# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MB	James James Prestag		ady suffix	OFFICE Date Received	EUSE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX			ZIP CODE 77459		JAN 17 2023
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281) 4	9HONE NUMBER 33-4444	EXTEN	SION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) NICKNAME	Samuel LAST Stewarf		SUFFIX	Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 2601 Ca	(NO PO BOX PLEASE); APT /	SUITE#; CIT	Missoun C	idy TX	ZIP CODE 77 459
8 CAMPAIGN TREASURER PHONE	AREA CODE (7/3)	PHONE NUMBER 598-524-	EXTENS	BION		
9 REPORT TYPE  10 PERIOD	January 15  July 15	30th day before el	lection Ex	cceeded Modified	treasurer a (Officehold	ort (Attach C/OH - FR)
COVERED	Month (O)	/30 /22	THROUGH	Month 12	/31/2	
11 ELECTION	Month Day	Year Primary		Other Description		
12 OFFICE		Precinct 2 MMISSIONEY	13 OFFICE	SOUGHT (if known)	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU COMMITTEE NAME	S MAY HAVE BEEN MADE	WITHOUT THE CAND	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TRI  COMMITTEE CAMPAIGN TR				
		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)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELEC		\$ 4,644.23
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAR	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 4,644.23 \$ 132,667.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 18,603.29
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 155,200,21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LAS	\$ 239,788.87
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS OF 3 PERIOD	* - U -
	ear, or affirm, under penalty of perjury, the ired to be reported by me under Title 15, E		e and correct and includes all information
		Signature of Ca	ndidate or Officeholder
	Diagram	lata althau authau halass	_
	Please comp	lete either option below	<b>7.</b>
(1) Affidavit			
(1) Amaavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	efore me by	this the	, day of,
20, to certify	hich, witness my hand and seal of office.		
Signature of officer administer	ng oath Printed name of office	cer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration			
	3 Grady Prestage		07/30/1958
My address is 36 B	(street)	, <u>MISSUURY CLTY</u> , (city) (s	state) (zip code) (country)
Executed in FORT BE	ND County, State of TEX AS		NARY, 20 23.
		Signature of Candid	ate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 0 . O	mmission Filers)	
- 1	James Grady Prestage		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 128,023.72
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 CON	TRIBUTIONS	\$136,596.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$	
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	SAMES 'GRADY' PRESTA	16 <u>E</u>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC  6 Contributor address; City;	: (ID#:)	7 Amount of contribution (\$)
8 Principal occu	Pation / Job title (See Instructions)  CONSULTING SERVICES	9 Employer (See Instructi	ons)
Date 11/3/22	Full name of contributor out-of-state PAC  SEMILA WINSEY  Contributor address; City;  7119 FM 1464, STE, 340  RICHMONN, TX 77407	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	CED	ERA - LEBAC	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/3/22	Contributor address; City; 1201 N. BOWSER ROAD	State; Zip Code	2,5000
Principal occup	RICHARL SON, TX 7508 pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
11/3/22	SEFF CANNON  Contributor address; City;  4315 WHICKHAM DR.  FULSHEAR, TX 77441	State; Zip Code	2,500 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
ENGINEER LIA ENGINEERS			FRS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	SAMES GRADY PRESTA	6 <del>E</del>	
4 Date	5 Full name of contributor  ut-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
11/8/22	LAWRENCE YOUNG  6 Contributor address; City; 19 SOUEREION CIRCLE RICHMOND, TX 77469	State; Zip Code	500 0
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	CONSULTANT	ALIXBARTNERS	>
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/8/22	NELSON NUCKLES  Contributor address; City;  7119 AVONCREST LANE  RICHMOND, TX 77407	State; Zip Code	2,000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ENGINEER	TSC ENSINE	ETUNG AND SURVEYING
Date	Full name of contributor out-of-state PA  CHARLES DTHON  Contributor address; City;  5906 LA GUNA FALLS CT.  HOUSTON, TX 77041	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
ENO	HNEER	OTHON	
Date	Full name of contributor out-of-state PA  L/LIAN GERMAN  Contributor address; City;  228 THIRD ST NE	C (ID#:) State; Zip Code	Amount of contribution (\$)
	WASHINGTON, DC 20002		
	ation / Job title (See Instructions)	Employer (See Instruct	
PIRE	CTOR OF GOVERNMENT RELATIONS	S PERRING YHARI	MACEUTICALS
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NI	EEDED

#### 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: 32
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2	FAMES 'GRADY! PRESTAGE	
4 Date		7 Amount of contribution (\$)
		Amount of contribution (4)
11/1/20	SHIRLEY SEWELL	100 00
1119127	6 Contributor address; City; State; Zip Code	100
	SHIRLEY SEWELL  6 Contributor address; City; State; Zip Code  2228 WATERFORD VILLAGE BLVD.	
	MISSOURI CITY, TX 77459	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	KETIRED	
Date	Full name of contributor	Amount of contribution (\$)
1 1	LEW RENTON & DECRIPTION PUC	. 200
1123 22	Contributor address; City; State; Zip Code 2207 PINELOCH DR.	1,000
(	22.07 PAIEL DO 11 De	•
	HOUSTON, TX 77062	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor	Amount of contribution (\$)
1 1	THE TUSON DEGANIZATION ( )	
11/23/22	THE TYSON ORSANIZATION CONTRIBUTION CONTRIBU	1,073.72
, -,	1351 MISTLETOE DR.	7
	FORT WORTH, TX 76110	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
.l. l.	VEDA BURNS	1000
11 23 22	Contributor address: City: State: Zip Code	1000
, ,	2350 WATERFORD PARK ST.	
	MISSOURI CITY, TX 77459	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
	KETIRED	
	7,1110	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### 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: 32	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	SAMES 'GRADY PRES	TASE		
4 Date	5 Full name of contributor out-of-state PAG		7 Amount of contribution (\$)	
wool	VALENCIA SOHNSON		500 %	
11/29/22	6 Contributor address; City;	State; Zip Code	200 %	
	VALENCIA SOHNSON  6 Contributor address; City; 16627 GRENADA FALLS DK, H	OUSTON, TX 77095		
	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)	
C	N URSE	UMB		
		V I III		
Date	Full name of contributor		Amount of contribution (\$)	
10/13/22	JOHN SCROSGINS		2000	
10/12/22	Contributor address; City;	State; Zip Code	200 %	
	SOHN SCROSGINS  Contributor address; City;  3211 IVY MILL, LN., MISSOURI,	CITY, TX 77459		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	BANKER	ALLEGIANO	CE BANK	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
12/13/22	WILLIE HOWARD  Contributor address; City:	State; Zip Code	8000	
	21715 SIERRA LONG DR. PRCH	MONDITX 77407		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	etions)	
OU	INER	HOWARDIN	IVESTMENT ADVISORS	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
12/13/22	SACQUES E. DAVIDSON  Contributor address; City;	State; Zip Code	5000	
	5730 ETTRICK DR. HOUSTON	7 77035		
Principal occur	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
FLEET MANAGER BIG STAR		FORN		
	111111111111111111111111111111111111111			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

