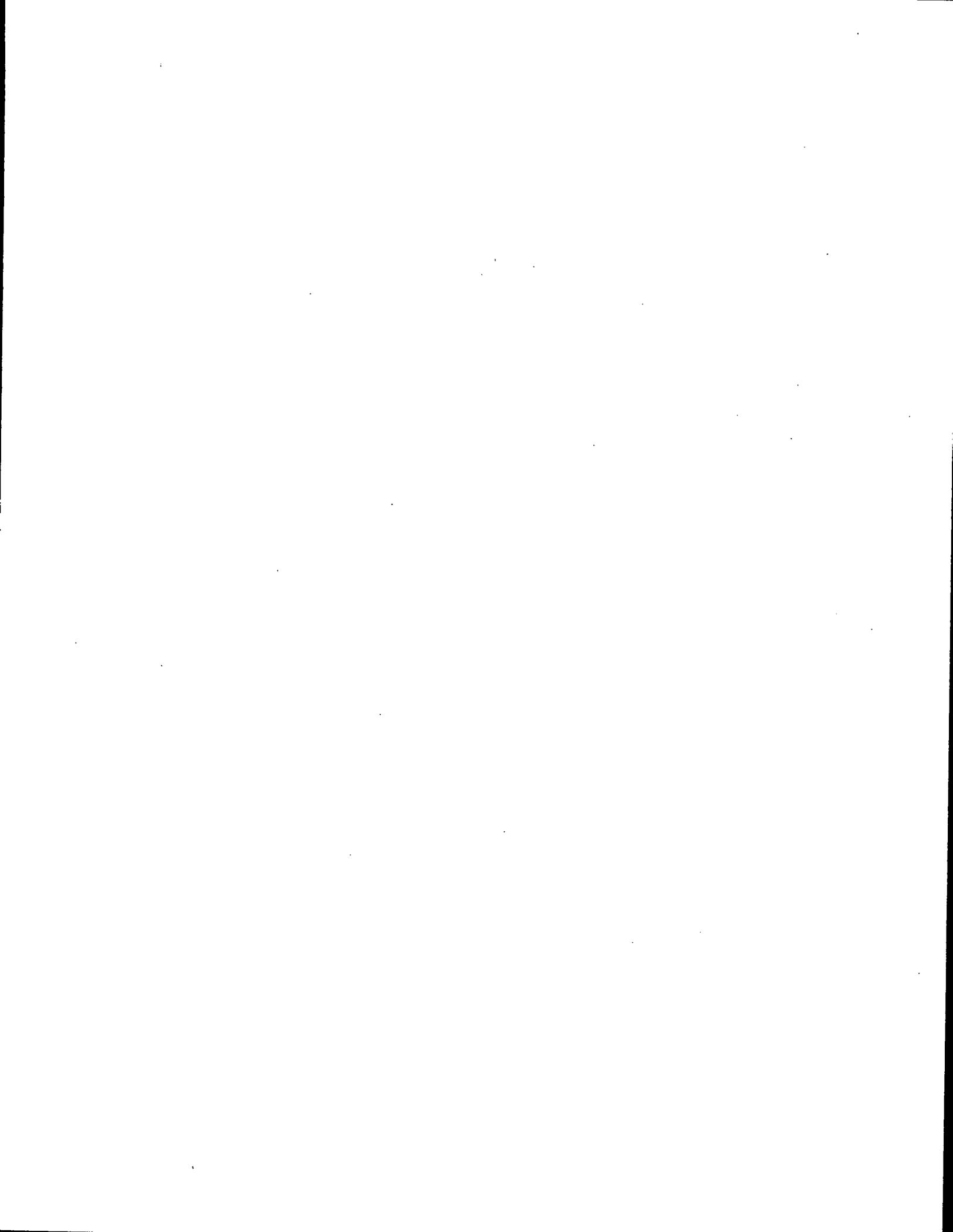


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: right; font-size: 1.2em;">37</div>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.2em;">James</div>	MI <div style="text-align: center; font-size: 1.2em;">Grady</div>	OFFICE USE ONLY			
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">Prestage</div>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	FEB 22 2022 RCVD	
	36 Big Trail Missoua City TX 77459						
6 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				Date Hand-delivered or Date Postmarked
		(281) 433-4444					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.2em;">Samuel</div>	MI <div style="text-align: center; font-size: 1.2em;">L.</div>				Receipt #
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">Stewart</div>	SUFFIX				Amount \$
							Date Processed
							Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
		15526 Winter Brgr		Missoua City	TX	77489	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(713) 729-5761					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		01/20 /22			02/19 /22		
11 ELECTION	ELECTION DATE		ELECTION TYPE				
		Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
		03/01 /22					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
		County Commissioner Precinct 2 Fort Bend County		County Commissioner Precinct 2 Fort Bend County			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
			COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>James Grady Prestage</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>-0-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>78,956.06</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>15,729.64</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>165,230.91</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>181,738.91</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

