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	85
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS MR FIRST James	Grady		ISE ONLY
	NICKNAME LAST Presta 9	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #, 36 Big Trail MISSON	in City TX 77459	J	TUL 17 2023 RO
Change of Address				
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 433-4444	EXTENSION	Date Hand-delivered o	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Samuel	L	Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	
	Stewart		Date illaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / 15526 Winter Brian		STATE;	ZIP CODE 77 489
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(713) 729-5761	EXTENSION		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after treasurer appo	pintment
	July 15 8th day before e	election Exceeded Modified Reporting Limit	Final Report (A	Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 61 / 01 / 23	THROUGH 06	Day Year / 30 / 23	
11 ELECTION	Month Day Year Primary	Description		
12 OFFICE	OFFICE HELD (IT any) County Commiss Preanct 2 Fort Bend County	101er 13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WITHOUT THE CAND	NDATE'S OR OFFICEHOLDE	R'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TR	REASURER NAME		
	COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
James"	Grady " Prestage	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,887.86
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 224,537.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 24,076,45
	4. TOTAL POLITICAL EXPENDITURES	\$ 128,508.44
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 335,818,29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* -0-
(1) Affidavit	Signature of Ca Please complete either option below	ndidate or Officeholder
NOTARY STAMP/SEA	L	
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 administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	on	
	Grady Prestage , and my date of birth is	7-30-1958
My address is 36 8	19 Trail Missour City, T	X, 77459 Fort Bend
Executed in Fort Be	(city) (street) County, State of TEXAS, on the 17th day of Jalus (month)	(zip code) (country) 20 2 3 (year) (date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Comm	mission Filers)
	James "Grady" Prestage	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 222,650
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 104, 431.9
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	JAMES 'GRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
4 Date	6 Full name of contributor out-of-state PAC (IDIN:) PRITI K. SINGH 6 Contributor address; City; State; Zip Code 3143 YELLOWSTON IX 77054	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
1-5-23	XI KAPPA LAMBDA CHAPTER Contributor address; City; State; Zip Code 7031 W. FUEVE	50000
	7031 W. Frgue Missour ally 17x 77 489	.1
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date -9-23	Full name of contributor	Amount of contribution (\$) 2,500 0
	ATY TX 77450 pation / Job title (See Instructions) Employer (See Instruc	ctions)
E	19 (reer ENtech	
Date 1-9-23	Full name of contributor out-of-state PAC (ID#:) COSTELLO INC. PAC Contributor address; City; State; Zip Code 2107 CITYWEST BLUD, 3VAFLOOK HOUSTON, TX 77042	Amount of contribution (\$) 250 60
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)

SCHEDULE A1

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

The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	JAMES GRADY PRESTA	16E	3 Filer ID (Ethics Commission Filers)
			7 Amount of contribution (\$) \$000
• Filtopal docu	pation / Job title (See Instructions)	9 Employer (See Instruc	uons)
Date 1-9-23	Full name of contributor	(IDII:) State; Zip Code	Amount of contribution (\$)
	nation / Job title (See Instructions) AS VI FAM F	Employer (See Instruc	tions)
Date -9-23	Full name of contributor out-of-state PAC SONYA BROWN MARSH Contributor address; City; 407 DEWEL LANDING MISSOURI CITY, TX 7	ACC State: 7 in Code	Amount of contribution (\$)
	pation / Job title (See Instructions) VGGEV	Limboral (and monde	tions) Na neg ement
	Full name of contributor out-of-state PAC LARRY F. JANAK Contributor address; City; 19215 COHEN GREEN CAL HOUSTON, TX 77094 pation / Job title (See Instructions) 9 1000 V	State; Zip Code N.∈	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	JAMES 'GRADY' PREST	AGE	3 Filer ID (Ethics Commission Filers)
4 Date 1-25-23	5 Full name of contributor out-of-state PAC (IDII:		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 3-1-23	Full name of contributor	State; Zip Code	Amount of contribution (\$) 2,500 —
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	GNSINEGRS		
Date 4-5-23	Full name of contributor out-of-state PAC SHLIM CHARDLIA Contributor address; City; 20307 BRIGHTWOOD LN SPRING TX 7737	State; Zip Code	Amount of contribution (\$) $250\overline{D}$
Principal occup	pation / Job title (See Instructions) Peveluper	Employer (See Instruct Prime Sport	ions)
Date 4-5-23	Full name of contributor Dout-of-state PAC COMCAST CORP. PAC-TI Contributor address; City; ONE COMCAST CENTER 1701 SFK BOULEVARD, PHIL	EXAS	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

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

The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1:30
2 FILER NAME	FAMES 'BRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
4-25-23	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code 27/01 W65THEIMER PKWY. KATY, TX 77494	7 Amount of contribution (\$) $2,500^{20}$
-	ion / Job title (See Instructions) 9 Employer (See Instructions) Post 091	
Date 4-25-23	Full name of contributor	Amount of contribution (\$) 2500 00
	on / Job title (See Instructions) Employer (See Instructions) UNEV OLIVIEM, I.O.	
Date 4-25-23	Full name of contributor	Amount of contribution (\$) 2,500
Principal occupat	ion / Job title (See Instructions) Employer (See Instruc	utions)
	Full name of contributor out-of-state PAC (IDII:	Amount of contribution (\$)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this i	form.	1 Total pages Schedule A1:
2 FILER NAME	SAMES GRADY PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
4-25-23	KEVIN J. MATOCHA Contributor address; City; 1600 HWY. 6 SOUTH, STE. 24 SUSAL LAND TX 77478	State; Zip Code	5,000
8 Principal occu		9 Employer (See Instruct	ions)
o i mopai occ	^ ^	5 Employer (See Instruct	ions)
	Peveloper	STONEHEN	6 E
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-25-23	ALLIANCE PAC		
723-23		State; Zip Code	5,0000
	Contributor address; City; 6200 SAVOY DR. 5TE.100	otate, 2p occe	3,000
	0200 2 AVO 9 02. 316.100	4 4	
	HOUSTON, TX 77036	\	No. of the second secon
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-25-23	MOHAN BALLAGERE Contributor address; City; 5600 BinHiffDr. 100500, TX 77036	State; Zip Code	1,000 20
	pation / Job title (See Instructions)	Employer (See Instruct	
	Engneer	Geolest	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-25-23	Contributor address; City:	State; Zip Code	1000
	1361 MISTLETOE DR.	State, Zip Code	a Artist
	FORT WORTH TX 76110		
Dd. data		Employer (See Instruc	tione)
	pation / Job title (See Instructions)		
L Y	dister	THETYSON	ORGANIZATION

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SCHEDULE A1

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The	nstruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:30
2 FILER NAME SAMES GRADY PRESTAGE		6 e	3 Filer ID (Ethics Commission Filers)
4 Date 4-25-23	4 Date 6 Full name of contributor Out-of-state PAC (IDIK)		7 Amount of contribution (\$) $5,000$
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor		Amount of contribution (\$)
4-25-23	5330 MONTROSE BLUD.	State; Zip Code	5,00000
Principal occur	HOUSTON, TX 77005 ation / Job title (See Instructions)	Employer (See Instruct	ions)
Principal occup	Developer	Americus (
Date	Full name of contributor	*	Amount of contribution (\$)
4-25-23	HARISH SASOD Contributor address; City; S 62 BRADFORD CIRCLE SUGAR CAND TX 77479	State; Zip Code	5,000 to
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Engineer	HJ ansu	1 ting
Date	Full name of contributor	•	Amount of contribution (\$)
4-25-23	SAT VA PILLA Contributor address; City; 4103 OAK BLOSSOM CT. HOUSTON, TX 77059	State; Zip Code	5,0000
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ENGINEEYZ.	IGET	

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: 30
2 FILER NAME	JAMES 'GRADY' PREST		3 Filer ID (Ethics Commission Filers)
4 Date リー25-23	5 Full name of contributor Out-of-state PAC ALVIND SAN MIGUE 6 Contributor address; City; 8101 KIRCHNER ROAD MANUEL TX 77578	(ID#:) L State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) Marager	9 Employer (See Instruction DEV	GLOPMENT CORP.
Date	Full name of contributor ut-of-state PAC		Amount of contribution (\$)
4-25-23	MARCELO MOACYR Contributor address; City; 5719 MARTINIQUE PASS SUBAR LAND, TX 774 Dation / Job title (See Instructions)	State; Zip Code	5000
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
	Contributor address; City; 18130 RINGFIGLD BR. HOUSTON, TX 77084	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 4-25-23	Full name of contributor out-of-state PAI MATTHEW L. FROEHLIC Contributor address; City; 22943 PROVINCIAL BLUB. KATY, TX 77450		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Engineer	Employer (See Instruc	ctions) .