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

			4
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 32
2 FILER NAME	SAMES GRABY PRE	STAGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/2/22	SASON SONES  6 Contributor address; City; 2306 CEZANNE CIRC MISSOURI CITY, TX 7		5000
8 Principal occu		9 Employer (See Instruc	tions)
. <i>I</i> *		CHEVRON	
Date 12(5(22	Full name of contributor		Amount of contribution (\$)
	SVGAR LAND, TX 774	79	
	ation / Job title (See Instructions)	Employer (See Instruct	
BRAN	ICH MANAGER	NRL MORE	GAGE
12/7/22	Full name of contributor Out-of-state PAC  FELICIA FARRAR  Contributor address; City;  18126 AFTON HOLLOW B  RECHMOND, TX 7746	State; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruc	
J01	NT COMMITTE SPECIALIST	1R	S
Date 12/8/22	Full name of contributor out-of-state PAC  ROBERT COLEMAN-FOST  Contributor address; City;  9474 HIGHWAY 6.S. S  HOVSTON, TX 77083	ER_ State; Zip Code	Amount of contribution (\$)
	eation / Job title (See Instructions)	Employer (See Instruc	
PRESIDE	IT ROTHODICEO	MJC & ASSOC	HATES, INC

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: 32
2 FILER NAME	JAMES GRADY PRESTAGO	3 Filer ID (Ethics Commission Filers)
4 Date 12 9 22	5 Full name of contributor out-of-state PAC (ID#:  SUND DICKERSON  6 Contributor address; City; State; Zip Collins  VHARTON, TX 77488	7 Amount of contribution (\$)  5000
		ne Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/12/22	YOLANDA BOYKIN  Contributor address; City; State; Zip Co	350 D
	CO439 BAZEL BROOK MISSOURI CITY, TX 7748	39
	pation / Job title (See Instructions)	se instructions)
חנווא	NIMISTRATOR TEXA	S ATTORNEY GENERAL
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/13/22	CHERIEE WILLIAMS  Contributor address; City; State; Zip Co 21 & PROMENADE WHY  SUGAR LAND, TX 77479	500 D
Principal occu		ee Instructions)
SA	ESMANABER HMPTO	NIN
Date	Full name of contributor	Amount of contribution (\$)
12/13/22	ZWHO DAT NATION CLUB OF HOUSTO Contributor address; City; State; Zip Co 3819 KIAMES ITA M MISSOURI CITY, TX 77459	300
Principal occu	pation / Job title (See Instructions) Employer (S	ee Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	JAMES 'GRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (IDS:	7 Amount of contribution (\$)
12/13/22	H. CLAYTON CATCAINSS  6 Contributor address; City; State; Zip Code  1.030 CASTCE CREEK DR.  MISSOURI CITY, TX 77489  Destina / John title (See Instructions)  8 Employer (See Instructions)	500E
8 Principal occu	5 Employer (dee man	ructions)
	RETIRED	
Date	Full name of contributor	Amount of contribution (\$)
12/13/22	Contributor address; City; State; Zip Code 21743 COZY HOLLOW LN. RICHMOND, TX 77469	50000
Principal occup	eation / Job title (See Instructions) Employer (See Inst	ructions)
VP	Government & MANACED CAPE EV	EROSE HEALTHCARE
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/13/22	TROY CARTER  Contributor address; City; State; Zip Code  21743 COZY HOLLOW LN.  RICHMOND, TX 77469	5000
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
VP GOVE	RNMENT & MANAGED CARE EV	EROSE HEMFHORE
Date	Full name of contributor Out-of-state PAC (IDIR	_) Amount of contribution (\$)
12/13/22	ROBYN DOUGHTIE  Contributor address; City; State; Zip Code 26907 POSSUM HILL COURT, KATY, TX 7749	5000
Principal occup	pation / Job title (See Instructions) Employer (See Inst	
	Information Tect. FBC	

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: 32
FILER NAME	JAMES GRADY PREST	A6E	3 Filer ID (Ethics Commission Filers)
Date 2 / 13   22	5 Full name of contributor out-of-state PAC  UCKIE L. MCBRIDE  6 Contributor address; City:  16518 TEAK DR.  MISSOURI CITY, TX 7  pation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$)
^	Dation / Job title (See Instructions)		ions)
Date 2 13 22	Full name of contributor   out-of-state PAC	(ID#:)	Amount of contribution (\$)
_	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date   2   13   22	Full name of contributor out-of-state PAC  ROY L. OWENS Se.  Contributor address; City;  4100 HULC ST.  HOUSTON, TX 77021	(ID#:) State; Zip Code	Amount of contribution (\$)
	oation / Job title (See Instructions)  TIRET)	Employer (See Instruct	ions)
Date 12/13/22	Full name of contributor out-of-state PAC  FORT BOND UNITED  Contributor address; City;  P.O. BCAX 420811 Housto	State: Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
2 FILER NAME	SAMES GRADY PRESTAGE	3 Filer ID (Ethics Commission Filers)
4 Date 12/13/22	5 Full name of contributor out-of-state PAC (ID#:)  SEFFEESON BRYANT 6 Contributor address; City; State; Zip Code 11 THETFORD, SUSARLAND, TX 77479	7 Amount of contribution (\$)
	pation / Job title (See Instructions)  9 Employer (See Instru	ictions)
Date	Full name of contributor	Amount of contribution (\$)
12/13/22	SAC QUELYN TURNER  Contributor address; City; State; Zip Code  8702 STONES TAROW LN.	500€
	MISSOURI CITY, TX 77459	
	pation / Job title (See Instructions) Employer (See Instru	
	ONSULTANT INVESTEL	LTD
Date 12/13/22	Full name of contributor Out-of-state PAC (ID#:)  RANDY RANDERMANN  Contributor address; City; State; Zip Code  4860 SAMES LN.  FULSHEAR, TX 77441	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instru	
В	NGINEGIL 368, IN	
Date 12/13/22	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instru	actions)
T 1 1 4 1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additiona	