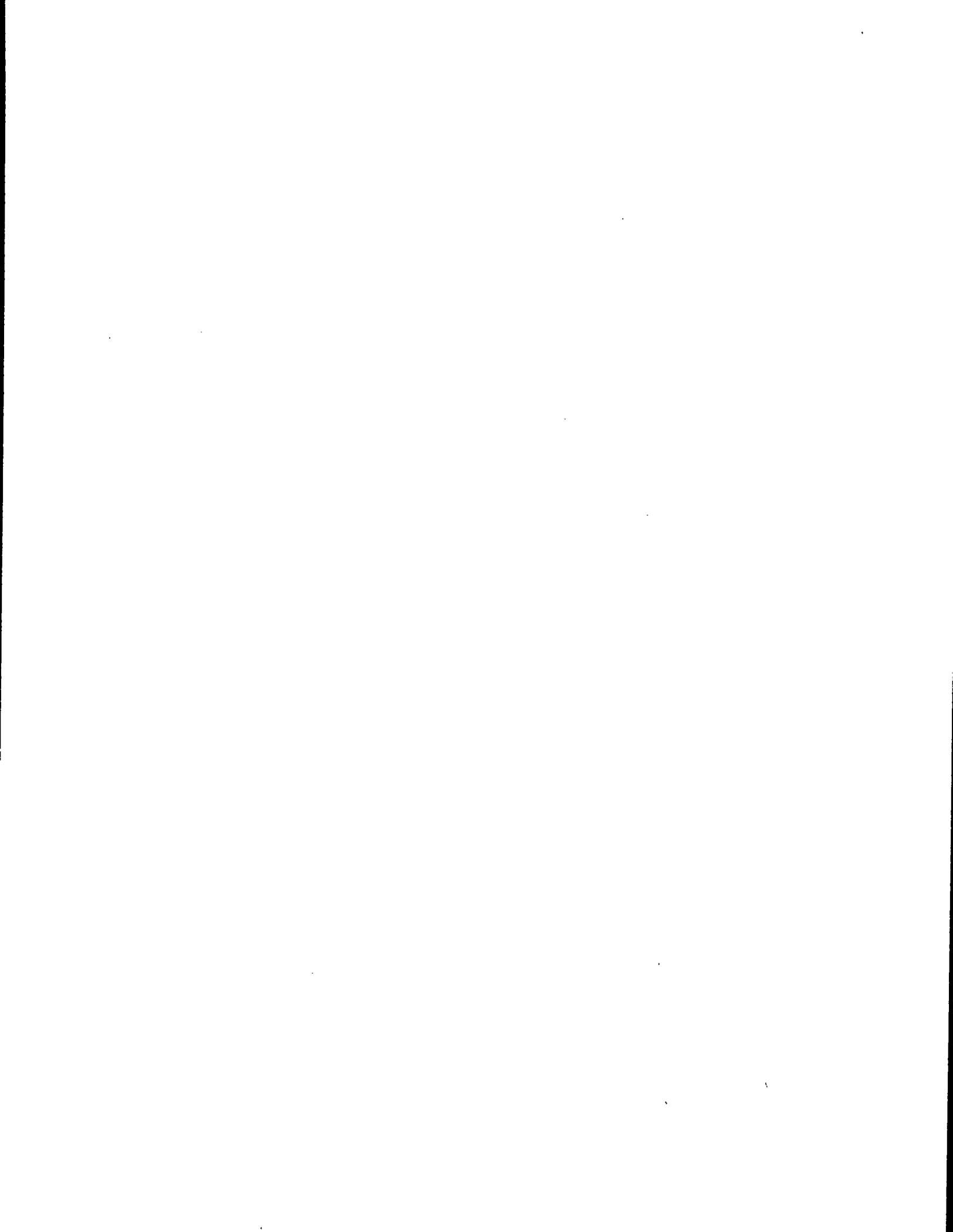
NOTARY STAMP / SEAL

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 7-30-1958
My address is 36 Big Trail (street), Missouri City (city), TX (state), 77459 (zip code), USA (country)
Executed in Fort Bend County, State of Texas, on the 22nd day of February, 2022 (month) (year)
James Grady Prestage
Signature of Candidate/Officeholder (Declarant)