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this i	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	JAMES GRADY PRESTAG	=	
4 Date	6 Full name of contributor ☐ out-of-state PAC (7 Amount of contribution (\$)
4-25-23	CHARLES G. COYLE 6 Contributor address; City: 4517 KANSAS ST. FRESHOLTS 77545	State; Zip Code	1500
8 Principal occu	PRESNO, TX 77545 pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
		S.C. CANTER	A Homes, IUC.
Date	Full name of contributor	(10#;)	Amount of contribution (\$)
4-25-23	RAYMOND SEWELL Contributor address; City; 2228 WATER FORD VALLAGE BLU	State; Zip Code	2000
	missouri City, TX 77450 pation / Job title (See Instructions)	1	(2)
Principal occup			tions)
	retired	KETIRED	
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
4-25-23	DEAN CARPENTER Contributor address; City: 4806 LANTANA CT.	State; Zip Code	25000
	SUGAR LAND, TX 77479		
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
(jourdey	HLU, Inc.	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4-25-23	Contributor address; City;	State; Zip Code	2500
	6902 CHANTILLY CT.		
Principal occur	DALLAS, TX 75214 petion / Job title (See Instructions)	Employer (See Instruc	tions)
-	ROSECT MANAGER	JAHIR 1	auna)

SCHEDULE A1

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

The instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	JAMES GRADY PRESTAGE	-	3 Filer ID (Ethics Commission Filers)
4 Date 4-25-23	4 Date 5 Full name of contributor out-of-state PAC (IDIII:) 4-25-23 Contributor address; City; State: Zip Code P.D. BOX 17428		7 Amount of contribution (\$)
	Pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
A	TTORNEYS AT LAW		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-25-23	SHOUTING HU Contributor address; City; 105 PAMELLIA D. BELLAIRE TX 77401	State; Zip Code	1,5000
Principal ocoup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	engineen.	AVILES ENGI	NEORING CORP.
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-25-23	Contributor address; City; S333 NAKOMA DRIVE DALLAS, TX 75209	State; Zip Code	2,000 00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Developer	Street le	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
4-25-23	BRAY CRAIN Contributor address; City: 3812 BUCKHOLT STREET-3800 PEARLAND, TX 77581	State: ZIP Code OI KNAPPRO CHRICANO, TX 7758	2,500
Principal Accus	pation / Job title (See Instructions)	Employer (See Instruct	ions)
rinoipai occu	Contractor	CRAIN GROUT	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	JAMES 'GRADY' PRESTAGE			
4 Date				
4 Date	6 Full name of contributor Out-of-state PAC	(ID#)	7 Amount of contribution (\$)	
4-25-23	6 Contributor address; City; State; Zip Code 454 W. 1875 HOUSTON TX 77008 Coupation / Job title (See Instructions) 9 Employer (See Instructions)		500	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
	Engineer	BGE		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
4-25-23	Contributor address; City; 23431 CRIMSON STAR TERRI	State; Zip Code	50000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
		Employer (See Instruct	uona)	
Engineer BGE				
Date	Full name of contributor		Amount of contribution (\$)	
4-25-23	CEVIBENTON ASSOCY Contributor address; City; 2207 PINE LOCH DR.	State: Zip Code	2000	
	HOUSTON, TX 77062			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	Attorney	Law office	of Levi Benton	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4-25-23	HAYNES AND BOONE PAC Contributor address; City; State; Zip Code 2323 VICTORY AVE, SUITE 700 DALLAS, TX 75219		1,000	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Employer (See Instructions)			non)	
1, 10				
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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	SAMES' GRADY PRESTAGE	. '	
4 Date	Full name of contributor	7 Amount of contribution (\$)	
4-25-23	HOWARD KATZ 6 Contributor address; City; State; Zip Code IIIB DEERFIELD Rb.,	. 10000	
8 Principal occur	Pation / Job title (See Instructions) 9 Employer (See Instru	uctions)	
• Fillicipal occu		deuons)	
	KETIRON		
Date	Full name of contributor	Amount of contribution (\$)	
4-25-23	Contributor address; City; State; Zip Code 15310 SKYHILL DR	1,0000	
CYPRESS, TX 77433			
Principal occup	pation / Job title (See Instructions)	•	
ENGINEERS AKY CONSULTING ENGINEERS			
Date	Full name of contributor	Amount of contribution (\$)	
4-25-23	THE MULLER LAW GROUP, PLLC Contributor address; City; State; Zip Code 202 CENTURY SQUARE BLUD. SUGAR LAND, TX 77478	(1000 <u>po</u>	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)	
1	TIDRUEUS AT LAN		
Date	Full name of contributor	Amount of contribution (\$)	
4-25-23	DAVID EASTWOOD Contributor address; City; State; ZIp Code 17407 HEHWAY 59N HUMB(67, TX 77396	1,500	
Principal occur	pation / Job title (See Instructions) Employer (See Instr	uctions)	
	PNGINEER		

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	SAMES GRADY PRESTAGE	3 Filer ID (Ethics Commission Filers)	
4 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
4-25-23 RANDY RANDERMANN G Contributor address; City; State; Zip Code 4860 SAMES LN. FULSHEAR IX 77441		2,500 02	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
	ENGINEER BEE, INC		
Date	Full name of contributor	Amount of contribution (\$)	
4-25-23	STEVE COCHRAN Contributor address; City; State; Zip Code 214 ARBORWAY	1000	
	HOUSTON, TX MOSM		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
4-25-23	KEUN HATTERY Contributor address; City; State; Zip Code 3819 VILLANOVA ST. HOUSTON, TX 77005	500 <u>m</u>	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
	LEO BAYS! GIRLS CLUB		
Date 4-25-23	Full name of contributor out-of-state PAC (ID#:) MATTHEW GONDON Contributor address; City; State; Zip Code 4900 WOODWAY SR. STE. 1125	Amount of contribution (\$)	
	HOUSTON, TX 77056		
_	Principal occupation / Job title (See Instructions) Employer (See Instructions) BOLDON PLOPENTIES		

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
-	SAMES GRADY PRESTAGE		
4 Date			7 Amount of contribution (\$)
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
11 20 00	JOHN GUESS		1,5000
4-28-23	6 Contributor address; City;	State; Zip Code	1,300
	6 Contributor address; City; 10627 AIBURY DR.		4"
9 Principal acc	HOUSTON TX 7709(e)	9 Employer (See Instruc	Hono
• Finicipal doct	ipation 7 Job due (See Instructions)	_	
	APPRAISERS ACQUEITON	THE GUESS	GROOF
Data	Full name of contributor	(ID#	
Date	Full name of contributor	(IU#)	Amount of contribution (\$)
11 00 00	STEVEN ALUIS		
4-28-23	Contributor address: Citv:	State: Zip Code	1,5000
	Contributor address; City; 8827 W. SAM HOUSTON FRWY	1.518.700	10
	HOUSTON, TX 77040	10	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Developer	New aves	_
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Cyle HENKEL Contributor address: City:		
4-78-23	CTLL HENKEL		2,5000
1 2005	Contributor address; City; 1445 N. L. DOP W55T	State; Zip Code	2,300
		*	
	HOUSTON, TX 77008		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
Er	16INEEN	BOUMAN' CONS	ULTING GROUP LTD.
Date			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11 20 00	PAUL P. KWAN	-	AD.
4-28-23	Contributor address: City;	State; Zip Code	2,500 12
	13423 AMBER QUEEN LAVE		
	HOUSTON, TX 77041		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Engineer	LandTeck	
	J/(/	CT TOO TO OT	,
3			

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form	1 Total pages Schedule A1:
		3 Files ID (Ethica Cammingian Files)	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	SAMES GRADY PRESTAGE		
4 Date	6 Full name of contributor ut-of-state PAC	(ID#)	7 Amount of contribution (\$)
11	BONNIE MOSS		~ mo
4-25-23	6 Contributor address; 12418 WESTELLADR City; 1505 HV	State; Zip Code	5,0000
	12918 WOSTECHTA. 1505 HI	vy.65. #180	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ions)
	ENGINEER	MBCD ENGINE	BERING LLC
		THE CONTRACTOR	
Date	Full name of contributor	(10#)	Amount of contribution (\$)
	CC. LEE		
4-28-23	Contributor address: City:	State; Zip Code	2,5000
	6001 SAVOY DR., STE. #100		-/-
	HOUSTON, TX 77036		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ARCHITECH		
Date	Full name of contributor	c (ID#:	Amount of contribution (\$)
	Saux Daymor		
4-28-23	DAVID BALMOS		5,000 00
9-40-23	Contributor address; City; 13623 WAVERLY CREST CT.	State; Zip Code	3,000
	CYPRESS ,TX 77429		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
/ Midipal doda	ENGINGER	MSB	,
		1 1/1 2/10	
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)
4-26-23 BATES CONSULTING SELUCIOS BELL Contributor address; City; State; Zip Code 50000			AD.
			500=
	2450 LOVISIANA ST., STE. 35	3	,
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Principal occu		Employer (See Instruc	
The first of the second	Attoney	Bates (on	Sv Tling
	,		,

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	JAMES 'SLANY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: HUITT - ZOLLARS INC. TEXAS FAC 6 Contributor address; City; State; Zip Code S 430 LBT FREWAY, STE. 1500 DALLAS TX 75240 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		ode 2,300 —
Date 4-28-23	Full name of contributor cut-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup		ee Instructions) ACROISITION SONICO, LLC
Date 4-28-23	Full name of contributor City: State: Full name of contributor Contributor address: Full name of contributor City: Full name of contributor Contributor address: Full name of contributor Contributor address: Full name of contributor Contributor address: Full name of contributor City: Full name of contributor Contributor address: Full name of contributor Contributor address: Full name of contributor Contributor address: Full name of contributor City: Full	1,500 PD
Principal occur	pation / Job title (See Instructions) Employer (S	ee Instructions)
Date 4-28-23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup		ee Instructions)

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 fo	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	SAMES GRADY PROSTAG	E		
4 Date			7 Amount of contribution (\$)	
			Pariodit of Contribution (4)	
5-5-22	COBB FENCEY 1 HC	State; Zip Code	2,5000	
0 5-25	6 Contributor address; City;	State; Zip Code	2/300	
S-5-23 COBB FENLEY PAC 6 Contributor address; City; State; Zip Code 13430 NORTHWEST FREEWAY, STE, 1100 HOUSTON TX 77040				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc			ions)	
Date	Full name of contributor	D#:	Amount of contribution (\$)	
	A A / //- A / \		Taribani of continuation (c)	
5-5-23	JOHN CACHOON		2,5000	
2.2.72		State; Zip Code	2,800	
	126 BAST AMITEST.	,		
	JACKSON, MISSISSIPPI 3920	/	,	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Engineer	4MS		
Date	Full name of contributor	D#)	Amount of contribution (\$)	
5-5-23 LARRY BRISSS 5000			20	
3-5-23	Contributor address; City;	State; Zip Code	5000	
	B4 MASNOLIA CIRCLE	State, Zip Code		
	HOUSTON, TX 77024			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	Investor			
	1			
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
5-5-23	MICHAEL DOTSON		5000	
0 3 25	Contributor address; City;	State; Zip Code	300-	
	2800 KIRBY DR APT. A630			
	HOUSTON, TX 77098		•	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions) .	
	CEO	ACKESSHEACT	A	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this i	1 Total pages Schedule A1:	
2 FILER NAME DAMOS GRADY PRESTAGE		3 Filer ID (Ethics Commission Filers)	
4 Date 5-5-23	WAYNE LIKETT 6 Contributor address; City; State; Zip Code 4202 CLEARWATER COORT		7 Amount of contribution (\$) 50000
8 Principal occu	pation / Job title (See Instructions) Pregident	Brynmar 1	
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
5-5-23	H. PRASAD KOMURU Contributor address; City: 94 HEATHROW LN.	State; Zip Code	2,500
	SUGAR LAND, TX 77479		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ENGIVEEN	AMANI ON	INEDYUS, INC
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5-5 -4. 3	Contributor address; City; 1011 RICHMOND AVE. 57E. 200 HOUSTON, TX 77042		250000
Principal occup	pation / Job title (See Instructions)	ENGINEER	
Date 5-5-23	Full name of contributor		Amount of contribution (\$)
	440 BENMAR WA. #3335 HOUSTONIX 77060		
Principal occuj	pation / Job title (See Instructions) Arch Feet	Employer (See Instruct	tions) HIBC75