#### SCHEDULE A1

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

			A. T. J. J. C.
The I	instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 32
2 FILER NAME	JAMES 'GRADY' PRES	TAGE	3 Filer ID (Ethics Commission Filers)
12/13/22 8 Principal occur	5 Full name of contributor out-of-state PAID OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-	State; Zip Code  PGE  77 45 9  9 Employer (See Instruct	7 Amount of contribution (\$)  \$0000000000000000000000000000000000
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
12/13/22	Contributor address; City; LOOU MEADOWGUENCH.	State; Zip Code	1500€
Principal occup	HOUSTON TX 770 reation / Job title (See Instructions)	Employer (See Instruct	tions)
	ENGINEER	EHRA	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
12/13/22	GITI ZARINKELK  contributor address; city;  18 BERRY BLOSSOM DV  SPRING, TX 7738	State; Zip Code	15000
	pation / Job title (See Instructions)	Employer (See Instruct ZARINKELK	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
12/13/22	DAVID EASTWOOD  Contributor address; City: 17407 HIGHWAY 59N. HUMBLE, TX 77396	State; Zip Code	15000
	pation / Job title (See Instructions)	Employer (See Instruc	
t	NOINEER	1 GEOTECH	engine fring
	ATTACH ADDITIONAL CORIES	OF THE COURT OF	VEEDED

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

#### 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: 31
2 FILER NAME	JAMES 'BRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
12/13/22	5 Full name of contributor out-of-state PAC (IDE)  MARK HELDAKER  6 Contributor address; City; State: Zip Code  7703 BREEZEUM, BEND LN.	7 Amount of contribution (\$)
-	pation / Job title (See Instructions) 9 Employer (See Instruc	penty Acquisition Som
Date		Amount of contribution (\$)
2/13/22	Contributor address; City; State; Zip Code  6120 S. DAIRY ASHFORD RD.  HOUSTON, TX 77072  Dation / Job title (See Instructions)  Employer (See Instructions)	45000
Principal occup	petion / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 2/13/22	Full name of contributor out-of-state PAC (ID#:)  DEBLA MITCHEU  Contributor address; City; State; Zip Code  P.O. BOX 58741  WEBSTER, TX 77598	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)  RETIRED  Employer (See Instructions)	ttions)
Date 12/13/22	Full name of contributor out-of-state PAC (ID#:)  MARTINEZ LEWIS  Contributor address; City; State; Zip Code  1825 SAWJACINTO ST.#307  HDVS TAN, TX 77002	Amount of contribution (\$)
	pation / Job title (See Instructions)  Employer (See Instructions)  KINDER M	
	•	

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

### SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 32
FILER NAME	SAMES BRADY PRES	TAGE	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PA		7 Amount of contribution (\$)
2/13/22	MOHAMED SHIHADE 6 Contributor address; City; 11907 ARCADIA BEND LA.		2,5000
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
•	NGINEGR		ENGINGERING, Inc.
Date	Full name of contributor	/C (ID#:)	Amount of contribution (\$)
2/13/22	Contributor address; City;	State; Zip Code	2,500
	Contributor address; City;  8630 WYNDHAM VILLAGE  SER SEY, VILLAGE  Destion / Joh title (See Instructions)	88,1X 77040	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
		,	
$\epsilon$	NGINETIL	TERRA /BO	TWMAN .
Date	Full name of contributor	TERRA /BO	Amount of contribution (\$)
Date	Full name of contributor	TERRA /BO	
Date 12/13/22	Full name of contributor out-of-state P.  ANDREW PADERANG  Contributor address; City;  26314 CRESENT COVE CN.  KATU, TX 77494	AC (ID#:)  State; Zip Code	Amount of contribution (\$)
Date  12   13   22  Principal occu	Full name of contributor out-of-state P.  ANDREW PADERANG  Contributor address; City;  20314 CRESENT COVE CN.  KATY, TX 77494	AC (ID#:)  State; Zip Code	Amount of contribution (\$)
Date 12 13 22 Principal occu	Full name of contributor out-of-state P.  ANDREW PADERANG  Contributor address; City;  26314 CRESENT COVE CN.  KATU, TX 77494	AC (IDS:) State; Zip Code	Amount of contribution (\$)  2,500 10  ctions)
Date  12   13   22  Principal occu	Full name of contributor out-of-state P.  ANDREW PADERANG  Contributor address; City;  20314 CRESENT COVE CN.  KATY, TX 77494	TERRA /BA	Amount of contribution (\$)  2,500 10  ctions)
Date  12   13   22  Principal occu  E  Date  2   13   22	Full name of contributor   out-of-state P.  ANDREW PADERANG  Contributor address; City;  26314 CRESENT COVE CN.  KATY, TX 771994  pation / Job title (See Instructions)  WGI WEER  Full name of contributor   out-of-state P.  DARRYC CARTER	TERRA /BA  AC (IDS:)  AC (IDS:)  State; Zip Code  Employer (See Instruct RG M1C	Amount of contribution (\$)  2,500 10  ctions)
Date  12   13   22  Principal occu  E  Date  2   13   22	Full name of contributor   out-of-state P.  ANDREW PADERANG  Contributor address; City;  26314 CRESENT COVE CN.  KATY, TX 771994  pation / Job title (See Instructions)  WGI WEER  Full name of contributor   out-of-state P.  DARRYC CARTER	TERRA /BA  AC (IDS:)  AC (IDS:)  State; Zip Code  Employer (See Instruct RG M1C	Amount of contribution (\$)  2,500 \( \text{2} \)  ctions)  LER  Amount of contribution (\$)
Date  12   13   22  Principal occu  E  Date  2   13   22	Full name of contributor	TERRA /BA  AC (IDS:)  AC (IDS:)  State; Zip Code  Employer (See Instruct RG M1C	Amount of contribution (\$)  2,500 ©  Amount of contribution (\$)  2,500 ©

