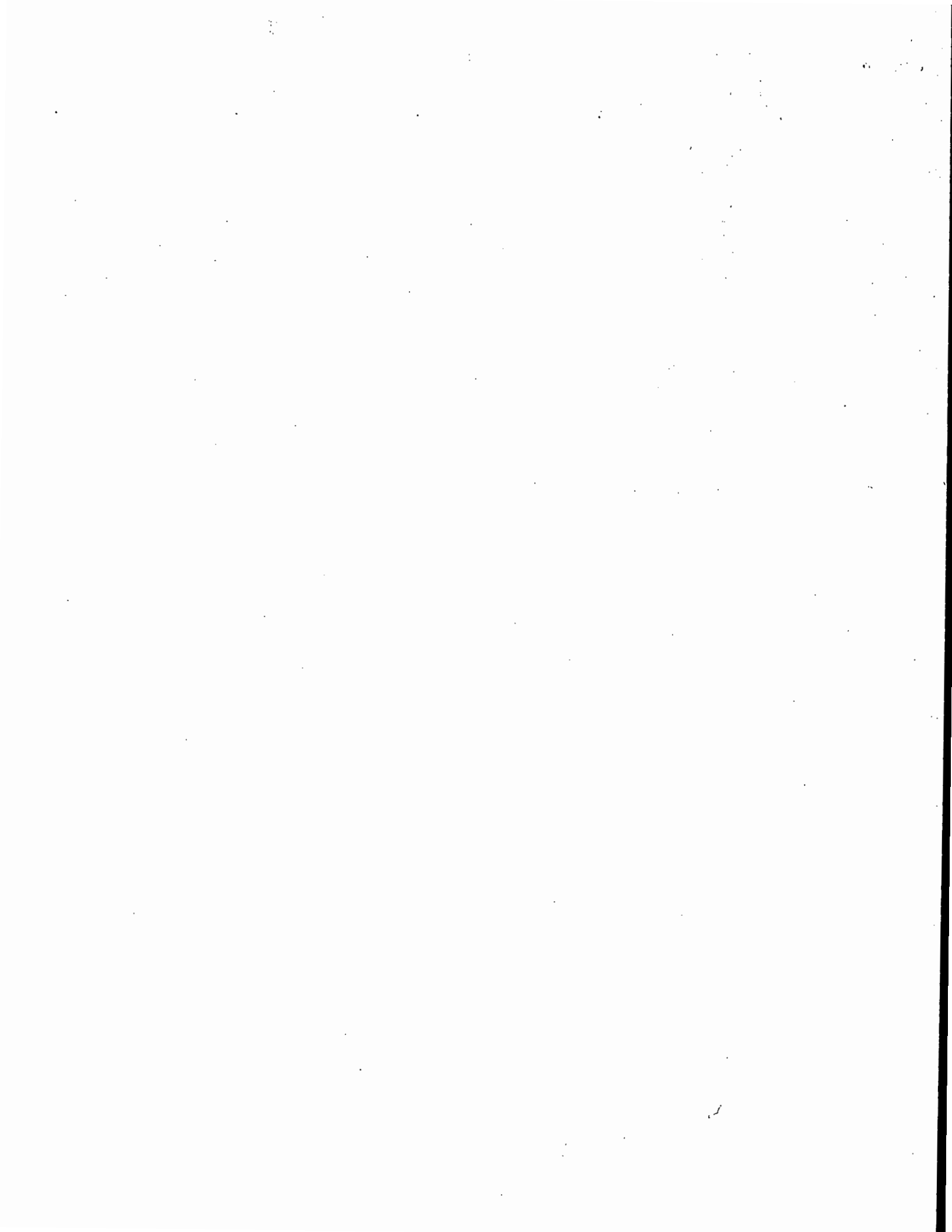
Additional Pages

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 <u>James "Grady" Prestage</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>52,300⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>2,987.25</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>71,021.84</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>268,013.76</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