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

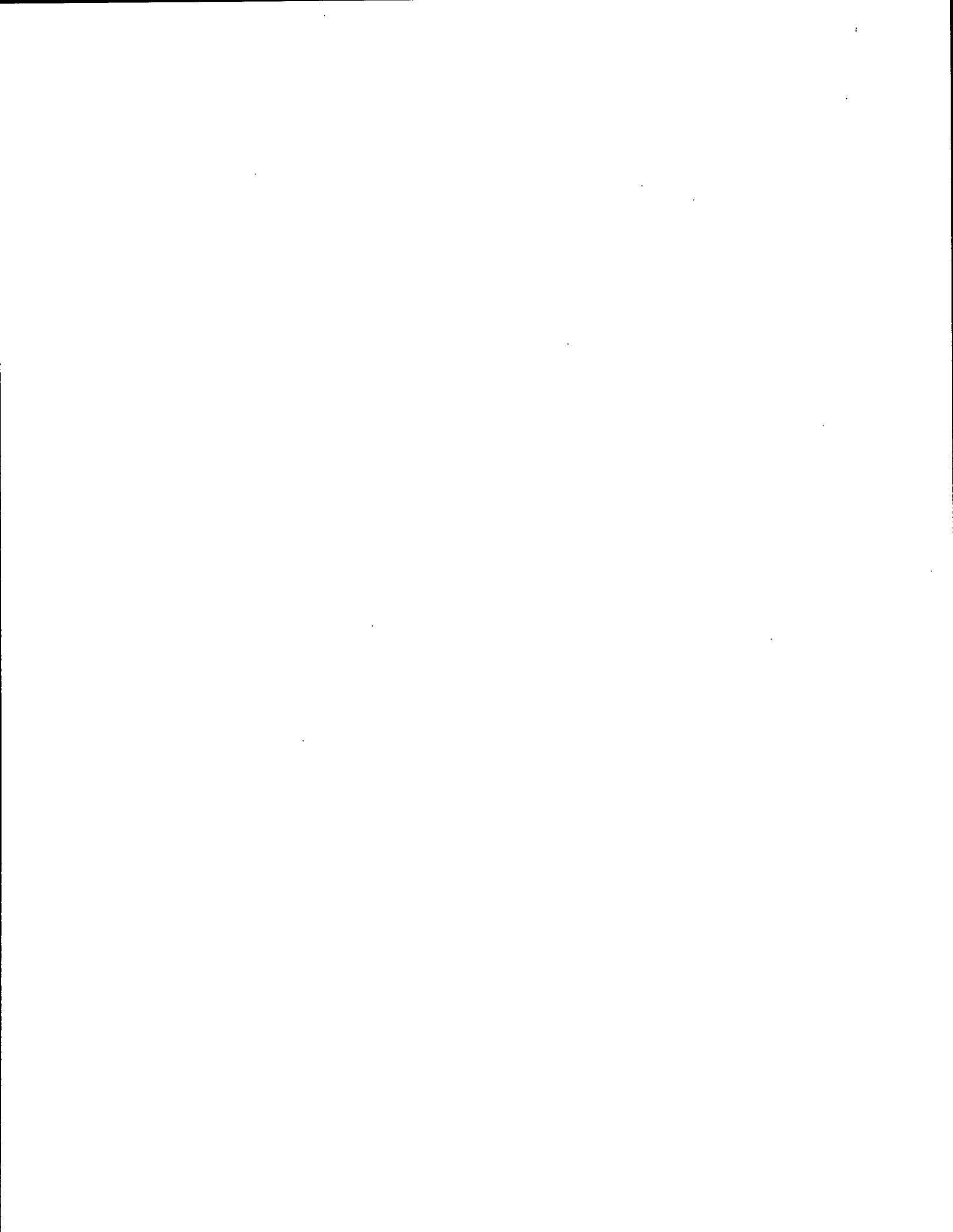
James Grady Prestage

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 78,956.06
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	\$ 165,230.91
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: 84
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
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 12418 WESTELLA DR. HOUSTON, TX 77077		
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) MRBCD
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) RETIRED		Employer (See Instructions)
Date 1/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALFF ASSOCIATES PAC	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 1201 N. BOWSER RD. RICHARDSON, TX 75081		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAN - PAC	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 2925 BRIARPARK DR, FOURTH FLOOR HOUSTON, TX 77042		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JAMES' GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES P.S. GRIFFITH SR. 6 Contributor address; City; State; Zip Code 3417 MILAM ST. HOUSTON, TX 77002	7 Amount of contribution (\$) 5,000⁰⁰
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) LAN
Date 1/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEANIE JONES Contributor address; City; State; Zip Code 4826 SUMMER MANOR LANE SUGAR LAND, TX 77479	Amount of contribution (\$) 250⁰⁰
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORETTA SMITH Contributor address; City; State; Zip Code 3818 NE 156th AVE. PORTLAND, OR 97230	Amount of contribution (\$) 250⁰⁰
Principal occupation / Job title (See Instructions) Retired Commissioner		Employer (See Instructions) MULTNOMAH COUNTY
Date 1/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORETTA SMITH Contributor address; City; State; Zip Code 3818 NE 156th AVE. PORTLAND, OR 97230	Amount of contribution (\$) 250⁰⁰
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) MULTNOMAH COUNTY