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	JAMES GRADY PRESTAGE	3 Filer ID (Ethics Commission Filers)
Date 5-5-23 Principal occu	6 Contributor address; City; State; Zip Code S330 MAN DECC ST. HOUSTON TX 77005 pation / Job title (See Instructions) 9 Employer (See Inst	7 Amount of contribution (\$) 500 00
	Retired	
Date 5-5-23	Full name of contributor out-of-state PAC (IDI): SOE L SCOTT (CALLED) Contributor address; City; State; Zip Code 435 THA MER LN HOUSTON, TX 77024	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
	Developer Cerrus	Development
Date	Full name of contributor	Amount of contribution (\$)
5-5-23	HARRY JOHNSON Contributor address; City; State; Zip Code 10700 RICHMOND AVE., STE. 265 H00570N, TX 77042	25000
A	pation / Job title (See Instructions) Employer (See Ins	ostructions)
Date	Full name of contributor	Arnount of contribution (\$)
5-5-23	WILLIAM ROSS Contributor address; City; State; Zip Code	2000
	2527 RITTEN MORE DR.	
		structions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	-James GRADY PRESTAGE			
4 Date	6 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)		
5-5-23	TAS ENGINEERING SROVE FAL 6 Contributor address; City; State; Zip Code 13430 NOUTHWEST FLWY.STE. 100 HOUSTON, TX 71040	2,5000		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)		
Date	Full name of contributor	Amount of contribution (\$)		
5-5-23	Contributor address; City; State; Zip Code 7 LITTLE RISE DA. MISSOURI CITY, TX 77459	5000		
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)		
	retired			
Date	Full name of contributor	Amount of contribution (\$)		
5-5-23	GABRIEC SOHNSON Contributor address; City; State; Zip Code 9407 RESTON GROVE CANE HOUSTON, TX 77095	5,000 <u>do</u>		
Principal occu	pation / Job title (See Instructions) Employer (See Instr	ructions)		
	ENGINEER AIS TECHN	VICAL SONVICES, LIC		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
5-5-23	MITTIE P. GREGORY Contributor address; City; State; Zlp Code P.O. BOX 1145	500 °Z-		
	MISSOURI CITY, TX 77459			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Retired			

SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
7	AMBS GRADY PROSTAGE		
4 Date			7 0
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
5-5-23	KANNEY W. MCDONOUSH		5 5 5 6
3 3.23	6 Contributor address; City;	State; Zip Code	2,5000
	RANNEY W. Mc DONOUGH 6 Contributor address; City; 3 P.N. OAK GSTATUS DR.		•
9 Detected cont	DECCAIRE, IX 11901		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	
	ENGINEER	MC Donough E	NSINOTHUO CORP.
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	COSTAS K. GEOR GHID	(1)	
5-5-23	***************************************	***************************************	25000
5-2-25	Contributor address; City; 12335 MEADOW LAKE DL	State; Zip Code	Zpoc
Dringing cour	pation / Job title (See Instructions)	Employer (See Instruc	tions)
- micipal occup		<u> </u>	
	Engineer	PEAL	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5-5-73	CLINTON F. WONG		0
2-2-23	Contributor address; City;	State; Zip Code	2,5000
	1616 S. UOSS RD. STE. 618		
	HOUSTON, TX 77057		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Developer	SKUMARK DE	VELOPMENT CO. Inc.
		I MINIST PO	Volumes Colored
Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
	MICHAEL BALLARE		1 -01
5-5-23	Contributor address; City;	State; Zip Code	3000
	15102 CHASERIDGE DR.		
	MISSOURI, CITA, TX 77489		
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions) .
RETIRED			

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The instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
-	JAMES 'GRANY PRESTAGE	3	
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
5-10-23	111		200=
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
		RETIREN	
		170 11001	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5-16-23	Contributor address; City; 1025 S.SAEPHERD DR. UNIT 310	State; Zip Code	1,5000
Principal occur	HOUSTOW, TX 77919 pation / Job title (See Instructions)	Employer (See Instruct	ions)
Tiricipal occup	Engineer		
	LIGINEEV	ZARINKELK E	NO INEFITING
Date		(ID#. C00333534)	Amount of contribution (\$)
5-16-23	CONTENL POINT ENEMBY Contributor address; City; P.O. BOX 4567 HOUSTON, TX 77210	State; Zip Code	1,50000
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 5-16-23	Full name of contributor	(titilit:) State; Zip Code	Amount of contribution (\$)
	11146 GARDEN CREST		
	HOOSTON, TX 77077 pation / Job title (See Instructions)		Mana)
Principal occup	Pation / Job title (See Instructions)	Employer (See Instruction RG MAILEV	

SCHEDULE A1

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The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	JAMES GRADY PRESTAGE	7			
4 Date			7 Amount of contribution (\$)		
			Parison of contribution (4)		
5-126-23	FAKH RUDDIN SABIR 6 Contributor address; City; 13105 NORTHWEST FWY, STE. 11	States 7 Code	0 . 00		
.025	12105 Manual ADAT Guill STR. 11	State; Zip Code	2,0000		
	HOUSTON, TX 77040		,		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Architect	FS Grows	Archidects		
	7, 5047(25)	13 670 7	101 2040 13		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
			randant of bondibadon (b)		
5-16-72	Contributor address; City;				
5-10-65	Contributor address; City;	2,000			
	19215 COHEN GLEEN LANE		/		
	HOUSTON, TX 77094 pation / Job title (See Instructions)	,			
Principal occup		Employer (See Instruc	tions)		
	ENGINEER	IDCUS			
Date	Full name of contributor	(fD#:)	Amount of contribution (\$)		
	ABHR, WP				
5-16-23	ABHR LLP Contributor address; City;	2500-			
	3200 SOUTHWEST FREGWAY	4500			
	HOUSTON, TX 77027	1-10. 2000			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
1000	MATTER OF (AM)				
711.0	nurys AT (AW)				
Date	Full name of contributor ut-of-state PAC	(IDIF:)	Amount of contribution (\$)		
	OUIDIO N. ALANIS				
5-16-23			2,500 N		
	Contributor address; City; B519 WOODS HOLLOW TRL.	State; Zip Code	4300		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	Wann)		
			xions) ,		
	Mineer	ENTECH			
		•			

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	James 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 5-16-23	6 Full name of contributor □ out-of-state PAC BASSEM CHAFIC T 6 Contributor address; City; 1125 RIVER SLYNNAR, HOUSTON TX 77063 pation / Job title (See Instructions)	7 Amount of contribution (\$) 5,000	
Principal occu	pation / Job title (See Instructions) GNOINEEX	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
5-16-23	Contributor address; City; 11550 W. INTERSTATE 10, 57 SAN ANTONIO, TX 78230	State; Zip Code C. 395	5,0000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 5-/6-23	Full name of contributor out-of-state PAG UHKINDER BOBBY P.5/N Contributor address; City; 125/1 STILL HARBOUR ME HOUSTON, TX 7704/		Amount of contribution (\$) Signal Alexander
Principal occuj	pation / Job title (See Instructions) Unev	Employer (See Instruc	ctions) Consultants
Date 5-16-23	Full name of contributor out-of-state PARAL FF ASSOCIATES—S Contributor address; City; 1201 N. BOWSER ROAD RICHARDSON, TX 7.508 (1	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions) .

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	100 1000		3 Filer ID (Ethics Commission Filers)
	JAMOS GRADY PRESTAGE		
4 Date	6 Full name of contributor		7 Amount of contribution (\$)
	DANIEL SIGNOREILL	-	
5-11-20	C Contributor address. City	State; Zip Code	2,50000
5-16-23	6 Contributor address; City;		2/300-
	1401 WOODLANDS PKWY.	77380	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Developer	Signorell	i Companies
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
F 11 114	CURTIS LAMPLEY		0 C M
5-16-23	Contributor address; City;	State; Zip Code	2,500 0
- S	Contributor address; City; 3233 PROSPECT 57,		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Engineer	HTS	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
F 11 na	LLARANCE TURNER		2,5000
5-16-23	Contributor address; City; P.D. BOX 481	State; Zip Code	-,
	STAFFORD, TX 77497		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ENGINEER	KALUZA	
Date	Full name of contributor out-of-state PAC	; (LD#:)	Amount of contribution (\$)
5-16-23	EPIFANIO SALAZAR, J		5,000
2167	Contributor address; City;	State; Zip Code	2/000
	6623 ALICANT DR.		
	SUGAR GAND, TX 77479		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Engineer	SES Ho	11.20y
	- Louis - Loui		
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SCHEDULE A1