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
2 FILER NAME	Immes 'GRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDR:	7 Amount of contribution (\$)
12/13/22	LLARANCE TURDER  6 Contributor address; City; State; Zip Code  P.O. BOX 481  STAFFORD, TX 77497	2,500 10
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
	ENGINEER KALUZA	
Date	Full name of contributor	Amount of contribution (\$)
12/13/22	Contributor address; City: State; Zip Code 1600 Hwy 6 SOUTH, STE. 245 SUGWELLAND TX 77478	2,5000
Principal occup	ation / Job title (See Instructions) Employer (See Instru	actions)
	STOWEHEND	6, CO.LC
Date	Full name of contributor	Amount of contribution (\$)
12 13 22	NINO CORBITT  Contributor address; City: State; Zip Code 2114 TANGLEY, HOUSTON, TX 77005	2,500
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	DOUGLOFER COMPASS LAN	AS DEVELOPMENT, LLC
Date	Full name of contributor	Amount of contribution (\$)
12/14/22	HORTON WILLIAMS  Contributor address: City: State; Zip Code  1040 LUNALILD ST., ART. 501  HOND LVLU, HI 96822	500 <u>P</u>
Principal occur	Section Lieb title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL CODIES 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: 32
2 FILER NAME	JAMES 'GRADY PRESTAGE	3 Filer ID (Ethics Commission Filers)
12 15 22	6 Contributor address; City; State; Zip Code  10902 MC KAMY Dr.  HDUSTOW TA 77067	7 Amount of contribution (\$)  5 00 00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See  YM4 ST	Instructions)
Date 12 15 22	Full name of contributor	Amount of contribution (\$)  75000
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions) KLINE ENGINEERING
12/15/22	Full name of contributor out-of-state PAC (ID#:  MOHAN BALLAGERE  Contributor address; City; State; Zip Cod  10306 LOGAN BRI DLE LANE  SUSANZ LANN TO 77498	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)  ENGINEER  GEDTI	
Date 12/15/22	Contributor address; City; State; Zip Cod P.O. BOX 710265 HOUSTOW, TX 77271	
Principal occu	manaSER Employer (See	e Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	ILE AS NEEDED

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

#### SCHEDULE A1

The In	struction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
FILER NAME	SAMES 'GRADY! PRESTAGE	3 Filer ID (Ethics Commission Filers)
12/19/22	Seavier Contributor out-of-state PAC (ID#:)  SACKIE SEANIBRE  Contributor address; City; State; Zip Code  (06 18 BUTLEN OMKS  HUVSTON; TX 27389	7 Amount of contribution (\$)
- 1	tion / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date 2/A/22	Full name of contributor out-of-state PAC (ID#:)  MONICA RAWLINS  Contributor address; City; State; Zip Code  4303 BUBO LINK CIRCE	Amount of contribution (\$)
Principal occupat	MISSOURY CITY, TX 77459 ion / Job title (See Instructions)  Employer (See Instruct SELF	ions)
Date  2   F   22  Principal occupat	Full name of contributor	Amount of contribution (\$)  500 0
RETIR	etD	
Date 2   R   ZZ	Full name of contributor out-of-state PAC (ID#:)  PHYCLIS TENNARD  Contributor address; City; State; Zip Code  7000 REGENCY SQUANE, SVITE 135  IFOUSTON, TX 77036	Amount of contribution (\$)
Principal occupat	ion / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

### SCHEDULE A1

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

TAMES ORADY PRESTASE  4 Date 5 Full name of contributor out-of-state PAC (ID#: 7  12   9   22	Filer ID (Ethics Commission Filers)  Amount of contribution (\$)  TAL SPRUCES PAC.  Amount of contribution (\$)
HOWARD MOSCEY  6 Contributor address; City; State; Zip Code  4202 WOUD LAKE LANE  MISSOURI CITY, TX 77459  8 Principal occupation / Job title (See Instructions)  OWNER  Date  Full name of contributor  Out-of-state PAC (ID):  SOSEPH WAY USE	Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)  OWNER  Date  Full name of contributor  Out-of-state PAC (IDS:	Amount of contribution (\$)
SOSEPH WALVER	1 - 11 - 1
12/19/22 Contributor address: City; State; Zip Code 4206 W MEADOWS DRIVE SUGAR LAND, TX 77479	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  DOWLEY	9
Date  Full name of contributor  GERALD WILSON  Contributor address;  City;  State; Zip Code  4611 B16GAm ORIVE  FIRESNO, TX 77546	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  ENGUNEER  Employer (See Instructions)  WILSON EWG	
Full name of contributor out-of-state PAC (IDS:)  12 19 22 GWONDOLYN CHORRY  Contributor address; City; State; Zip Code  16 BRIGHTON, CT.  MISSOURI CITY, TX 77459	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  RETIRED	s)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

			The state of the s
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 32
2 FILER NAME	SAMES 'GRADY' PRES	stage	3 Filer ID (Ethics Commission Filers)
4 Date 12/19/22	5 Full name of contributor out-of-state PAC CHRISTOPHER SM 6 Contributor address; City; INIA ARCOTT UN STAFPORD TX 7747	M PA State; Zip Code	7 Amount of contribution (\$)
	petion / Job title (See Instructions)	9 Employer (See Instruct	CIVIL PROCESS
Date   12   19   22	Full name of contributor out-of-state PACE  GARY NICHOLS  Contributor address; City;  2807 W. PEBBLE BEACH  MISSOURI CITY TX	State: Zip Code	Amount of contribution (\$)
	eation / Job title (See Instructions)	Employer (See Instruct	ions)
12/9/22	RON REYNOLDS CHAPPED COntributor address; City; 423		Amount of contribution (\$)
	MISSOURI CITY, TX 77489 Pation / Job title (See Instructions)  MTE REPRESENTATIVE	Employer (See Instruct	tions) OF TEXAS
Date   12   19   22	Full name of contributor out-of-state PACE OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-OUT-	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) といいだとい	Employer (See Instruct	tions) 2_ENGINEERINGI
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 32
FILER NAME	SAMES GRADY PR	LESTAGE	3 Filer ID (Ethics Commission Filers)
4 Date 12/19/22	5 Full name of contributor out-of-state PAR  H. P. KOLLURU  6 Contributor address; City;  94 HEATH ROW CN.  SUGAR LAND, TX 770	State; Zip Code	7 Amount of contribution (\$)
	pation / Job title (See Instructions)	9 Employer (See Instruc	
En	VGINEER	induli	ENGINEERING
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2/19/22	SOHN WHITMIRE CHMAA Contributor address; City; 321 W. COWAN DR.	State; Zip Code	1,500
Division I	HOUSTON, TX 77007		
Λ.	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/9/22	Contributor address; City;  I GREENWAY PLAZA STE 2  HOUSTON, TX 77046	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
12/9/22	DAUID ISACMOS  Contributor address; City;  13623 WAVERLY CREST  CYPRESS TX 7742966	930	2,5000
	ipation / Job title (See Instructions)	Employer (See Instruc	