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: BA
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSTAFA TAMEEZ	7 Amount of contribution (\$) 2,500⁰⁰
6 Contributor address; City; State; Zip Code 1518 CRYSTAL HILLS DR. HOUSTON, TX 77077		
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) OUT REACH STRATEGIST
Date 1/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELMA TAMEEZ	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 1518 CRYSTAL HILLS DR. HOUSTON, TX 77077		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) OUT REACH STRATEGIST
Date 1/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARINDER (BOBBY) SINGH	Amount of contribution (\$) 5,000⁰⁰
Contributor address; City; State; Zip Code 12511 STILL HARBOUR DR. HOUSTON, TX 77041		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) ISANI CONSULTANTS
Date 1/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES SALSMAN JR.	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 7711 CHASEWAY DR. MISSOURI CITY, TX 77409		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED

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: <u>14</u>
2 FILER NAME <u>JAMES 'GRADY' PRESTAGE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/31/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>IVY D. LEVINGSTON</u>	7 Amount of contribution (\$) <u>150.00</u>
6 Contributor address; City; State; Zip Code <u>2406 EDGE DALE DRIVE MISSOURI CITY, TX 77489</u>		
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <u>1/31/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LANETRA LARY SENIGOUR</u>	Amount of contribution (\$) <u>75.00</u>
Contributor address; City; State; Zip Code <u>P.O. BOX 145 RICHMOND, TX 77406</u>		
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		Employer (See Instructions) <u>FBC</u>
Date <u>1/31/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PEARLIE N. BYRD</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>622 STEPHANIE DR MISSOURI CITY, TX 77489</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>1/31/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MICHAEL MOORE</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <u>6028 RAWLINGS RD. NEEDVILLE, TX 77461</u>		
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		Employer (See Instructions) <u>SELF</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 11/31/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARDARA HARRIS	7 Amount of contribution (\$) 200⁰⁰
6 Contributor address; City; State; Zip Code 7422 GATECRAFT DR. MISSOURI CITY, TX 77489		
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self Employed
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL LEWIS	Amount of contribution (\$) 150⁰⁰
Contributor address; City; State; Zip Code 4393 HARVEST LN. HOUSTON, TX 77004		
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) TSU
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOLORUNSO ADEKOYA	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 2606 BIG VINE CT. MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions) BANK EXAMINER		Employer (See Instructions) TEXAS DEPT OF BANKING
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENNIE GORDON	Amount of contribution (\$) 300⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 18155 SUGAR LAND, TX 77496		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>14</u>
2 FILER NAME <u>JAMES 'GRADY' PRESTAGE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/3/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MITTIE P. GREGORY</u>	7 Amount of contribution (\$) <u>500⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>P.O. BOX 1145 MISSOURI CITY, TX 77459</u>		
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <u>2/3/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>A.M. RODRIGO</u>	Amount of contribution (\$) <u>2,500⁰⁰</u>
Contributor address; City; State; Zip Code <u>15514 TURTLE OAK COURT HOUSTON, TX 77059</u>		
Principal occupation / Job title (See Instructions) <u>ENGINEER</u>		Employer (See Instructions) <u>GC Engineers</u>
Date <u>2/9/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RAYMOND SEWELL</u>	Amount of contribution (\$) <u>150⁰⁰</u>
Contributor address; City; State; Zip Code <u>2228 WATERFORD VILLAGE BLVD. MISSOURI CITY, TX 77459</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>2/9/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WAYNE LUCKETT</u>	Amount of contribution (\$) <u>500⁰⁰</u>
Contributor address; City; State; Zip Code <u>4202 CLEARWATER COURT MISSOURI CITY, TX 77459</u>		
Principal occupation / Job title (See Instructions) <u>Distributor</u>		Employer (See Instructions) <u>Brandwar Wines</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY ENGLISH	7 Amount of contribution (\$) 606.00
	6 Contributor address; City; State; Zip Code 2021 FM 1092 MISSOURI CITY, TX 77489	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Ophmm HOME CARE
Date 2/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STERLING CARTER	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 42 NAPOLI WAY DR. MISSOURI CITY, TX 77459	
Principal occupation / Job title (See Instructions) Owner / CEO		Employer (See Instructions) Sterling Physical Therapy
Date 2/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN D. CALHOUN, PHD.	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 2307 TWIN LAKES CIRCLE JACKSON, MS 39211	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) LMS ENGINEERING
Date 2/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEWAYNE ARMSTRONG	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code P.O. BOX 927 MISSOURI CITY, TX 77459	
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) HD ARMSTRONG GROUP / ALLSTATE INS