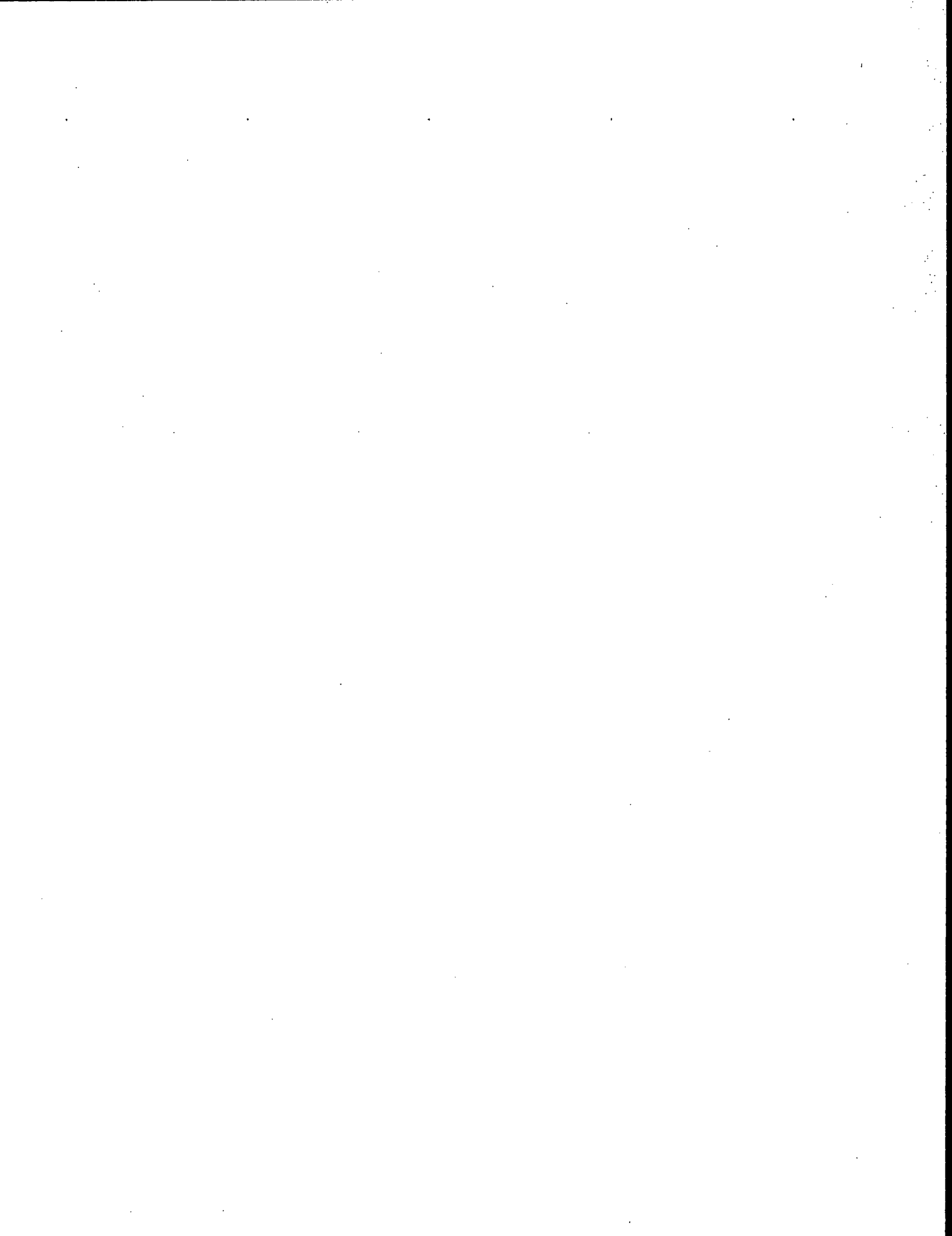
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is James Grady Prestage and my date of birth is 7-30-58
 My address is 36 Big Trail Missouri City, TX 77459, Ft Bend
(street) (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of TX, on the 31st day of January, 2022.
(month) (year)