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

#### SCHEDULE A1

The Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1:
2 FILER NAME SAMES GRADY F	) Restabē	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state F	PAC (ID#)	7 Amount of contribution (\$)
12 19 22 S Full name of contributor out-of-state P  BONNE MOSS  6 Contributor address; City; 12418 WESTEUR DR. H	State; Zip Code	5,0000
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	ilons)
ENGINEER.	MBCO BN	GINEFILING
Date Full name of contributor Out-of-state F		Amount of contribution (\$)
12/19/22 RAYMOND SEWEU Contributor address; 2228 WATERFORD ULL	State; Zip Code	2002
MISSORIA ITH TY	11/50	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Retired	Zimpioyer (CCC monaci	
Date Full name of contributor out-of-state F		Amount of contribution (\$)
12/9/22 PAUL KWAN  Contributor address; City; 13423 AMBER QUEEN A HOUSTON, TX 77041	State; Zip Code	250
Principal occupation / Job title (See Instructions)	Employer (See Instruc	
Engineer/Surveyor	Landted	'n
Date Full name of contributor out-of-state F	_	Amount of contribution (\$)
12   9   22 LE NOTRA LARY SON!  Contributor address;  A.O. BOX 145  RICHMOND, TX 77406	State; Zip Code	4000
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
ATTORNEY	FBC	
ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	IEEDED

#### SCHEDULE A1

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

The In	struction Guide explains how to complete this form.	1 Total pages Schedule A1: 20
ine in	endedon datas explains non to complete this form	32
FILER NAME	JAMES GRADY PRESTAGE	3 Filer ID (Ethics Commission Filers)
0 19/22	Full name of contributor out-of-state PAC (ID#:  PATRICIA BY NUM  Contributor address; City; State; Zip Code  10815 SASE MEADOW CH  HOUSTON, TX 77089	7 Amount of contribution (\$) $5000$
	etion / Job title (See Instructions)  9 Employer (See Instructions)	tions)
	Full name of contributor out-of-state PAC (IDS:)  REGINALD BURKETT PEARSON  Contributor address; City; State; Zip Code  1622 DAF FODIL RD.  MISSOURI CITY, TX 77489	Amount of contribution (\$)
	tion / Job title (See Instructions)	ctions)
Mar	lager Spee's	
Date 12/A/22	SOBLYNN CLOUSER  Contributor address; City; State; Zip Code  2730 Coyo te Trail Drive  MISSOUN City TX 77459	Amount of contribution (\$)
	tion / Job title (See Instructions) Employer (See Instru	ctions)
Date 12/19/22	Full name of contributor   out-of-state PAC (IDS:)  MICHAEL BAUALE  Contributor address; City; State; Zip Code  15102 CHASE KIDSS BR.  MISSURI CITY, TX 77489  atton / Job title (See Instructions)   Employer (See Instru	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### 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: 32
2 FILER NAME SAMES 'GRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Out-of-state PAC (IDE)  12/19/22  6 Contributor address; City: State: Zip Code  2638 SEA HORSE BEND DR.  KATY TX	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) PENN MUTT	
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
12/19/22 MARCUS STUCKETT  Contributor address; City; State; Zip Code 10506 CARROLITAN COURT	500 B
MISSOURI CITY, TX 77459	
Principal occupation / Job title (See Instructions) Employer (See Instruc	
ENGINEEN PARE DAW	SON ENGINEERS
Date  Full name of contributor   out-of-state PAC (IDS:)  CARL DAUIS  Contributor address: City; State; Zip Code  1507 CALI FORNIA ST. #2  HOUSTON, TX 7700 G	Amount of contribution (\$)  500 00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date  Full name of contributor   out-of-state PAC (IDS:)  RDXANE JOHNSON  Contributor address: City: State; Zip Code  1722 CRESENT DAKS DR.  MISSOURI CITY, IX 77459	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  REALTOR  SET EMP	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A1

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: 32
FILER NAME	SAMES 'GRADY' PREST	AGE	3 Filer ID (Ethics Commission Filers)
Date 12 20 22	5 Full name of contributor   out-of-state PA   SOE   S. RHTLIF! 6 Contributor address; City;   13033 LANDMARK   13033 LANDMARK   1704	AC (IDI:)	7 Amount of contribution (\$)
	HOUSTON, TX 7704	15	
3 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	5 . 0
	PASTOR	BRENTWOOD	BAFTIST
Date   2   20   2 2	Full name of contributor out-of-state R  KAYLA SNEED  Contributor address: City: 3030 SHADOWBRIAN DR.  HOUSTON, TX 7708	State; Zip Code	Amount of contribution (S)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	EXECUTIVE ASSISTANT	FBC ATTO	
Date	Full name of contributor		Amount of contribution (\$)
12/20/22	Contributor address; City; 4600 HWY & N., STE. 210 HOUSTON, TX 77	State; Zip Code	501 10
	pation / Job title (See Instructions)	Employer (See Instruc	
Er	BINEEN	AKN CONSO	ILTING ENGINEERS
Date 12/20/22	Full name of contributor		Amount of contribution (\$)
Principal occi	Jpation / 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: 32
2 FILER NAME	SAMES 'GRABU' PRES	TAGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
12/20/22	MARK MUST MECHE  6 Contributor address; City: 1013 VAN BUREN ST. HOUSTON, TX 77019	State; Zip Code	2,500%
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
ì	DEVELOPER	MGROUF	
Date 12/20/22	Full name of contributor out-of-state PAC  NEENE SHE PPAR B  Contributor address; City;  6230 HAVENSALE DA.  HOUSTON, TX 77	(IDIF:) State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	(anoi
	ASE MANASER		EALTH CARE
	THE MANAGER	VIII BB B	EHLIA UNKO
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/20/22	MICHAEL R. SOTSON  Contributor address; City;  2800 KIRBY SR., APT. AG:  HOUSTON, TX 77	State; Zip Code	5000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	CEO	ACCESSHE.	ALTH
Date 12/20/22	Full name of contributor out-of-state PAC  DAVID COLLINS  Contributor address; City:	(IDI:) State; Zip Code	Amount of contribution (\$)
	MISSOURI CITY, IX	489	
Principal occur	ENGINEBYL	FCM ENG	OINEERS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A1