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: <u>14</u>
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAMIEL GASKIN	7 Amount of contribution (\$) 200⁰⁰
6 Contributor address; City; State; Zip Code 3006 VILLA LANE MISSOURI CITY, TX 77459		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 2/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCEY BREMOND	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 1615 SOUTH VEGUA RIVER CIRCLE SUGARLAND, TX 77378		
Principal occupation / Job title (See Instructions) EXC. DIRECTOR		Employer (See Instructions) EPC
Date 2/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD SPARKS III	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 7 LITTLE RISE DRIVE MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions) CONTRACTS SPECIALIST		Employer (See Instructions) INSIGHT GLOBAL
Date 2/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS CLARK	Amount of contribution (\$) 1,500⁰⁰
Contributor address; City; State; Zip Code 2510 BAYWATER CANYON DR. PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARRYL CARTER	7 Amount of contribution (\$) 1,500⁰⁰
6 Contributor address; City; State; Zip Code 5651 WILLERS WAY HOUSTON, TX 77056		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETTY BAITLAND	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 72 CRESTWOOD CIRCLE SUGAR LAND, TX 77478		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAHIM TAZEZH ZADEH	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 5318 FENWICK WAY CT. SUGAR LAND, TX 77479		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) INFRASTRUCTURE ASSOCIATES
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLAOLU YEMITAN	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 5340 WESLAYAN # 270864 HOUSTON, TX 77005		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Five Woods Consulting

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: 14
2 FILER NAME James 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER SASS	7 Amount of contribution (\$) 500 ⁰⁰
6 Contributor address; City; State; Zip Code 2707 AUTUMN LAKE DR. KATY, TX 77450		
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) WEISSER ENG.
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN ENGLISH	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 13111 TOSCA LN. HOUSTON, TX 77079		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) REKHA ENGINEERING
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NKEMDI OHALETE	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 570484 HOUSTON, TX 77257		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) NEDU ENGINEERING SERVICES
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTELLO INC. PAC	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 2107 CITYWEST BLVD, 3RD FLOOR HOUSTON, TX 77042		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME JAMES 'GRADY' PROSTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LES A. NEWTON	7 Amount of contribution (\$) 1,000⁰⁰
6 Contributor address; City; State; Zip Code 3506 MESQUITE DR. SUGAR LAND, TX 77479		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) PLANNED COMMUNITY DEVELOPERS
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALFF ASSOCIATES - STATE PAC	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 1201 N. BOWSER ROAD RICHARDSON, TX 75081		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN BOONE HUMPHRIES ROBINSON LLP	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 3200 SOUTH WEST FREEWAY, SUITE 2600 HOUSTON, TX 77027		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYLE E. HENKEL	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 8630 WYNDHAM VILLAGE DR. SERSEY VILLAGE, TX 77040		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) TERRA ASSOCIATES