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

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	JAMES 'GRADY' PROSTAG	BE .	3 Filer ID (Ethics Commission Filers)
4 Date 5/16/23	Full name of contributor □ out-of-state PAC (ID CHRISTOPHER WILSON) City; 3711 ELMWOOD DALE DR. FRESNO, TX 77545	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) Pehred	Employer (See Instruct	ions)
Date	Full name of contributor)#:)	Amount of contribution (\$)
5-16-23	CONTROLL BARFIELD CONTRIBUTOR address; City; 10827 PAINTED CRESCENT CT. CYPRESS, TX 77433		5000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	GNGINEONS	BINKLEY &	BARFIELD
Date	Full name of contributor		Amount of contribution (\$)
5-14-23	Contributor address; City; 9209 STASE COACH DR. HOUSTON, TX 77041	State; Zip Code	500P2.
Principal occu	pation / Job title (See Instructions)	Employer (See Instrug	tions)
	Engineer	BINKLEY BA	RECELA
Date 5-/6-23	Full name of contributor 🔲 out-of-state PAC (III	D#:	Amount of contribution (\$)
	Contributor address; City: 1302 CFBAR TERRALE CONT SUBAN LAND, TX 77479	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Engineer	BBF	

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:					
2 FILER NAME	SAMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)					
5 Full name of contributor out-of-state PAC (IDIK								
8 Principal occup	pation / Job title (See/Instructions)	9 Employer (See Instruct	ions)					
Date 5-16-23	Full name of contributor out-of-state PACE DAMID HAMILTON Contributor address; City; 12315 WOOD THORPE LN, HOVSTON, TX 77024	State; Zip Code	Amount of contribution (\$)					
Principal occup	ENGINEEVA	Employer (See Instruct	BARFIELD					
Date 5-/6-23	Full name of contributor	4400	Amount of contribution (\$)					
Principal occup	HOUSTON TX 17249 pation / Job title (See Instructions)	Employer (See Instruct	tions)					
Date 5-16-23	Full name of contributor out-of-state PAGE SIM RUSS Contributor address; City; 10011 MEADOWSLEA LN. HOUSTON TX 77042	State; Zip Code	Amount of contribution (\$)					
Principal occup	ENGINEER	Employer (See Instruc	tions)					

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME SAMOS' GRADY PRESTAGE	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#: S-16-23 6 Contributor address; City; State; Zip Code 2707 ANTUMNICAUS INC. KATU, TX 77450	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See In WE/55&V.	structions)
Date Full name of contributor Out-of-state PAC (HDH): ASIM TUFAIC Contributor address; City; State; Zip Code S447 LARKINST., HOUSTON, TX 77007	Amount of contribution (\$) 2,500 D
Principal occupation / Job title (See Instructions) Employer (See In Black II	
Date Full name of contributor GLENNIE GOLDON Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Full name of contributor Gut-of-state PAC (IDII: Cout-of-state PAC (IDII: Cou	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	estructions)
Date Full name of contributor Out-of-state PAC (IDIR:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See In	USULTING GROVE

SCHEDULE A1

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

The	instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	JAMES GRADY PRESTA	3 6	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:		7 Amount of contribution (\$)
5-16-23	MIE SHIHADEH 6 Contributor address; City; State 11907 ARCADIABEND LANE HOUSTON, TX 7704/	; Zip Code	5,000
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instruc	tions)
	Engineer E	Earth B	ngineering
Date	Full name of contributor		Amount of contribution (\$)
5-23-23	Contributor address; 3143 YELLOWSTONE BLUD HOWTON, TX 77054	e; Zip Code	1:500 =
	HONOTODITY 17054		
Principal occur	eation / Job title (See Instructions)	Socotol	Tosting Lab
Date	Full name of contributor		Amount of contribution (\$)
5-26-23	BRACEWELL PAC Contributor address; City; State All Couls I ANA ST., STC. 200 230		1,50000
	HOUSTON, TX 77002		
Principal occuj	pation / Job title (See Instructions)	nployer (See Instruc	ctions)
Date	Full name of contributor Out-of-state PAC (IDIK		Amount of contribution (\$)
5-26-23	Contributor address; City; State 16503 MA HOGONY DR. MISSOUNI CITY, TX 77 489	e; Zip Code	150.00
Principal occu		nployer (See Instruc	ctions)
	Refred		

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	JAMOS BRADY PROST	n Ro	
4 Date			7
4 Dato	6 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
1 21 41	OMAR ALHAMMOURI		2000
5-26-23	6 Contributor address; City;	State; Zip Code	2,0000
	9757 KATY FWY. APT. 1912	HOLEXANTX 7700U	
8 Principal occu		9 Employer (See Instruct	tions)
	Business Development	- 1	SNBINOUNIS
	Touseness Eller Francis	1 170 114 DOLG	3/00/1000141-0
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	600 1/11 was 5		
- 1/ 24	SOREN VALVERDE		2500
5-26-23	Contributor address; City;	State; Zip Code	250 =
	11703 PENDER LANG	17 191	
	STAFFORD, TX 77477	?	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	1.
	PRESIMENT	VALVERSE FA	MIG ENTERPLEE LLC
Dete	Full come of contributes		/
Date	Full name of contributor ut-of-state PAC	(IU#:	Amount of contribution (\$)
1 21 25	RAT BASAVARASU Contributor address; City;		a)n
5-26-23	Contributor address; City;	State; Zip Code	1,000
	20918 VELUET IVINGDR.	1 1 4 5	1
	CAPRESS, TX 7743	3	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ENGINEER	TRAUSCENA	ENGINEISYNK
		1 /V/Macores	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	William BOBRICIC		1-06-
5-26-23	Contributor address; City;	State; Zip Code	1000
	P.O.BOK 637		
	SUBARLAND, TX 77478		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Congultant	AFT OF	TEVAS
			4

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The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	AMES 'GRADY' PRESTAGE		3 Filer ID (Ethics Commission Filers)
4 Date 6-5-23	6 Full name of contributor □ out-of-state PAC HERMANN BURROUGH 6 Contributor address; City; 9717 SECONDWIND COUNT	7 Amount of contribution (\$)	
	MISSOURI CITY, TX 7	1459	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	President	AUSTATE	INSUNANCE BOOM
Date	Full name of contributor	C (IDH:)	Amount of contribution (\$)
6-5-23		State; Zip Code	2,500 2
	11510 SCOTTSDALE DR. MEADOWS PLACE, TX	77477	•
Principal occup	pation / Job title (See Instructions) ENGINEER	Employer (See Instruc	ations)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4-5-23	Contributor address; City; 4315 WHICKHAM DR.	State; Zip Code	2,5000
Principal occuj	PULSHEAR TX 77441 pation / Job title (See Instructions) ENG (NEET)	Employer (See Instruc	tions)
	1 Grouphee 10	1 GJA	T
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
5-16-23	Contributor address; City: (0330 WEST LODPS, STE. 15 BELLAIRE, VX 77401	State; Zip Code	1500 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions)

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 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. James "Grady Prestage 6 Payce name 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mana Basio Movales 7 Payee address; 6 Amount (\$) City; State: Zip Code 5015 Ridge Manor Dr Houston, TX 77053 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Holiday Event Contract Labor **PURPOSE** EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date 1/3/23 Apple Store City; State; Zip Code 16535 Southwest Freeway Sugar Land, TX 77479 Category (See Categories listed at the top of this schedule) Description Computer Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 1/3/23 American Storage Payee address; Zip Code Amount (\$) City; State: 2427 Texas Parkway Missouri City, TX 77489 Description Rental Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 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 CATE	GORIES F	ORE	зох	8(a)						-
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repay Office Overl Polling Exp Printing Exp Salaries/Wa	nead/R ense ense ages/C	tental	Expense	•	Transpor Travel In Travel O	District ut Of Distri	pmen	expense t & Related Expe	ense
1 Total pages Schedule F1:	2 FILER N	ANG					-	3 Filer	ID (Ethic	s Co	mmission File	rs)
52	50	imes "Grady"	Prest	ag	e							
4 Date 1/4/23	6 Payee na M ∠	Afle										
6 Amount (\$) 16 2 36		ddress; 20 America Ceu 1 Jose, CA	nger D	V 1 V	و ٢	City;			State;		Zip Code	
8	(a) Categor	y (See Categories listed at the top of the	is schedule)	(b)	Desc	cription						
PURPOSE OF EXPENDITURE	Softi	ware Expense									100	
	(c)	Check if travel outside of Texas. Complete	Schedule T.			Check if	Austin	, TX, offic	eholder livir	ng exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		(Office	e sough	nt			Off	ice held	
Date 1/5 /23	Payee na	ame vosoff Corporat	701									
Amount (\$)	Payee a	ddress;			(City;			State;		Zip Code	-
106 29		nicrosoft Way										
		(See Categories listed at the top of thi	s schedule)		Des	cription						
PURPOSE OF EXPENDITURE		wave Expense										
		Check if travel outside of Texas. Complete	Schedule T.			Check if	Austin	n, TX, offic	eholder livi	ng exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		(Office	e sough	nt			Off	fice held	
Date	Payee n	ame										
1/5/23	Bre	nda Patton										
Amount (\$) 00 427	Payee a	ddress; 3 Dusty Ridge soun City, TX =	77450	3	(City;			State;		Zip Code	
					Dec	orinti-						-
PURPOSE OF EXPENDITURE		V (See Categories listed at the top of this			Des	cription						
		Check if travel outside of Texas. Complete	Schedule T.			Check if	Austin	n, TX, offic	eholder livi	ng exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name			Offic	e soug	ht			0	ffice 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

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

Credit Card Payment	The instruction Guide explains how to co	omplete this form.		
Total pages Schedule F1:	2 FILER NAME Grady Presta	9e	3 Filer ID (Ethic	s Commission Filers)
1/5/23	Brenda Patton			
100 00	7 Payee address; 1618 Dusty Ridge Missouri City, TX 77459	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Con tract Labor	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/5/23	Felecia Evans. Smith			
Amount (\$)	Payor address; 1123 Wesley Drive Stafford, TX 77477	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Confract Labor	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			prince par papers and a supply of the second state of the papers of the second state o
1/6/23	Bonita Billings			
2,504 00	Payee address; 6202 Copin Lake Lane Missouri City TX 7745	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Ligury Co	itering	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above))
Credit Card Payment	The instruction Guide explains how to	o complete this form.		
1 Total pages Schedule F1:	Tampe Grady Prest	age	3 Filer ID (Ethics Commission File	ers)
4 Date 1/6/23	44 Program Ft. Bend C	County		
6 Amount (\$)	7 Payee address; 1402 Band Rd \$100 Rosenberg, TX 77471	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1/9/23	Fheryl J. Prestage			
Amount (\$) 1,250	Payee address; 36 Big Troil Missouri City, TX 27456	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbusement for Campaia related expense	Description	servces with	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 1/9/23	Payee name Brenda Patton			
Amount (\$) 00	Payee address; 1618 Dusty Rudge Missouri City IX 7745	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