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

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
FILER NAME	JAMES GRADY PRESTAGE	3 Filer ID (Ethics Commission Filers)
Date 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 Full name of contributor   out-of-state PAC (IDS:)  LINE BARGEN GIGGEN, BIAHR SIAMSON, LLP  6 Contributor address; City; State; Zip Code  P.O. BOX 17428	7 Amount of contribution (\$)
Principal occu	AVSTIN, TX 78760 pation / Job title (See Instructions)  ATTORM.BU AT LAW  Semployer (See Instructions)	tions)
Date 2 2   2   2   2	Full name of contributor	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	LLUPS, PC, CPA
	Full name of contributor   out-of-state PAC (FDR:)  KAREN MICHELLE MILES  Contributor address; City; State; Zip Code  7702 CICADA DRIVE  MISSOURI CITY, TX 77459	Amount of contribution (\$)
Principal occur	RETIRED Employer (See Instructions)	ctions)
Date 2 2   2   2 2	Full name of contributor out-of-state PAC (IDE:)  KAYLA SNEE!  Contributor address; City: State; Zip Code 3030 SHASOWBRIAR DR. APT. 435  HOUSTON, TX 77082	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instructions) FUTIVE ASST.  Employer (See Instructions)	TORNEY

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

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
2 FILER NAME  SAMES GRADY Prestage	3 Filer ID (Ethics Commission Filers)
12 21 22 6 Contributor address; City: State: Zip Code 5 11 Stephanie Lane MISSOUN City, TX 77489	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)  Fire fighter  City of the	
Date  Full name of contributor  Out-of-state PAC (ID#:)  ASON HANCEY  Contributor address; City; State; Zip Code  2616 Bastrop  Itous fon, TX 77004	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTORNEY SELF	
Pate Full name of contributor out-of-state PAC (IDII:)  12/21/22 Contributor address; City; State; Zip Code  11418 DAK CAKE RIDSE COURT  506AR CAND TX 77498	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  FR DEMFOCLA	tions)
Date  Full name of contributor out-of-state PAC (ID#:  CLAUDIA JIMENEZ/John ENGLIS  Contributor address; City; State; Zip Code  76 76 Hillmand Road, Svike 350  Hovston, TX 77040	150 =
Principal occupation / Job title (See Instructions)  EMGINGER  REKHA EN	HONDERING
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

#### SCHEDULE A1

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

The I	nstruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 32
FILER NAME	JAMES GRADY PRO	BSTAGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
B Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	iions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/22/22	Contributor address; City; 2610 LITTLE LAKE COURT RICHMOND TX 77046	UES State; Zip Code	10000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
ma	WALER	FLUOR	
Date 12/22/22	Full name of contributor out-of-state PAC  CHERITA ANDREWS  Contributor address; City;  9101 SAMBEL RD., STE  HOUSTON, TX 770  pation / Job title (See Instructions)		Amount of contribution (\$)
	HOUSTON, TX 770	40	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction )	NEERING
Data 12/28/22	Full name of contributor	State; Zip Code	Amount of contribution (\$)  2,500 ho
Fig. 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	DEVELOPER	Employer (See Instruc	HOLDINGS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### 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: 32
2 FILER NAME	JAMES 'GRADY' PRESTAGE	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor PAC TSVC, TML, PAC 6 Contributor address; City; State; Zip Co 10841 S. RINGEVIEW RD. 0 LATHE, KS 66661-6456	
Date	Full name of contributor	Amount of contribution (\$)
12/28/22	Contributor address; City; State; Zip Co. 15514 TURTLE OAK COUNT	2,500 Pg
	HOUSTON, TX 77059	
Principal occup	ation / Job title (See Instructions) Employer (Se	ee Instructions)
٤	ENGINEER 6.C.	ENGINEERING
Date	Full name of contributor	Amount of contribution (\$)
12/28/22	VIJAYA RAPOLU  Contributor address; City; State; Zip Co 27822 ACACIA SIEN LN.  KATY, TX 77494	2,500 <sup>4</sup> 0
Principal occup		ee Instructions)
	ENGINEER KA	MI CONSULTING
Date 12/28/22	Full name of contributor Out-of-state PAC (IDIE)  CABLIEL SOHMSON  Contributor address: City: State; Zip Co.  9407 RESTON GROVE LANE	Amount of contribution (\$)
	HOUSTON TX 77095 pation / Job title (See Instructions) Employer (S	•
Principal occup		ee Instructions)
	ENGINEER	A16 PECH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### 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: 32
FILER NAME	JAMES GRADY PRESTAGE	3 Filer ID (Ethics Commission Filers)
Date 12 28 22	6 Contributor address; City; State; Zip Code  HOLL RICHMOND AVE. STE. 200  HOUSTON, TX 770 42  Employer (See Instructions)  9 Employer (See Instructions)	7 Amount of contribution (\$)
, rimaparocci	patient 7 see and 1000 management	
Date 12 28 22	Full name of contributor out-of-state PAC (IDII:)  DIMITRIS MILLAS  Contributor address: City; State; Zip Code  5324 CALHOUN RD.  HOUSTON, TX 77021	Amount of contribution (S)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions) FULCBRIGHT
	Full name of contributor out-of-state PAC (IDS:)  A.I.E.V. B.D.O.N.E. HUMPHRIB'S ROBINSON U.P.  Contributor address; City; State; Zip Code  3200 SOUTWEST FREEWAY, 578.2600  HOUSTON, TX 77027	Amount of contribution (\$)
Principal ocol	pation / Job title (See Instructions) Employer (See Instruc	mons)
Date 12 28 22	Full name of contributor out-of-state PAC (IDI:  CR ROLL WILKER SON  Contributor address; City; State; Zip Code  3807 DAKWICK FOREST  WISSOURI CITY, 73, 77459  upation / Job title (See Instructions) Employer (See Instruc	Amount of contribution (\$)
Principal occi	RETIRED  Employer (See Instructions)  Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEFDED

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

#### SCHEDULE A1

The	instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 32
FILER NAME	JAMES 'GRADY' PRES	TAGE	3 Filer ID (Ethics Commission Filers)
2 28 22	5 Full name of contributor out-of-state PAC  QUIDAITY PAC  6 Contributor address; City;  6330 WEST LOOP 5. STE.		7 Amount of contribution (\$)  1,500 P
Principal occup	petion / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
2/28/22	Contributor address; City; 27010 BERING CROSSING D	State; Zip Code	45000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	AbmiraC	Amount of contribution (\$)
12/28/22	Contributor address; City; 18022 BLUE RIDGE SHORES CYPRESS, TX 7743	DR.	1,50000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions) USTRUCTION MANAGEN
Date 12/28/22	Full name of contributor out-of-state PAI  RPS INFRASTRUCTURE  Contributor address: City:  11.60 DAIRY ASHFORD RAIS  HOUSTON IX 77079	State: Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