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>14</u>
2 FILER NAME <u>JAMES 'GRADY' PRESTAGE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/10/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>IDS ENGINEERING GROUP PAC</u>	7 Amount of contribution (\$) <u>2,500⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>13430 NORTH WEST FRWY, SUITE 700 HOUSTON, TX 77040</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/10/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DANIEL SIGNORELLI</u>	Amount of contribution (\$) <u>2,500⁰⁰</u>
Contributor address; City; State; Zip Code <u>1401 WOODLANDS PARKWAY THE WOODLANDS, TX 77380</u>		
Principal occupation / Job title (See Instructions) <u>DEVELOPER</u>		Employer (See Instructions) <u>SIGNORELLI COMPANY</u>
Date <u>2/10/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JUSTINE CHERNE</u>	Amount of contribution (\$) <u>250⁰⁰</u>
Contributor address; City; State; Zip Code <u>6028 RAWLINGS ROAD NEEDVILLE, TX 77461</u>		
Principal occupation / Job title (See Instructions) <u>LEGAL ASSISTANT</u>		Employer (See Instructions) <u>ABAR LLP</u>
Date <u>2/16/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KARUN SREERAMA</u>	Amount of contribution (\$) <u>10,000⁰⁰</u>
Contributor address; City; State; Zip Code <u>4406 ORANGE LEAF CT. HOUSTON, TX 77059</u>		
Principal occupation / Job title (See Instructions) <u>ENGINEER</u>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMUEL STEWART	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 13410 INDIGO SANDS DR. PEARLAND, TX 77584		
8 Principal occupation / Job title (See Instructions) APPRAISER		9 Employer (See Instructions) STEWARTS APPRAISAL SERVICE
Date 2/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA KEYS	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 2206 MAPLEGATE DR. MISSOURI CITY, TX 77489		
Principal occupation / Job title (See Instructions) REALTOR / APPRAISER		Employer (See Instructions) KEYS RESIDENTIAL
Date 2/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAVIRAS YANAMANDALA	Amount of contribution (\$) 5,000⁰⁰
Contributor address; City; State; Zip Code 2504 BAYFRONT DR. PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) GEO TEST
Date 2/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB FENLEY PAC	Amount of contribution (\$) 2,000⁰⁰
Contributor address; City; State; Zip Code 13430 NORTHWEST FREEWAY SUITE 1100 HOUSTON, TX 77040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>14</u>
2 FILER NAME <u>JAMES 'GRADY' PRESTAGE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/28/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HOUSTON APARTMENT ASSOCIATION - PAC</u>	7 Amount of contribution (\$) <u>1,000⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>4810 WESTWAY PARK BLVD, 3RD FLOOR HOUSTON, TX 77041</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/28/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>COSTELLO, INC. PAC</u>	Amount of contribution (\$) <u>2,500⁰⁰</u>
Contributor address; City; State; Zip Code <u>2107 CITYWEST BLVD, 3RD FLOOR HOUSTON, TX 77042</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME <i>James Grady Prestage</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-21-22</i>	5 Payee name <i>Ready Go Signs</i>	
6 Amount (\$) <i>7,677.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>9825 Drysdale Ln, Suite B Houston, TX 77041</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing 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
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Date <i>1-24-22</i>	Payee name <i>Dustin Prestage</i>		
Amount (\$) <i>1,250.⁰⁰</i>	Payee address; City; State; Zip Code <i>1357 Flatbush Ave # 1-G Brooklyn, NY 11210</i>		

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-24-22</i>	Payee name <i>Vaskey Media Group</i>		
Amount (\$) <i>4,000.⁰⁰</i>	Payee address; City; State; Zip Code <i>7322 SW Freeway # 800 Houston, TX 77074</i>		

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 1-24-22	5 Payee name Le Franc Lyons	
6 Amount (\$) 700 ⁰⁰	7 Payee address; City; State; Zip Code 3426 Bedford Forrest Court Missouri City, TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Construction Services	