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

Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Grady T-mebile 7 Payee address: 6 Amount (\$) City: State; Zip Code 5684 Highwayb Missoun City, TX 77459 (b) Description 8 **PURPOSE** Phone Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date B's Wine Bar Amount (\$) Pavee address: City; State; Zip Code 6202 Copin Lake Lane Missouri City, TX 77459 Category (See Categories listed at the top of this schedule) Description Liguor Catering **PURPOSE** Event Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Bayou Boys Restaurant Payee address; 13335 TX-36 City; State: Zip Code Amount (\$) Needville, TX 77461 Description Category (See Categories listed at the top of this schedule) Meetines Food & Beverge Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Printing	g Expense s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The instruction Guide explains how t	o complete this form.		
1 Total pages Schedule F1: 52	2 FILER NAME James Grady P	vestage	3 Filer ID (Ethics Commission Filers)	
4 Date 1/12/23	Greta Blankenship			
6 Amount (\$)	7 Payee address; 16432 Chimney Rock	(City: 424)	State; Zip Code	
200	Houston, TX 2053			
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1/17/23	Southern University School	larship Galq		
Amount (\$)	Payee address;	City;	State; Zip Code	
946 64	3000 North Loop Freeway West			
176	Houston, TX 77092			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation			
OF EXPENDITURE	0000(12-1			
	Check if travel outside of Texas, Complete Schedule T	Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1/17/23	Alpha Phi Alpha Trater	nity		
Amount (\$)	Payee address;	City;	State; Zip Code	
4.00	7031 W. Fugua	· · ·		
	Missour City Tx 7748	7		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation/Event			
	Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Manas Contract Labor. Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Others (extension and listed should)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Grady "F		3 Filer ID (Ethics Commission Filers)
4 Date	6 Payee name	vesia-je	
1/17/23	Chama Gaucha Braz	· (
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
475 22	5265 Westhermer	Rood	
700	Houston, TX 27057		
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
PURPOSE	Food & Beverage Exper	ise Staff EV	ent
OF EXPENDITURE	1000 2 Beverage offer	30 30011 20	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/17/23	Texus Democratic 1	Woman - Fort B	Bend
Amount (\$)	Payee address;	City;	State; Zip Code
500	8014 Agora avele	100	
	Sugar Land, TX 774	179	
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF	Donation		
EXPENDITURE			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
5.	Power name		
Date 1/19/23	Southern University Alu	mi Schularship	Gala
Amount (\$)	Payee address;	City;	State; Zip Code
236 66	3000 North Loop Free	very West	
276	Houston, TX 77092		
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Donatron		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		pense ages/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)
Cledit Cald Payment	The instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1: 52	James Grady Prestag	e	3 Filer ID (Ethics	Commission Filers)
4 Date 1/20/23	Constant Contact			
6 Amount (\$) 204 ⁷⁵	7 Payee address: 1601 Trapelo Road Waltham, MA 02451	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/25/23	Missouri City Baptist Chi	weh		
Amount (\$) 00	Payee address; 16818 Quarl Park Massouri City TX 7748	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donahon	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 1/25/23	Brenda Patton			
400 Amount (\$)	Payee address; 1618 Dusty Ridge MISSOUVI City, TX 7748	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Grady Prestage 4 Date Mama's Cafe
7 Payee address; City; Zip Code 3434 FM 1092 Missoun City JX 77459 (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Foud & Bevere Expanse Staff meeting OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 1/26/23 Thomasine Johnson Amount (\$) Zip Code 2700 Lanke Olympia Parkway Missour City, TX 77459 Description City Manger Reception PURPOSE EventExpense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 1/26/23 Needville ISD Education Foundation Amount (\$) Payee address; Zip Code State: City; 16227 TX-36 Needville, TX 77461 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donahon EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Gift/Awards/Memorials Expense Prin	Ing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Sala The Instruction Guide explains how	aries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 1/31/23	5 Payee name SULab Class Reuni	1	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250	129 Swan Street Baton Rouge, LA 708	13	
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	
PURPOSE OF EXPENDITURE	Donation		
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/1/23	Bridges to Empower	nent	
Amount (\$)	Payee address;	City;	State; Zip Code
600	16310 Chimney Rock Rd		
000	Houston, TX 77053		
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF	Donation		
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, 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		
2/6/23	Hoede, LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
533 4	2440 Texas Parkway	0.0	
	Missouri City, TX 774	89	
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	Rent for Office	-	
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1: 52	2 FILER NAME James "Grady" Pres	stage.	3 Filer ID (Ethic	s Commission Filers)
4 Date 2/4/23	American Storage			
6 Amount (\$) 989 ~	7 Payee address; D.427 Texas Parkway Missouri City, TX 7748°	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Storage Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		Annual to the state of the stat	
2/2/23	DISCOUNTTIRE			
Amount (\$) 466	Payee address; 9440 Highwanb	City;	State;	Zip Code
100	Missouri City, TX 774	T		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/9/23	Alexandra Foundation,	ILC		
Amount (\$) 00	Payee address; 7031 W. Fugua Missouri City, TX 7748	City;	State;	Zip Code
11010	Missouri City, 1x 7748	9		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dona hor	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Reve

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Pri	inting Expense inting Expense ilaries/Mages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME James Grady f	Prestage	3 Filer ID (Ethics Commission Filers)
2/10/23	6 Payee name T-Mobile		
6 Amount (\$)	7 Payee address; 5684 Aghways	City;	State; Zip Code
458 03	Missouri City, TX -	7459	
8	(a) Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Phone & Internet Expens	e	
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1000
2/10/23	Angre Harnan Campo	1191	Α
Amount (\$)	Payee address;	City;	State; Zip Code
500	903 Gold Finch Aver		
	Sugar Land, TX 274	10	
	Category (See Categories listed at the top of this scheen	dule) Description	
PURPOSE OF	Donation		
EXPENDITURE	p o ca(etto)		
	Check if travel outside of Texas. Complete Scheo	lule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/10/23	Katre Hernagton		
Amount (\$)	Payee address;	City;	State; Zip Code
1,000	1610 Mustang Crossing Missouri City, TX 72	459	
	Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Contract Labor	-	
	Check if travel outside of Texas. Complete Scheo	fule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	James Grady Pres	tage 3 File	r ID (Ethics Commission Filers)
4 Date 2/13/23	Brentwood Baptist Church	ch	
250 00	7 Payee address; 13033 Land Mark Hurston, TX 77045	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation	Pastors Anniu	versaty
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX. offi	ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		the state of the s
2/13/23	Brenda Patton		
Amount (\$) 14	Payee address; 1618 Dusty Ridge	City;	State; Zip Code
113	Missouri City, TX 7245	9	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Reimbrsement		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/14/23	Super Cleaners		
Amount (\$)	Payee address;	City;	State; Zip Code
1,621	3003 Texas Parkway		
1,40	Missour Cuty, TX 77489		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event-Expense	J.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	iceholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Political		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME "Grady" &	restage	3 Filer ID (Ethics	Commission Filers)
4 Date 2/14/23	Fort Bend History			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,500	410 Jackson Stree Richmond, TX 7	t 7469		
8	(a) Category (See Categories listed at the top of this s			
PURPOSE OF EXPENDITURE	Donation			
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Au	stin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/15/23	Churvasco's Sugar	Land		
Amount (\$)	Payee address;	City;	State;	Zip Code
121	Payee address; City; State; Zip Code 1520 Lake Pointe Parkway \$500			
101	Sugar Land, TX 774	178		
	Category (See Categories listed at the top of this so	chedule) Description		
PURPOSE OF	Food & Beverage Expen	se Stoff Lu	incheon	
EXPENDITURE				
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/16/23	Black History Mon	th Celebration	Gala	
Amount (\$)	Payee address;	City;	State;	Zip Code
552	1959 Texas tarkway	4		
	Payee address; 1959 Texas favkwar Missouvi City, TX 7	7489		
	Category (See Categories listed at the top of this so			
PURPOSE OF EXPENDITURE	Spansorship			
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form. James Grady Prestage
6 Payee name 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Houston Community College Fourdation
7 Payor address; City; State: Zip Code 3100 Si main Hustan, TX 77002 8 (b) Description **PURPOSE** Donghon OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date SU Lab Reunion Payee address; 129 Swan Street 2/17/23 Payee address; Amount (\$) City; State; Zip Code Baton Rouge, LA 70813 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Danation OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Flatbush Ave #1-G 2/17/23 Amount (\$) State: Zip Code City; Brooklyn, NY 11210 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/Donations Made By Candidate/Officeholder/Political		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME James "Grady"	Prestage	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
2/21/23	Constant Contact				
6 Amount (\$)	7 Davisa address:	City;	State; Zip Code		
204 75	1601 Trapelo Rd Waltham, MA 02	451			
8	(a) Category (See Categories listed at the top of this				
PURPOSE	Fees	Databas	se.		
OF EXPENDITURE	1003	1001900			
	(a) Charle Strongel outside of Toyor Complete S	chack if Aus	stin, TX, officeholder living expense		
	(c) Check if travel outside of Texas. Complete S				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2/23/23	Take 5 Oil Chang	e			
Amount (\$)	Payee address;	City;	State; Zip Code		
113	1405 FM 1092				
113	Missouri City, TX 77489				
	Category (See Categories listed at the top of this s				
PURPOSE	Transportation Exper	100			
OF EXPENDITURE	Transportation Exper	134			
	Check if travel outside of Texas. Complete S	ichedule T. Check if Au	stin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/Oł	1				
Date	Payee name		The second secon		
2/23/23	DAAP Philanthro	pic Foundation			
Amount (\$)	Payee address;	City;	State; Zip Code		
200	PO BOX 711091				
0.0	Houston, TX 27271				
	Category (See Categories listed at the top of this	schedule) Description			
PURPOSE OF EXPENDITURE	Dunation				
	Check if travel outside of Texas. Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The instruction Guide explains how to co		Other (enter a category not listed above)
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)
4 Date 2/27/23	5 Payee name Texas A&M Itate		
6 Amount (\$) 292	7 Payee address; 177 Joe Routt Blud College Station, TX 77	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Expenses	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	and the second s	**************************************
2/27/23	Home Depot		
Amount (\$) 99	Payee address; 14440 Hill croft St. Houston, TX 77085	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Egupment	Refridge	rator
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 3 /1/23	Payee name National Conference of Blac	K Political S	cientists
Amount (\$) 06 200	Payee address: 14000 Highway 82 West Itta Bena, MS 38941	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEED	JED