### SCHEDULE A1

Date 5 Full name of contributor   out-of-state PAC (IDS:   IOB2	Amount of contribution (\$)  500 00
Date    Secontributor   Doub-of-state PAC (IDS:   Date   Principal occupation / Job title (See Instructions)   Date   Full name of contributor   Doub-of-state PAC (IDS:   Zip Code   Principal occupation / Job title (See Instructions)   Date   Pull name of contributor   Doub-of-state PAC (IDS:   Zip Code   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Date   Pull name of contributor   Date   Date   Pull name of contributor   Date   Date   Date   Date   Pull name of contributor   Date   Da	SOO DO  Amount of contribution (\$)  SOO DO  ARFIELD  Amount of contribution (\$)
Date  Full name of contributor    Out-of-state PAC (IDI):	Amount of contribution (\$)  SOO ©  ARFIELD  Amount of contribution (\$)
Date  Full name of contributor    out-of-state PAC (IDII:	Amount of contribution (\$)  500 ©  ARFIEU  Amount of contribution (\$)
2 26 22   SAMES BRETT BINKLEY	SOO © ARFIELD  Amount of contribution (\$)
Contributor address; City; State; Zip Code  9209 \$TASE COACH DR. HOUSTON TX 77041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor   out-of-state PAC (IDS:	ARFIELD  Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  BINKLEY & BINKL	ARFIGU) Amount of contribution (\$)
Date  Full name of contributor   out-of-state PAC (IDN:	Amount of contribution (\$)
TR REDDISH  Contributor address; City; State; Zip Code  1302 CEDAR TERRACE CT.  SUSAR LAND, TX 77479  Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Contributor address; City; State; Zip Code  1302 CEDAR TERRACE CT.  SUSAR LAND, TX 77479  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	500 R
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (IDs:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 12315 W00bTHORFE LN. H0USTON, TX 77024  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	500.00
ONGINEEN BINKLEY!	sarfieu)

#### 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' PRE	STAGE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
12 28 22	6 Contributor address; City; 23230 SUMNERS CREE	State; Zip Code	500-2
8 Principal occur	Spation / Job title (See Instructions)	4	
8 Principal occup		9 Employer (See Instruct	
	engine etc	BINKLEY : P	SARFIELD
Date	Full name of contributor	(IDE:)	Amount of contribution (\$)
12/28/22	MARK GIBSON		
1920/22	Contributor address; City; 6307 PENHALLOW LV.	State; Zip Code	500 00
	missoury city, TX 779 ation / Job title (See Instructions)	159	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
t	J.P.	FBC	
		1	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/28/22	MOURHAF SABOUN  Contributor address; City;  23 PALM BLVb.	State; Zip Code	1,250 4
	MISSOURI CITY, TX	72459	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ANCHITECH 5	AUTO ARC	4
	NICHITOURS	TVIVITAG	77
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/28/22	Contributor address; City;	State; Zip Code	1,250 0
	MEADOWS PIACE, TX	77477	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	ENGINEER	L5A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A1

ens	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
FILER NAME	JAMES 'GRADY' PRESTA	3 Filer ID (Ethics Commission Filers)
Date   28   22	5 Full name of contributor out-of-state PAC (IDS:	7 Amount of contribution (\$)
Principal occu		yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)  Zip Code
Principal occur	pation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)  Zip Code
Principal occ	upation / Job title (See Instructions) Emplo	pyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code

## 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 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.		
1 Total pages Schedule F1:	James Grady Prestao	1e	3 Filer ID (Ethic	s Commission Filers)
4 Date 10/31/22	Ordia R. Drew			
6 Amount (\$) 00	7 Payee address; 36 Big Trail Missouri City, TX 77459	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Con Fract Labor	(b) Description Poll Worke	er	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/31/22	Michelle Hale			
Amount (\$) 00	Payee address; 6919 Rosebud Hollow Lane Richmond, TX 77466	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	POH WOOK	er	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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			
10/31/22	Robert J Mayberry			
330 00	Payee address: 2440 Texas Parkwoy MISSOUVI CITY, TX 7748	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Poll worker		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g 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 NEE	DED	

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wei	ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	James Grady Prestage	2	3 Filer ID (Ethics Commission Filers)
4 Date 10 31 22	5 Payee name Chris Beavers		
6 Amount (\$)	7 Payee address; 2440 Texus Parkway \$ 2 Missour City TX 7748		State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll Work	ev
	(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/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		of the control of the
10 31/22	Michelle Hale		
Amount (\$)	Payee address: 6919 Rosebud Hollow Lan Richmond, Tx . 77466	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll WORK	er
	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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/31/22	Dustin Prestage		
Amount (\$) 00	Payee address; 1357 Flatbush Ave 1-G Brooklyn NY 11210	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Campaisn	Manager
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	etin, TX, officeholder living 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

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/Benking
Consulting Expense
Contributions/Donations Made By
Cendidate/Officeholder/Political Committee

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

Cendidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa	ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME James Grady Prestag	e	3 Filer ID (Ethics Commission Filers)
4 Date 10   31   22	5 Payee name Chris Beavers		
6 Amount (\$)	7 Payee address; 2440 Texas Parkway MISSOUVI (144, Tx 77489	City:	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll work	er
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
10  31   22 Amount (\$)	Exodus Advisors		
Amount (\$) 00 2,040	Payee address; 4906 Grapevine Lake C Richmond, TX 77407	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)  CONSULTING EXPENSE	Description	
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/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/1/22	NAACP		
Amount (\$) 256 25	Payee address; P. O Box 1053 MASSOUVI CITY TX 774	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Danahon	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/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 Fees Food/Beverage Expense Gift/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)

	The Instruction Guide explains how to co	omplete this form.	0.5115.454	- Oinsign Eller	
Total pages Schedule F1:	2 FILER NAME James Grady Prest	rage	3 Filer ID (Ethic	s Commission Filers	
Date	5 Payee name				
11/1/22	Michelle Hale				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1800	6919 Rosebud Hollow Lan	2			
100	Richmond, TX 77466				
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Contract Labor	Poll Work	er		
OF EXPENDITURE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder livin	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/O	H				
Date	Payee name				
11/1/22	Jesse Torres				
11/1/00	86376 15.10				
Amount (\$)	Payee address;	City;	State;	Zip Code	
13500	2440 Texas Perkway				
1 3 2	Missour City, TX 7748	79			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	0-4-01-1-01-5	Contract Labor Pall Worker			
OF EXPENDITURE	Contract Labor	POIL WOOK	EV		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/O	н				
Date	Payee name				
11/1/22	Ordia Drew				
Amount (\$)	Payee address;	City;	State;	Zip Code	
18000	36 Big Trail				
100	Missouri City, TX 77459	ì			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	1 1 1 1 aba-	0,,,,,			
	Contract Labor	Poll work	Lev		
OF					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense	
	Candidate / Officeholder name	Check if Austi	n, TX, officeholder livir	Office held	