	(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 1-25-22	Payee name The Tyson Organization	
Amount (\$) 24,000 ⁰⁰	Payee address; City; State; Zip Code 1351 Mistletoe Drive Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling 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 1-25-22	Payee name NX Media	
Amount (\$) 1,017.55	Payee address; City; State; Zip Code 6118 Aletha Lane Houston, TX 77081	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 1-26-22	5 Payee name Facelift Graphics	
6 Amount (\$) 500 ⁰⁰	7 Payee address; City; State; Zip Code 2419 Winding Creek Drive Fresno, TX 77545	
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 1-26-22	Payee name Trulia Hanvey	
Amount (\$) 240 ⁰⁰	Payee address; City; State; Zip Code 6407 W. Ridgecreek Missouri City, TX 77489	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-27-22	Payee name Paul The Printer	
Amount (\$) 1,900 ⁰⁰	Payee address; City; State; Zip Code 5708 N. Shepherd Houston, TX 77091	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 1-28-22	5 Payee name Brandani's Restaurant	
6 Amount (\$) 157.07	7 Payee address; City; State; Zip Code 3340 FM 1092 Missouri City, TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-28-22	Payee name A-E-B	
Amount (\$) 121.70	Payee address; City; State; Zip Code 8900 Hwy 6 Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-28-22	Payee name Aspire Integrated Services	
Amount (\$) 10,000.00	Payee address; City; State; Zip Code 3706 Straight Fork Drive Houston, TX 77082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Services	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 1-28-22	5 Payee name Brenda Patton
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6 Amount (\$) 290 ⁰⁰	7 Payee address: 1618 Dusty Ridge Missoua 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) Reimbursement for Event Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-28-22	Payee name Maurice Lewis
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Amount (\$) 750 ⁰⁰	Payee address: 22510 Cutter Mill Dr. Spring, TX 77389	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-28-22	Payee name Matthew Teague
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Amount (\$) 350 ⁰⁰	Payee address: 14306 Darran Dr. Houston, TX 77090	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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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: <p style="text-align:center;">20</p>	2 FILER NAME <p style="text-align:center;">James Grady Prestage</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center;">1-31-22</p>	5 Payee name <p style="text-align:center;">Dustin Prestage</p>	
6 Amount (\$) <p style="text-align:center;">1,250⁰⁰</p>	7 Payee address; City; State; Zip Code <p style="text-align:center;">1357 Flatbush Ave. #1-G Brooklyn, NY 11210</p>	
8 <p style="text-align:center;">PURPOSE OF EXPENDITURE</p>	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Consulting Expense</p>	
	(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 <p style="text-align:center;">1-31-22</p>	Payee name <p style="text-align:center;">Vote Map</p>	
Amount (\$) <p style="text-align:center;">15,000</p>	Payee address; City; State; Zip Code <p style="text-align:center;">120 River Hills Road - Unit 2 Austin, TX 78733</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Consulting Expense</p>	
	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 <p style="text-align:center;">1-31-22</p>	Payee name <p style="text-align:center;">Jesse Torres</p>	
Amount (\$) <p style="text-align:center;">1,091¹⁵</p>	Payee address; City; State; Zip Code <p style="text-align:center;">405 San Jose St Richmond, TX 77469</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Contract Labor</p>	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME <i>James Grady Prestage</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-31-22</i>	5 Payee name <i>Needville ISD Education Foundation</i>	
6 Amount (\$) <i>500⁰⁰</i>	7 Payee address; City: State: Zip Code <i>16319 Highway 36 Needville, TX 77461</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-1-22</i>	Payee name <i>Rodd Guillom</i>		
Amount (\$) <i>1,000⁰⁰</i>	Payee address; City: State: Zip Code <i>8748 Clay Road, unit 300 Houston, TX 77080</i>		