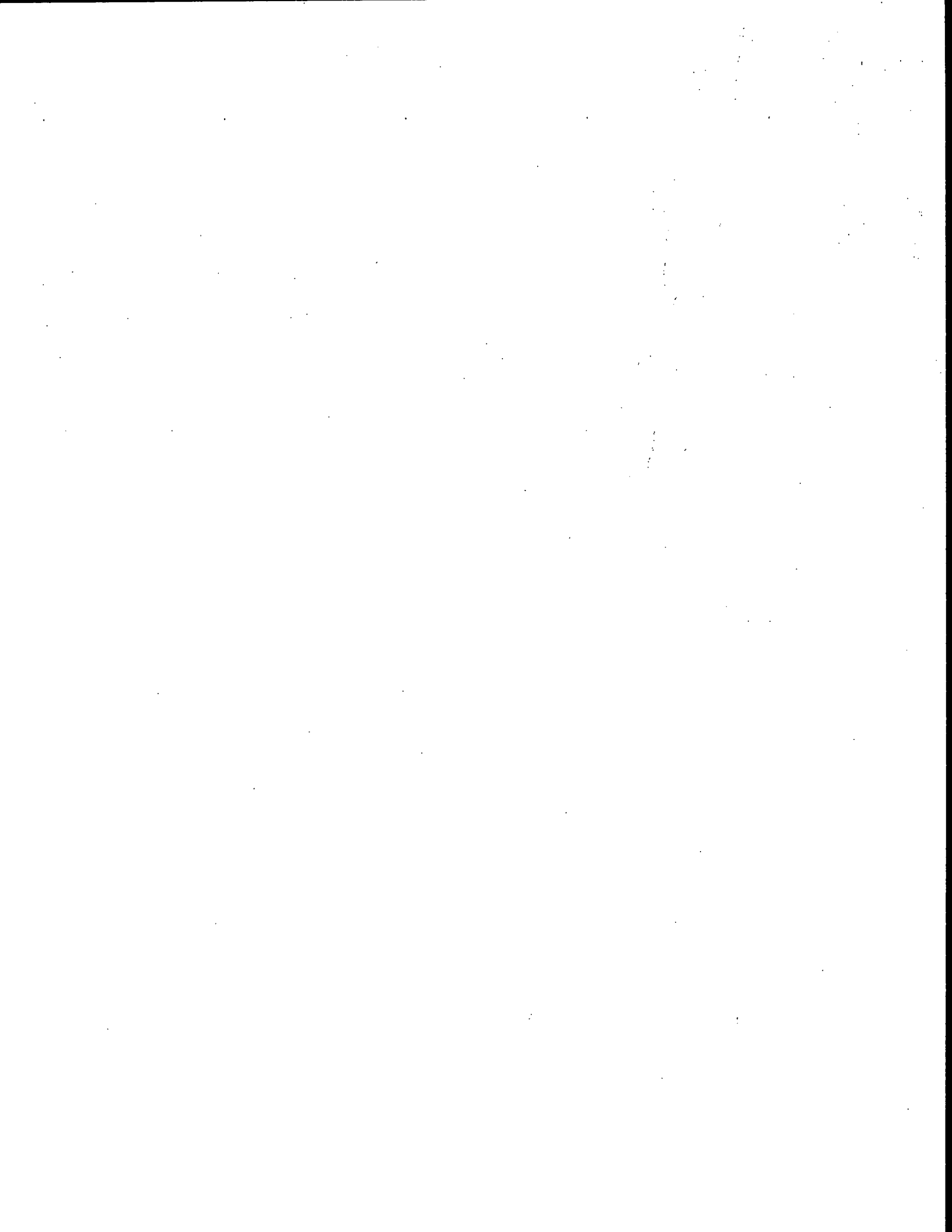
James Grady Prestage
Signature of Candidate/Officeholder (Declarant)



SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>James Grady Prestage</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 52,300.00
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	\$ 68,034.59
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

James "Grady" Prestage

3 Filer ID (Ethics Commission Filers)

4 Date

1-10-22

5 Full name of contributor

Bob W. Bass

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

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address:

2514 Esperanza
Richmond, TX 77406

City:

State; Zip Code

8 Principal occupation / Job title (See Instructions)

Contractor

9 Employer (See Instructions)

Bass Construction

Date

1-10-22

Full name of contributor

Stephane Anderson

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

Amount of contribution (\$)

500⁰⁰

Contributor address:

19 Cowboy Way
Richmond, TX 77406

City:

State; Zip Code

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Gradient Group

Date

1-10-22

Full name of contributor

Daniel P. Coyer

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

Amount of contribution (\$)

1,500⁰⁰

Contributor address:

6234 Piedra Negras Ct.
Katy, TX 77450

City:

State; Zip Code

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

AGS

Date

1-10-22

Full name of contributor

Roberto Obregon

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

Amount of contribution (\$)

1,500⁰⁰

Contributor address:

24827 Northhampton Forest Dr.
Spring, TX 77389

City:

State; Zip Code

Principal occupation / Job title (See Instructions)

Surveyor

Employer (See Instructions)