SCHEDULE F1

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

if the requested information is not applicable, be 1401 include this page in the report.			
	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Pollin, Gift/Awards/Memorials Expense I Committee Legal Services Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/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:	James Grady Pr	estage	3 Filer ID (Ethics Commission Filers)
3/1/23	Fort Bend County		
6 Amount (\$) 502	7 Payoo addross; 1317 Eugene Heimann Richmond, TX 77469	Circle	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Property Taxes of Office		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/2/23	Shirtey Rose-Gillum (Campaign	
Amount (\$)	Payee address;	City;	State; Zip Code
1,000	3011 Bonney Briar Di Missouri City ITX 774	rive 59	
	Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/2/23	Avede, LLC		
Amount (\$) 22	Payee address; 2440 Texas Pavkway Missouri City, TX 774	City;	State; Zip Code
	Missouri City, TX 774	89	
	Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Office Rendal	-	
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

The state of the s							
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Over Polling Exp Printing Exp	head/Re ense pense	eimbursement ental Expense ntract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
Credit Card Payment		The Instruction Guide ex	plains how to co	omplete	this form.		
1 Total pages Schedule F1:	2 FILER N	ames "Gradu	" Presi	109	e	3 Filer ID (Eth	ics Commission Filers)
4 Date 3 /2 /23	5 Payee na	Plus models	_				
6 Amount (\$)	7 Paves or				City;	State;	Zip Code
200	_	ssouri City IT		29			
8	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) D	escription		
PURPOSE OF EXPENDITURE	Dona	atron					
	(c)	Check if travel outside of Texas. Com	plete Schedule T.		Check if Aust	in, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Of	fice sought		Office held
Date	Payee na	me		,,,,,,,		1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	
3/3/23	Ame	encan Sturage	2				
Amount (\$)	Payee ac	Idress;	· Kunan		City;	State;	Zip Code
79400	242 Mice	Idress; 7 Texas Par 5001 City, TX	7748	9			
	Category	(See Categories listed at the top of	f this schedule)	D	escription		
PURPOSE OF EXPENDITURE	Stor	age Expense					
		Check if travel outside of Texas. Com	plete Schedule T.		Check if Aust	in, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Of	fice sought		Office held
Date	Payee na	ame					
3/3/23		enda Patton					
Amount (\$)	Payee ac	idress;			City;	State;	Zip Code
400 00	1618	edress; E Dusty Rudg	e < 7745	9			
		SSOUN City 17		,			
		(See Categories listed at the top of		D	escription		
PURPOSE OF EXPENDITURE	Cons	ulting Expens	و				
		Check if travel outside of Texas. Com	plete Schedule T.		Check if Aust	in, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		0	office sought		Office held
	ΔΤ	TACH ADDITIONAL COI	PIES OF THIS	SCHE	DULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	-		3 Filer ID (Ethics Commission Filers)	
5 2 4 Date	2 FILER NAME James Grady 5 Payee name	tres rage		
3/6/23	Pappadeanx Seafoud			
978 39	7 Payee address; 12711 Highway 59 Stafford, TX 7747	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Foul & Beverage Exper	ise Employee	Reception Sponsor	
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/6/23	Southern University	Alumni Foundati	רטי	
Amount (\$)	Payee address;	City;	State; Zip Code	
200	598 Handing Blud Batan Rouge, LA 70	0807		
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	tin, 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			
3/7/23	Winners of the World Payee address; 6140 Highway 6	d Awards		
Amount (\$)	Payee address;	City;	State; Zip Code	
350	6140 mghway 6	12		
	MISSOURI CIPYIIX	1959		
PURPOSE	Category (See Categories listed at the top of this so	chedule) Description		
OF EXPENDITURE	Awards	-		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	tin, 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				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Grady "Prestage Fort Bend Country Parks 7 Payee address: 6 Amount (\$) City; State; Zip Code 9555 Highway 6 MISSOURI City, TX 77459 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Park Rental Fee S OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Fort Bend County Parks
Payee address;
9555 Highway B
MISSOUN City, TX 77459 Zip Code City; State: Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE Park Rental Fees **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Sugar Land Jack & Jill Payee address: Zip Code Amount (\$) City; State: P.O. BOX 17325 Sugar Land, TX 77496 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donahon OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations M

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

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ges/Contract Labor	Other (enter a categor	
	The instruction Guide explains how to co		3 Filer ID (Ethics	Commission Filers)
52	James "Grady" Prest	age		
3/9/23	6 Payee name USPS		0	Zin Code
176 0 <u>0</u>	7 Payee address; PO BOX 835 Missouri City, TX 7745	City:	State:	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Postage Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			, , , , , , , , , , , , , , , , , , ,
3/10/23	T-mobile			
Amount (\$)	Payee address;	City;	State;	Zip Code
484 -	5684 Highway 6 Missouri City, TX 7745	9		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Phone & Internet Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/13/23	Martha Caster-Tahm Camp	oaisn		
Amount (\$) 00	Payee address; 5445 Almeda #30	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Grady Presta	9e	3 Filer ID (Ethic	s Commission Filers)
4 Date 3 /13 /23	Thurgood Marshall Band			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
5200	1220 Brffalo Run			
	Missour City, TX 77489			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donahon			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	In, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
3/13/23	National Association of Bla	ek Militan	1 Women	
Amount (\$)	Payee address;	City;	State;	Zlp Code
120	1560 VFW Way			
, 00	Houston, TX 77055	Description		
BUBBOOK	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Donation			
EXPENDITURE	Check if trougles tride of Toyon Complete Schoolsle T	Check # Aust	in, TX, officeholder livin	A Avnonce
	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	at, 17, Ottoeroider nym	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Onice sought		
Date	Payee name			
3/13/23	Cornerstone Community	hweh		
Amount (\$)	Payee address;	City;	State;	Zip Code
100	7950 W. Fuguer Missouri City TX 7748	0		
		1		
puppoer	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	I Committee Legal Services Salaries/Wi	ages/Contract Labor	Other (enter a categor	ry not listed above)
Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 52	2 FILER NAME Grady " Pre	stage	3 Filer ID (Ethics	Commission Filers)
4 Date 3 / 14 / 23	Patnera's Petals			
6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
29	100 SE 3rd Avenue			
112	Fort Lauderdale, FL 3	3394		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	1.5			
OF	Memorial Expense			
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	A 100 mm	A STATE OF THE STA	
3/15/23	APRI			
Amount (\$)	Payee address;	City;	State;	Zip Code
200	4414 Alkard Street			
200	Houston, TX 27047			
	Category (See Categories listed at the top of this schedule)	Description		
DUDDOCE	Composition and a contract of the contract of	Boodingaan		
PURPOSE OF	Donation			
EXPENDITURE		<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1 /				
3/20/23	Constant Contact			
Amount (\$)	Payee address;	City;	State;	Zip Code
20473	1601 Trapelo Rd Waltham, MA 02451			
209	Maltham MA 02451			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF	tees	Database	-	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
AT INCHASON TO STATE OF THE CONTENSE AND MEEDED				

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** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. NAME "Grady" Prestage 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Alpha Merit Foundation 7 Payee address: Zip Code P.O. BOX 88318 Houston, TX 77288 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Advertising Expense **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 3/21/23 Carolyn Brown Pavee address: City: State: Zlp Code Amount (\$) 7714 Chasewood 1,000 MISSUURI City TX 77 489 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Sponsorship Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name 3/22/23 Fresh and Savory Payee address; 12999 Murphy Road, unit B-4 Amount (\$) Zip Code 111 Category (See Categories listed at the top of this schedule) **PURPOSE** Food & Beverage Expense Staff Meeting OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James 6 Payee name 4 Date Brenda Patton City: State: Zip Code 1618 Pusty Ridge (a) Category (See Categories listed at the top of this schedule) (b) I 8 **PURPOSE** Consulting Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Shaz Graphics State: Zip Code 13003 Murphy Road, Unt B6 Stafford, TX 77477 Category (See Categories listed at the top of this schedule) Description PURPOSE Printing Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Jupiter Pizza Payee address; Amount (\$) 16135 City Walk Suggy Land, TX 77479 City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food & Beverage Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete **QNLY** if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	The transferred to the state of	eges/Contract Labor	Other (enter a category not listed above)
Contract Capitalia	The Instruction Guide explains how to co	omplete this form.	_
1 Total pages Schedule F1:	2 FILER NAME James "Grady" Pr	estage.	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/23	6 Payee name (JSPS		
6 Amount (\$) 30	7 Payee address;	City;	State; Zip Code
132	1902 Texas Parkway		
	Missouri City, TX 774	89	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Postage Expense		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/4/23	Aoede, LLC		
Amount (\$) 22	Payee address; 2440 Texas Parkway	City;	State; Zip Code
533	Missouri City, Tx 7748		
	Mussouri City, 1x 7740	Dini	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Rental		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	atin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/4/23	American Storage		
Amount (\$)	Payee address;	City;	State; Zip Code
794=	2421 lexas rather	a	
	Payee address; 2427 Texas Parkiway Missouri City, TX 7748	77	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Storage Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica		pense ages/Contract Labor	Other (enter a catego	
Credit Card Payment	The instruction Guide explains how to co	•		
1 Total pages Schedule F1: 5 2	James "Grady" Presta	e	3 Filer ID (Ethics	Commission Filers)
4 Date 4/6/23	5 Payee name Shaz Graphics			
6 Amount (\$) 74	7 Payee address: 13003 murphy Road, Stafford, TX 72477	Unit BL	State:	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/6/23	Johnny Tamales Restaura	nt		
Amount (\$)	2720 Fm 1092 Road		State;	Zip Code
170	Missouri City, TX 72	459		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food & Beverage Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/6/23	USP5			
Amount (\$)	Payee address; 1902 Texas Parkway Missoun City, TX 7748	City;	State;	Zip Code
[26	Missoun City, TX 7748	39		
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF EXPENDITURE	Pustage Expense .			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Accounting/Banking