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-1-22</i>	Payee name <i>M3 Graphics</i>		
Amount (\$) <i>9,505⁰⁰</i>	Payee address; City: State: Zip Code <i>11730 S. Wilcrest Dr. Houston, TX 77099</i>		

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2-2-22	5 Payee name Paul The Printer	
6 Amount (\$) 1,100 ⁰⁰	7 Payee address; 5708 N. Shepherd Houston, TX 77091	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description
	(c) <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 2-2-22	Payee name Office Depot	
Amount (\$) 343 ²²	Payee address; 5766 Highway 6 Missouri City, TX 77459	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expenses	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-2-22	Payee name Rodd Guillory	
Amount (\$) 537 ⁶⁹	Payee address; 8748 Clay Rd #300 Houston, TX 77080	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME James Grady Prestage		3 Filer ID (Ethics Commission Filers)	
4 Date 2-2-22		5 Payee name M3 Graphics			
6 Amount (\$) 6,233⁵⁸		7 Payee address: 11730 S. Wilcrest Dr Houston, TX 77099		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-3-22		Payee name Data & Mail Resources			
Amount (\$) 2,059²³		Payee address: 4929 Bialock Rd Houston, TX 77041		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-3-22		Payee name Center Court Pizza			
Amount (\$) 128⁰¹		Payee address: 7425 Hwy 6 Missouri City, TX 77459		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <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: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2-3-22	5 Payee name Best Buy	
6 Amount (\$) 246 ⁷⁴	7 Payee address; 16980 Southwest Freeway Sugar Land, TX 77479	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office 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
Date 2-4-22	Payee name Mark Gibson Campaign	
Amount (\$) 400 ⁰⁰	Payee address; 6307 Penhallow Lane Missouri City, TX 77459	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-7-22	Payee name Fort Bend Herald Newspaper	
Amount (\$) 700 ⁰⁰	Payee address; 1902 Fourth St. Rosenberg, TX 77471	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 2-7-22	5 Payee name Enterprise Rent-A-Car
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6 Amount (\$) 603 ²⁹	7 Payee address: 10330 State Highway 6 South 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) 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 2-7-22	Payee name Maurice Lewis
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Amount (\$) 500 ⁰⁰	Payee address: 22510 Cutter Mill Dr. Spring, TX 77389	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-7-22	Payee name St. Paul A.M.E. Church
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Amount (\$) 125 ⁰⁰	Payee address: 20700 Mills Branch Drive Porter, TX 77365	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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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: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2-7-22	5 Payee name Aede, LLC	
6 Amount (\$) 533 ²²	7 Payee address; City; State; Zip Code 2440 Texas Parkway Suite 202 Missouri City, TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Rental	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-7-22	Payee name Dustin Prestage	
Amount (\$) 1,250 ⁰⁰	Payee address; City; State; Zip Code 1357 Flatbush Ave #1-G Brooklyn, NY 11210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-7-22	Payee name Brenda Patton	
Amount (\$) 400 ⁰⁰	Payee address; City; State; Zip Code 1618 Dusty Ridge Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting 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)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME <i>James Grody Prestage</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-7-22</i>	5 Payee name <i>Ready-Go Signs</i>	
6 Amount (\$) <i>7,590⁰¹</i>	7 Payee address: <i>9825 Drysdale Ln, suite B</i> City: State: Zip Code <i>Houston, TX 77041</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing 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>2-8-22</i>	Payee name <i>Butler Wiseman, LLC</i>	
Amount (\$) <i>1,500⁰⁰</i>	Payee address: City: State: Zip Code <i>4542 Ripple Ridge Drive</i> <i>Houston, TX 77053</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising 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>2-9-22</i>	Payee name <i>City of Missouri City</i>	
Amount (\$) <i>215⁰⁰</i>	Payee address: City: State: Zip Code <i>1522 Texas Parkway</i> <i>Missouri City, TX 77489</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2-10-22	5 Payee name T-Mobile	
6 Amount (\$) 475 ⁹⁴	7 Payee address; City; State; Zip Code 3618 Factoria Blvd Bellevue, WA 98006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-10-22	Payee name Sprint 2 Print	
Amount (\$) 3,570 ⁷²	Payee address; City; State; Zip Code 8748 Clay Road #300 Houston, TX 77080	
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 2-11-22	Payee name Aspire Integrated Services	
Amount (\$) 10,000 ⁰⁰	Payee address; City; State; Zip Code 3706 Straightfork Drive Houston, TX 77082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Service	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: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2-14-22	5 Payee name Enterprise Rental Car	
6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code 10330 SH 6 - South Missouri City, TX 77459	
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
Date 2-14-22	Payee name Enterprise Rental Car	
Amount (\$) 623 ⁰⁹	Payee address; City; State; Zip Code 10330 SH 6 South Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-14-22	Payee name PF Changs	
Amount (\$) 134 ³³	Payee address; City; State; Zip Code 2120 Lonestar Drive Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <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: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2-14-22	5 Payee name Delta Academic and Artistic Philanthropic Foundation, Inc	
6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 711091 Houston, TX 77271	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-14-22	Payee name Dustin Prestage	
Amount (\$) 1,250 ⁰⁰	Payee address; City; State; Zip Code 1357 Flatbush Ave #1-G Brooklyn, NY 11210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-14-22	Payee name Maurice Lewis	
Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code 22510 Cutter Mill Drive Spring, TX 77389	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2-14-22	5 Payee name FaceLift Graphics	
6 Amount (\$) 500 ⁰⁰	7 Payee address; City; State; Zip Code 2419 Winding Creek Drive Fresno, TX 77545	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-14-22	Payee name Ordea Drew	
Amount (\$) 240 ⁰⁰	Payee address; City; State; Zip Code 36 Big Trail Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-14-22	Payee name M3 Graphics	
Amount (\$) 1,491 ⁶⁹	Payee address; City; State; Zip Code 11730 S. Wilcrest 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

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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: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
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4 Date 2-15-22	6 Payee name Data & Mail Resources
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6 Amount (\$) 6,620 ⁰¹	7 Payee address: 4929 Blalock Road Houston, TX 77041	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage Services	(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 2-17-22	Payee name Enterprise Rent-A-Car
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Amount (\$) 1,354 ⁹¹	Payee address: 10330 S.H. 6 south 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) Tras portation Expense	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-18-22	Payee name Soliz Case de Tacos
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Amount (\$) 181 ⁷⁵	Payee address: 303 Dulles Avenue Stafford, TX 77477	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <i>20</i>	2 FILER NAME <i>James Grady Prestage</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-18-22</i>	5 Payee name <i>Ron Reynolds Campaign</i>	
6 Amount (\$) <i>1,000⁰⁰</i>	7 Payee address; City; State; Zip Code <i>6140 Highway 6 South #233 Missouri City, TX 77459</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>2-18-22</i>	Candidate / Officeholder name <i>Aspire Integrated Services</i>	
Amount (\$) <i>10,000⁰⁰</i>	Office sought <i>3706 Straightfork Drive Houston, TX 77082</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Services</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		
Date <i>2-18-22</i>	Candidate / Officeholder name <i>Aspire Integrated Services</i>	
Amount (\$) <i>5,400⁰⁰</i>	Office sought <i>3706 Straightfork Drive Houston, TX 77082</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Services</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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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: 20	2 FILER NAME James Grady Prestage	3 Filer ID (Ethics Commission Filers)
4 Date 2-6-22	5 Payee name Act Blue	
6 Amount (\$) 193 57	7 Payee address; City; State; Zip Code 14 Arrow Street, Suite 11 Cambridge, MA 02138	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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

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

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