RODS Surveying

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" Prestage		3 Filer ID (Ethics Commission Filers)
4 Date 1-10-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver Salgado	7 Amount of contribution (\$) 1,500 ⁰⁰
6 Contributor address; City; State; Zip Code 3011 Lakes of Katy Ln Katy, TX 77493		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) BZZ Engineering
Date 1-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shouting Hu	Amount of contribution (\$) 1,500 ⁰⁰
Contributor address; City; State; Zip Code 105 Pamela Dr. Bellaire, TX 77401		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aviles Engineering Corp
Date 1-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel Y. Johnson	Amount of contribution (\$) 1,500 ⁰⁰
Contributor address; City; State; Zip Code 9407 Reston Grove Lane Houston, TX 77095		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) AIG Tech
Date 1-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulvio Jaramillo	Amount of contribution (\$) 1,500 ⁰⁰
Contributor address; City; State; Zip Code 5428 McCulloch Circle Houston, TX 77056		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) DECON, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 5
2 FILER NAME James "Grady" Prestage		3 Filer ID (Ethics Commission Filers)
4 Date 1-10-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Siegfried	7 Amount of contribution (\$) 2,500⁰⁰
6 Contributor address: City: State: Zip Code 10238 Wildwood Park Lane Houston, TX 77070		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Siegfried Engineering
Date 1-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epifanio E. Salazar, Jr	Amount of contribution (\$) 2,500⁰⁰
Contributor address: City: State: Zip Code 6623 Alicant Dr Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SES Horizon Engineers
Date 1-10-22	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: #C00457853) TSVC, Inc Political Action Committee	Amount of contribution (\$) 2,500⁰⁰
Contributor address: City: State: Zip Code 10841 S. Ridgeway Road Olathe, KS 66061		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raba Kistner PAC, Inc	Amount of contribution (\$) 2,500⁰⁰
Contributor address: City: State: Zip Code P.O. Box 690287 San Antonio, TX 78269		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 5
2 FILER NAME James "Grady" Prestage		3 Filer ID (Ethics Commission Filers)
4 Date 1-10-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Gelacio	7 Amount of contribution (\$) 5,000 ⁰⁰
6 Contributor address; City; State; Zip Code 19510 N Comal River Dr Cypress, TX 77433		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Entech Engineers
Date 1-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satyanarayana Pilla	Amount of contribution (\$) 5,000 ⁰⁰
Contributor address; City; State; Zip Code 4103 Oak Blossom Ct Houston, TX 77059		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) iGET
Date 1-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ovidio N. Alanis	Amount of contribution (\$) 5,000 ⁰⁰
Contributor address; City; State; Zip Code 8519 Woods Hollow Trl Fulshear, TX 77404		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Entech
Date 1-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn D. Graham	Amount of contribution (\$) 10,000 ⁰⁰
Contributor address; City; State; Zip Code 11903 Osage Park Drive Houston, TX 77065		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) KCI

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
5

2 FILER NAME 3 Filer ID (Ethics Commission Filers)
James "Grady" Prestage

4 Date 1-19-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie C. Moss	7 Amount of contribution (\$) 5,000⁰⁰
6 Contributor address; City; State; Zip Code 12419 Westella Dr Houston, TX 77077		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)
Engineer **MBCO**

Date 1-19-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adeline Marie Bogan	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 4415 Cory Ln Missouri City, TX 77459		