Consulting Expense

Credit Card Payment

6 Amount (\$)

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. James "Grady" Prestage 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MISSOUN City Juneteenth Celebration Foundation Pavae address: City: State: P.O. BOX 1007

1,500 Missouri City, TX 77489 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Dinetron OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 4/10/23 Amazon Marketplace City; Zlp Code State: 410 Terry Avenue N. Seattle, WA 98109
Category (See Categories listed at the top of this schedule) Description PURPOSE Office eguipment **OF EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH American Carribean Chamber of Commerce Payoe address; City: 6201 Bonhomme St., Ste 614 N Zip Code Houston, TX 77036 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation/sponsorship OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political		nting Expense aries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains ho		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
52	James "Grady" Pr	restage	
4 /10 /23	Texas Black Exp		
6 Amount (\$) 73	7 Pavee address:	City:	State: Zip Code
2,842	12401 S. Post Oak, 5 Iturstan, TX 77045	sude 221	
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	
PURPOSE	1:-		
OF EXPENDITURE	Sponsorship		
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/10/23	T-mobile		
Amount (\$)	Payee address;	City;	State; Zip Code
1101-42	5684 Highway 6		
486 -	Missouri City, TX 776	159	
	Category (See Categories listed at the top of this schedu		***************************************
PURPOSE OF EXPENDITURE	Phone and Internet Expe	ense	
	Check if travel outside of Texas. Complete Schedu	de T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1		
Date	Payee name		
1 1		1 .4. 1 Park	- L
4/13/23	Michele Forman Clo V	ni Mis Kestavi	rant
Amount (\$)	Payee address;	City;	State; Zip Code
6,300	1833 Richmond Pavi	Kway, unit a	2100
(4/500	Richmond, TX 71460	7	
	Category (See Categories listed at the top of this schedu		
PURPOSE OF EXPENDITURE	Event Expense	-	
	Check if travel outside of Texas, Complete Schedu	le T. Check if Aust	rin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	TUIS SCHEDIII E AS NE	ENEN
	AT INCH ADDITIONAL COPIES OF	I HIS SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking 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 Expens Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Grady" James 4 Date Boys and Girls Club of Greater Houston 7 Payee address; Zip Code 815 Crosby Street Horston, TX 2019 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Donation OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name American Leadership Forum Amount (\$) Payee address; State; Zip Code 3101 Richmond Avenue Houston, TX 77098 Category (See Categories listed at the top of this schedule) Description PURPOSE Donation OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Attack Poverty Payee address; City: 3727 Green by ar Dr., Unit 100 State: Zip Code Stafford, TX-77477 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Printing	ig Expense es/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME James "Grady" Pro	estage	3 Filer ID (Ethics Commission Filers)	
4 Date 4 /17 /23	Brenda Patton			
8 Amount (\$) 00 200	7 Payee address: 1618 Dusty Ridge Missour City ITX 774	City:	State: Zip Code	
8 Bubboss	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	1'0	
PURPOSE OF EXPENDITURE	Reimbusement	Event Sp	ounsorship	
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/17/23	Who Dat Nation - Mis	souri City		
Amount (\$)	Payee address;	City;	State; Zip Code	
100	9555 Highway6			
100	Missoun City (TX 77)	489		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Event sponsorship			
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/118/23	After Burners Track	Club		
Amount (\$)	Payee address;	/) City;	State; Zip Code	
250	MISSOUVI CIty IX 70	169		
0-0	MISSOUVI CITY IX	t > 1		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Donation	-		
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 7 Payee address; City; 6 Amount (\$) Zip Code State: 1601 Trapelo Road Waltham, MA 02451 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Database Fees OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Horston Beek Real Estate Association 4/24/23 Amount (\$) Payee address; City: State; Zlp Code 12401 S. Post Oak Road Houston, TX 77045 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Sponsovship OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Take 5 # 238 Payee address; 1405 Fm 1092 Road Amount (\$) Zip Code City; State: Missouri City IX 77459 Description Transportation Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarian/Manage Contract Labor.

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to committee	lages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1: 52 4 Date	2 FILER NAME James Grady Presto 5 Payee name	198	3 Filer ID (Ethics Commission Filers)
6 Amount (\$) 00	Dustin Prestage 7 Payor address: 1357 Flatbush Ave #1- Brooklyn, NY 11210	City:	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 4/28/23	Olive Garden		
Amount (\$) 78	Payor address; 10327 State Highway MISSUUVI CITY TX 774	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	Description Staff Mee	eth ng
Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
Date 4 /28/23	Southern University Alum	ni - Itousto	^
Amount (\$) 00 2,500	Payee address; P. U. BOX 2624 Houston, TX 77252	City;	State; Zip Code
PURPOSE OF EXPENDITURE	SPONSUYShip	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	oner (eriter a catego	ay nonessa abovey
1 Total pages Schedule F1:	2 FILER NAME "Grady" Presto	298	3 Filer ID (Ethics	Commission Filers)
4 Date 4 /28/23	Zeta Alpha Boule 7 Payee address;			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,70000	7 Payor address; 4202 Clearwater Cour Missouri City ITX 7745	+ : a		
8	(a) Category (See Categories ilsted at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/1/23	American Leadership Fo	undahon		
Amount (\$)	Payee address;	City;	State;	Zip Code
1,026	3101 Richmond Ave			
170	Houston, TX 77098			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Donation			
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/1/23	Avede, LLC			
Amount (\$) 22	Payee address; Yas PayKwaw	City;	State;	Zip Code
533 -	Payee address: 2440 Texas Parkwan Missouri City, TX 77489			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Rental			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Optional

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 5' 2 4 Date	James Grady Prestage 5 Payee name	>	3 Filer ID (Ethics Commission Filers)	
5/1/23	Ronnie Bennett			
6 Amount (\$)	7 Payee address: 12840 South Kirkwood	Rand # 7	State: Zip Code	
250-	Stafford, TX 77477	Touch to	,	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	seeunt	1	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/1/23	Top Choice Products			
Amount (\$) 12	Payee address; 1492 Harding Blvd	City;	State; Zip Code	
301	Baton Rouge, LA 7080	7		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Campaign paraphernalia			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
5/1/23	David Cardenas			
Amount (\$) 250	Payee address; 12840 South Kirkwood Ro	ad # City 14	State; Zip Code	
250	Stafford, TX 77477			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	security		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	ages/Contract Labor omplete this form.	Other (enter a categ	ory not listed above)	
52	2 FILER NAME James "Grady" Press 6 Payee name	3 Filer ID (Ethics Commission Filers)			
5/1/23	Dwayne Santa Cruz				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
350	P.O. Box 651				
J -	Katy, TX 77492				
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contract Labor	Entatain	ment		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
• Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
5/1/23	Brenda Patton				
Amount (\$)	Payoo address; 1618 Dusty Ridge	City;	State;	Zip Code	
400	1618 DUSTY RIAGE	6			
(00	Missouri City, TX 7745				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Consulting Expense				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
5/5/23	Carmen Turner Campaign				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,000	Payee address; Zip Code 23503 Starbridge Lake Lane Richmund, TX 77407				
	Kichmond 11x 77401				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donation				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political		lages/Contract Labor	Other (enter a category not list	sted above)	
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 52	2 FILER NAME James "Grady" Presto	age	3 Filer ID (Ethics Comm	nission Filers)	
5/4/23	American Storage				
6 Amount (\$) 794	7 Payee address; 2427 Texas Parkway Missouri City, Tx 7748	City;	State; Zip	o Code	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Stavage Expense	(b) Description			
EXPENDITURE		Constant March	tio TV officebolder living current		
	(c) Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expens		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	held	
Date	Payee name				
5/5/23	Avas Flowers				
Amount (\$)	Payee address; 200 Continental Drive	Suite 401	State; Zi	p Code	
216 -	Newark, DE 19713				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Memorial Expense				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expen	se	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office	e held	
Date	Payee name				
5/5/23	Jonathan Elmore c/o A	narch of Din	nes		
Amount (\$)	Payee address; 5420 Dashwood Dr #3 Houston, TX 7081	City:		ip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Donahon				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expen	ese	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Offic	ce held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	and drawn morning as parties	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME James Grady"	Prestage	3 Filer ID (Ethics Commission Filers)				
4 Date 5 23	6 Payee name Alexandra Founda						
6 Amount (\$) 00	7 Payee address; 7031 W. Fugua MISSOUVI CLTY, TX	City;	State; Zip Code				
8	(a) Category (See Categories listed at the top of th	is schedule) (b) Description					
PURPOSE OF EXPENDITURE	Donation/sponsorshi						
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
5/8/23	Amazon Marketpi	lace					
238 12	Payee address; 410 Terry Avenu Senttle, WA 98	e North City: 109	State; Ztp Code				
	Category (See Categories listed at the top of thi						
PURPOSE OF EXPENDITURE	Event Expense						
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
5/9/23	Super Cleaners						
Amount (\$) 47	Payee address; 3003 Texas Parki Missouri City, TX 7	vay 7489	State; Zip Code				
	Category (See Categories listed at the top of thi						
PURPOSE OF EXPENDITURE	Event Expense						
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.		
52	James "Grady Fresta	198	3 Filer ID (Ethics	Commission Filers)
4 Date 5/10/23	5 Payee name T-Mohile			
486 486	7 Payee address: 5684 Highwayb Missouri City, TX 7745	City:	State:	Zip Code
8 PURPOSE OF EXPENDITURE	Phone & Internet Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date 5 /11 /23	Budgette Smith Lawson	Campaign		
Amount (\$) 00 2,500	Payor address; 5826 New Ternbury Blud Sugar Land, TX 77479		State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dona hou Check if travel outside of Texas. Complete Schedule T.	Description Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date 5/15/23	Cleopatra 's			
Amount (\$) 56	Payee address; 1833 Richmond Parkway Richmond, TX 77469	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVEN + GXPENS-E	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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