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Retired

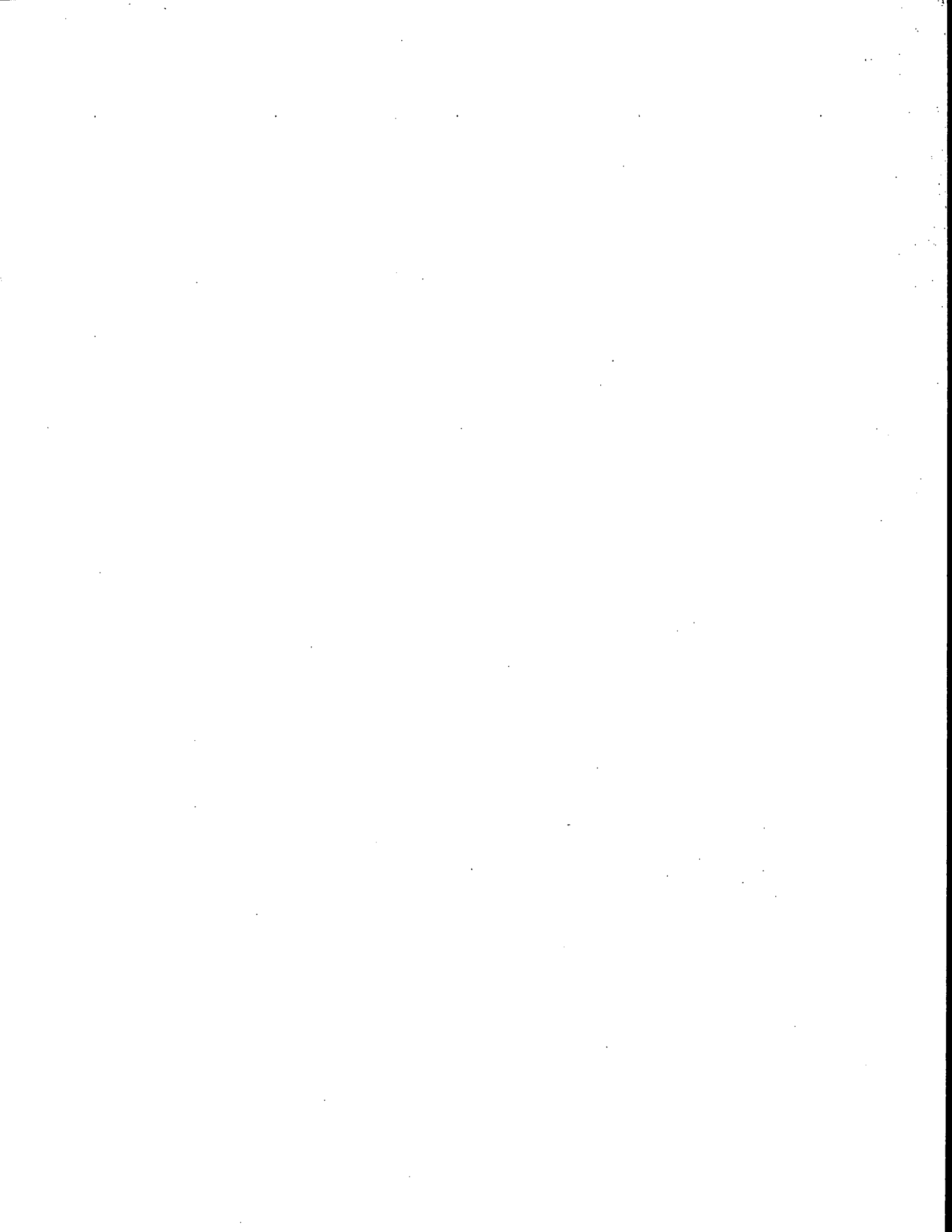
Date 1-19-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haiff Associates - State PAC	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1201 N. Bowser Road Richardson, TX 75081		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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>10</i>	2 FILER NAME <i>James Grady Prestage</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-3-22</i>	5 Payee name <i>American Storage</i>	
6 Amount (\$) <i>1,502⁰⁰</i>	7 Payee address; City; State; Zip Code <i>2427 Texas Parkway Missouri City, TX 77489</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Storage Expense</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>1-4-22</i>	Payee name <i>Microsoft</i>	
Amount (\$) <i>106²⁴</i>	Payee address; City; State; Zip Code <i>One Microsoft Way Redmond, WA 98052</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Expense</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>1-4-21</i>	Payee name <i>Dustin Prestage</i>	
Amount (\$) <i>1,250⁰⁰</i>	Payee address; City; State; Zip Code <i>1357 Flatbush Ave # 1-G Brooklyn, NY 11210</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 1-4-22	5 Payee name Brenda Patton
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6 Amount (\$) 400⁰⁰	7 Payee address; 1618 Dusty Ridge Missouri City, TX 77459	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-5-22	Payee name Friendship West Baptist Church
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Amount (\$) 100⁰⁰	Payee address; 2020 West Wheatland Rd Dallas, TX 75232	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-5-22	Payee name M3 Graphics
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Amount (\$) 16,021⁰⁰	Payee address; 11730 S. Wilcrest Dr Houston, TX 77099	City;	State;	Zip Code
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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
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 1-10-22	5 Payee name 40 Acre Conference
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6 Amount (\$) 1,000 ⁰⁰	7 Payee address; 3989 N Freeway, Suite D/E Houston, TX 77022	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsorship	(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 1-10-22	Payee name Cynthia Bennet
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Amount (\$) 1,000 ⁰⁰	Payee address; 8227 Summer Quail Dr. Missouri City, TX 77489	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Memorial Expenses	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-10-22	Payee name T-Mobile
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Amount (\$) 475 ⁹⁸	Payee address; 3618 Factoria Blvd Bellevue, WA 98006	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> 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: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 1-10-22	5 Payee name Dustin Prestage
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6 Amount (\$) 1,250 ⁰⁰	7 Payee address; 1357 Flatbush Ave # 1-G Brooklyn, NY 11210	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-10-22	Payee name Ben E. Keith
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Amount (\$) 5,201 ⁰⁰	Payee address; One Ben E. Keith Way Missouri City, TX 77489	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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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Date 1-12-22	Payee name Cynthia Guyard Campaign
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Amount (\$) 1,000 ⁰⁰	Payee address; 11418 Oak Lake Ridge Court 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) 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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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: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 1-14-22	5 Payee name Nations Auto
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6 Amount (\$) 400 ⁰⁰	7 Payee address: 111 Present Street 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) Transportation 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 1-14-22	Payee name Samuel Hayes
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Amount (\$) 600 ⁰⁰	Payee address: 9211 Wheatfield Ln Rosenberg, 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 1-14-22	Payee name M3 Graphics
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Amount (\$) 20,000 ⁰⁰	Payee address: 11730 S. Wilcrest Dr Houston, TX 77099	City:	State:	Zip Code
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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
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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: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 1-18-22	5 Payee name Constant Contact	
6 Amount (\$) 204. ⁷⁵	7 Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-18-22	Payee name Festival Properties, Inc	
Amount (\$) 8,128. ⁰⁰	Payee address; City; State; Zip Code 1215 Gressner Road Houston, TX 77055	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Rent	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 1-18-22	Payee name Apple Store	
Amount (\$) 300. ⁹³	Payee address; City; State; Zip Code 4012 Westheimer Rd Houston, TX 77027	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Equipment	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 1-18-22	5 Payee name Apple Store	
6 Amount (\$) 2,000 ⁴¹	7 Payee address; City; State; Zip Code 4012 Westheimer Rd Houston, TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Computer Equipment	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-18-22	Payee name Samuel Hayes
Amount (\$) 700 ⁰⁰	Payee address; City; State; Zip Code 9211 Wheatfield Ln Rosenberg, TX 77469