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

Credit Card Payment	The instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME "Grady" Presto	298	3 Filer ID (Ethics	Commission Filers)
4 Date 15 23	Brenda Patton	'		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,500	1618 Dusty Ridge Missouri City, TX 77459			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	L.	
PURPOSE OF EXPENDITURE	Consulting Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
S Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/15/23	Evin Prestage			
Amount (\$)	Payee address;	City;	State;	Zip Code
250	36 Big Trail			
	MISSOURI CITY, TX 77459			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Phetograp	hy	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/15/23	Sylomon Spencer			
Amount (\$)	Payee address;	City;	State;	Zip Code
325 00	3819 Kiamesha Drive			
	Missouri City IX 77459			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Enterta	inment	31A444111111111111111111111111111111111
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political		cpense Vages/Contract Labor	Travel Out Of District Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Grady Presta 5 Payee name	9-6	3 Filer ID (Ethics	Commission Filers)
4 Date 5 / 15 / 23	6 Payee name Carolun Brown	d		
6 Amount (\$) 400	Carolyn Brown 7 Payoo address: 7714 Chasewood Drive Missour City, TX 77489	City:	State:	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/22/23	Constant-Contact			
Amount (\$)	Payee address; 1601 Trapelo Road	City;	State;	Zip Code
204 75	1601 10 aptio 10000			
	Waltham, MA 02451			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Patabasa	e	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/23/23	Brentwood Baptist Church)		
Amount (\$)	Payee address;	City;	State;	Zip Code
500 ºº	13033 Landmark Houston, TX 77045			
900	Houston, 1x 77049			
PURPOSE	Category (See Categories listed at the top of this schedule) Do vahon	Description		
OF EXPENDITURE	DOVIGTION			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a categor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	James Grady Prestad	98	3 Filer ID (Ethica	s Commission Filers)
4 Date 5 /25 /23	5 Payee name Andrea Sawyer			
6 Amount (\$) 00	7 Payee address; 1843 Avocet Way MISSOURI CITY JTX 77489	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/26/23	Larry Johnson Campaign			
Amount (\$) 00 250	Payee address; PO BOX 362054	City;	State;	Zlp Code
2,0	DecaturiGA 30036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder fiving	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	and the second section of the second section s		
5/26/23	House of Blooms			
Amount (\$) 96	Payee address; 16180 City Walk Sugar Land, TX 77479	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Memonal Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

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

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

Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	Outor (orner a catego	, 1101.10.10.10.10.j
1 Total pages Schedule F1: 52 4 Date	Tamer Tarady Prectage		3 Filer ID (Ethics	Commission Filers)
5/26/23 6 Amount (\$) 125	6 Payee name Worthing High School Rev 7 Payee address: 3002 Point Clear Missouri City TX 77459	City:	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date 5/30/23	Payee name Aoede, LL			
Amount (\$) 22 533	Payee address; 2440 Texus Pavkway Missouri City, TX 72489	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Rental	Description		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Check if Austin	, TX, officeholder living	Office held
Date 5 31 23 Amount (\$) 5 00	Payee name Brenda Patton Payee address; 1618 DVSty Ridge	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Consolidation of this schedule) Consolidation of the schedule	Description Check if Austin	ı, TX, officeholder living	- Avanta
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	, IX, oncerolder living	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James "Grady" Prestage SIVVUS XM 7 Payor address; 1221 Avenue of the Americas, 35th Floor Zip Code New York, NY 10020 8 (b) Description **PURPOSE** Technology Expense OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name American Storage Payee address; 2427 Texas Parkway City; State; Zlp Code Missouri City TX 77489 Category (See Categories listed at the top of this schedule) Description PURPOSE Storage Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 6/2/23 Michele Forman Amount (\$) 00 Payee address; 5218 Pebble Bluff Ln City; State: Zip Code 2,000 Sugar Land TX77479 Category (See Categories listed at the top of this schedule) Description Event Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Printing Expense

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

Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a catego	ny not iisteu apove)
1 Total pages Schedule F1:	2 FILER NAME "Grady" Prestas	4e	3 Filer ID (Ethica	Commission Filers)
4 Date 6 12 123	6 Payee name APRI			
6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
15000	4414 AKard Houston, TX 77047			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	The same of the sa	
PURPOSE OF EXPENDITURE	Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/5/23	Missouri City Jugeteenth Ce	lebration Fo	bundation	
Amount (\$) 50	Payee address;	City;	State;	Zip Code
2,562	PO BOX 1007			
X , 0	Missouri City, TX 77489			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/6/23	Wayfair			
Amount (\$)	Deves address:	City;	State;	Zip Code
18481	4 copiey race, 16 FL			
107-	4 Copley Place, 7th FL Buston, MA 02116			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense .			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Outer (or an a catego	y Hothand above,
1 Total pages Schedule F1:	2 FILER NAME James Grady Prestage 5 Payee name	2	3 Filer ID (Ethics	Commission Filers)
4 Date 6 /7 /23	5 Payee name New St. Phillip Baptist (7 Payee address;	hurch		
6 Amount (\$) 100	7 Payee address; 6135 FM 521 Arcola, Tx 77583	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation			to a succession of the success
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/12/23	C-STEM			
Amount (\$)	Payee address;	City;	State;	Zlp Code
1,000	POBOX 270864			
-/-	Houston, TX 77277 Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donahon	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/12/23	T-mobile			
Amount (\$) 486 31	Payee address; 5684 High Way 6 MISSOURI CITY, TX 77459	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	<u></u>	
PURPOSE OF EXPENDITURE	Phone and internet expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Printing Expense

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

Credit Card Payment	The instruction Guide explains how to co		Other (enter a categor	y not nated above)
1 Total pages Schedule F1: 52 4 Date 6 / 12 / 23	2 FILER NAME James "brady " Prestag 5 Payee name Line Sisters	e	Filer ID (Ethics	Commission Filers)
6 Amount (\$) 10 2 9 4	7 Payoe address: 2602 Southmore Houston, TX 77004	City:	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 6143 / Award 9	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
O / 14 / 23	Payee name Michele Forman			
Amount (\$) 1,250	Payee address; 5218 Pebble Bluff Lane Sugar Land, TX 77479	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date 6 /15 /23	Payee name Andrea Sawyer			
Amount (\$)	Payee address; 1843 Avocet Way Missouri City TX 77489	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Expense Wages/Contract Labor	Travel Out Of District Other (enter a catego	
order dyrian	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME James "Grady" Pres	tage	3 Filer ID (Ethics	Commission Filers)
4 Date 6 /20/23	6 Payee name Brentwood Baphst Cu 7 Payee address;	wch		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
100	19022 Lavarian			
200	Houston, TX 77045		Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/20/23	Constant Contact			
Amount (\$)	Payee address;	City;	State;	Zip Code
20472	1601 Trapelo Rd			
207	Waltham, MA 02451			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fees	Data base	•	
EXPENDITURE	()	20(10.2003		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/20/23	Duchenbe Muscular Dystro	phy Fundraise	er	
Amount (\$)	Pavee address:	City;	State;	Zip Code
1000	220 Hockenbury Road			
100	Himshorough, NJ 08843	3		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation.			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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

ii aic requested iiiic	inacion io not applicable, Be itel meta	at the page in the re	70
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Offic Food/Beverage Expense Polit Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement be Overhead/Rental Expense ing Expense ting Expense ines/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME James "Grady" Prest	age	3 Filer ID (Ethics Commission Filers)
6/23/23	Teana Watson Campa	1971	
6 Amount (\$) 00	7 Payoo addross; 4211 Clearwater Ct Missouri City 1 TX 7	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	ule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 6 /26/23	Payee name It-E-B #110		
Amount (\$) 7 <u>5</u>	Payee address; 8900 Highway Missouri City, TX 7	city; 7459	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Graffs / Awards		un gift Cards
	Check if travel outside of Texas. Complete Scheduli	e T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
6 /26/23	Sydney Snipes		
Amount (\$) 00 150	Payee address; 4311 Round tree Lane Missouri City TX 7749	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description	
	Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME James "Grady" Prestage 3 Filer ID (Ethics Commission Filers) 4 Date Sean Jones
7 Payee address:
2825 Emberwood 6 Amount (\$) City: State: Zip Code Garland, TX 75043 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** GA OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Jasmyn Love Payee address; Amount (\$) City; State; Zip Code 13609 Fountain Mist Drive Pearland, TX 77584 Category (See Categories listed at the top of this schedule) Description PURPOSE Crift OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 6/26/23 Brenda Patton

Payee address;
1618 Dusty Ridge City; State: Zip Code MISSOURI City ITX 72459 Description PURPOSE Consulting Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (externory potilisted above)

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wa The instruction Guide explains how to co	mplete this form.	Other (enter a catego	ory notlisted above)
1 Total pages Schedule F1:	2 FILER NAME 'Grady" Prestag	е .	3 Filer ID (Ethic	s Commission Filers)
6/27/23	Mufasa's Pride			
6 Amount (\$)	7 Payee address; POBOX 131262	City;	State;	Zip Code
204 -	Houston, TX 77219			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	······································		
4/27/23	JadaJackson			
Amount (\$)	Payee address; 3001 Irving Ave N.	City;	State;	Zip Code
150	Minneapolis, MN 55411			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	ng expanse
Complete <u>QNLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
6/29/23	Amazon.com			
Amount (\$) 69 232	Payee address: 410 Terry Avenue North Seattle, WA 98109	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Giff for needy family	Baby Cril	b	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	