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-18-22	Payee name American Caribbean Chamber of Commerce
Amount (\$) 200 ⁰⁰	Payee address; City; State; Zip Code 6200 Bonhomme Rd, Ste. 214 N Houston, TX 77036

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: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 1-18-22	5 Payee name Dustin Prestage	
6 Amount (\$) 1,250 ⁰⁰	7 Payee address; City; State; Zip Code 1357 Flatbush Avenue # 1-G Brooklyn, NY 11210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-18-22	Payee name M3 Graphics	
Amount (\$) 1,894 ⁰⁰	Payee address; City; State; Zip Code 11730 S. Wilcrest Dr Houston, TX 77099	
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	Payee name M3 Graphics	
Amount (\$) 2,250 ⁵²	Payee address; City; State; Zip Code 11730 S. Wilcrest Dr Houston, TX 77099	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 1-19-22	5 Payee name Texas Council of Alpha Chapters
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6 Amount (\$) 230 ⁰⁰	7 Payee address: P.O. Box 851144 Mesquite, TX 75185	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting 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 1-19-22	Payee name The Flying Locksmith
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Amount (\$) 119 ⁰⁸	Payee address: 3311 Richmond Ave, Ste 150 Houston, TX 77098	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-19-22	Payee name Brenda Patton
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Amount (\$) 140 ⁰⁰	Payee address: 1618 Dusty Ridge Missouri City, TX 77459	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for office supplies	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 10	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 1-3-22	5 Payee name Robert Duron	
6 Amount (\$) 205⁶⁸	7 Payee address; City; State; Zip Code P.O. Box 364 S. Houston, TX 77587	
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 1-18-22	Payee name Brennan's of Houston	
Amount (\$) 105⁰⁰	Payee address; City; State; Zip Code 3300 Smith St Houston, TX 77006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and 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	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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