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Opnations Made By
Candidate/Opnations/Opnations/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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Timberg -	Vages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	I FILER NAME James Grady Prest	age	3 Filer ID (Ethic	s Commission Filers)
4 Date U/1/22	JLP Polling Center - S	,	uversity	
6 Amount (\$) 00 10,550	7 Payee address; 427-B Higgms Hall Baton Rouge, LA 70813		State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Polling Expense	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Candidate / Officeholder name	Office sought	lin, TX, officeholder living	Office held
Date     /   / 22	Borris Miles Campaign			
Amount (\$)	Payee address; 5308 Almeda Rd Huston, Tx 77004	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 Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/2/22	Nations Auto			
Amount (\$) 00 520	Payee address; 111 Present Street Missour City TX 77489	City;	State;	Zip Code
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 Aus	tin, TX, officeholder living	g 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 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (orders a selection part listed shows)

Candidate/Officeholder/Political Committee Credit Card Payment  Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethica	s Commission Filers)		
48	James Grady Presto	ige				
4 Date 1 /2 /22	5 Payee name Brenda Patton	1				
6 Amount (\$) 400	7 Payee address; 1618 DVSty Ridge MISSOUNI City TX 7745	City;	State;	Zip Code		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(b) Description				
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name		100			
11/2/22	The Tyson Organization	pn				
Amount (\$)	Payee address; 1351 Mistletoe Drive	City;	State;	Zip Code		
16,500	Fort Worth, TX 76110					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Polling Expense					
	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/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/2/22	Chris Beavers					
Amount (\$)	Payee address; 2440 Texas Parkway Missouri City Tx 77489	City;	State;	Zip Code		
,,	111/33001 ( (1)/11/1	Description				
PURPOSE OF EXPENDITURE	Contract Lowbor	Poll Wov	kev			
	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/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)							
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	James Grady Pres	tage	3 Filer ID (Ethics Commission Filers)				
4 Date 11/3/22	XKL Foundation	•					
3 25 00	7 Payee address; 7031 West Tugog 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/O	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
11/3/22	Michelle Hale						
180 00	Payee address; 6919 Rosebud Hollow Lan Richmond, TX 77466	City;	State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Contract Labor						
	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				
Date	Payee name						
11/3/22	Ordia Drew						
Amount (\$) 00	Payee address; 36 Big Trail Missour City, TX 77459	City;	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor	Description	·				
	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 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 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 4 Date Zip Code 6 Amount (\$) 8 PURPOSE Contract Labor 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Ursula Wright
Payee address;
514 Summer Mist Ln City: Zip Code State: Rosenberg, TX 77469 Description PURPOSE Contract Labor EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Chris Beavers Payee address; 2440 Texas Parkway City: State: Zip Code Description **PURPOSE** Contract Labor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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 (onter a category not listed shove)

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) 5 Payee name Give butter-Twelve Days of Christmas 4 Date Zip Code Houston, TX 77266 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 Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Michelle Itale Payee address; City; State; Zip Code 6919 Rosebud Hollow Lane Richmond, TX 77469 Description **PURPOSE** Contract Labor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City; Zip Code 36 Big Trail Description **PURPOSE** Contract Labor EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. 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 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 Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment						
Oracin Card Fayman	The Instruction Guide explains how to co	mplete this form.				
1 Total pages Schedule F1:	2 FILER NAME James Grady Pre	stage	3 Filer ID (Ethic	s Commission Filers)		
11/4/22	5 Payee name Robert J. Mayberm			1000		
6 Amount (\$) 180	7 Payee address: 2440 TX Parkway MSSOUVI CHY, TX 77489	City;	State;	Zip Code		
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 livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name	to				
11/4/22	O'Reilly Auto Parts Payee address;					
Amount (\$)	Payee address;	City;	State;	Zip Code		
129 81	3410 Texas Parkway	199				
	MISSOUN CITY TX 779  Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Frampatahan Expense	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	itin, TX, officeholder livin	ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
11/7/22	Beto O'Rowke Campaign	c/o Azti	Blue			
Amount (\$)	,00	City;	State;	Zip Code		
25000	366 Summer St. Somerville, MA 02144	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 Aus	atin, TX, officeholder livin	ng 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			

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 reteriory not listed shove)

Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor	Other (enter a category not liste	ed above)
	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	James Grady Presto	age	3 Filer ID (Ethics Commis	ssion Filers)
4 Date	5 Payee name			
6 Amount (\$)	Robert J Mayberry 7 Payee address: 2440 Texas Parkway MISSOUN City, TX 77489	City;	State; Zip (	Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ContractLabor			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office h	neld
Date	Payee name			
11/7/22	Ordia Drew			
180 °C	Payee address;  36 Big Trail  MISSOUN City, TX 77459	City;	State; Zip	Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor			
	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 I	neld
Date	Payee name			
11/7/22	Chris Beavers			
Amount (\$) 135 00	Payee address; 2440 Texas Parkway MISSOUN City TX 77489	City;	State; Zip	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Con Fract Labor	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Grady Prestage 4 Date 7 Payee address: 2440 Texas Parkway Zip Code State: 6 Amount (\$) M1550Un City, TX 77489 (a) Category (See Categories listed at the top of this schedule) (1) 8 Office Rental PURPOSE OF EXPENDITURE (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Exodus Adusors City; Zip Code State: 4906 Grapevine Lake Cti Richmond, TX 77407 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 Exodus Advisors Payee address; 4906 Grapevine Lake Ch City; State: Zip Code RICHMOND, TX 77407 Category (See Categories listed at the top of this schedule) Description Consulting Expense PURPOSE 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

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	Other (enter a catego	ory not listed above)		
1 Total pages Schedule F1:	2 FILER NAME James Grady Presta	ge.	3 Filer ID (Ethics	Commission Filers)
4 Date 11 /7 /22	5 Payee name Dustru Prestage			
6 Amount (\$) 1,250	7 Payee address; 1357 Flatbush Ave 1- Brooklyn, NY 11210	City:	State;	Zip Code
8 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 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			
11/7/22	Maurice Lewis			
Amount (\$)	Payee address; 9614 Brannok Ln Tomball, TX 77375	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		<u></u>
PURPOSE OF EXPENDITURE	Consulting 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/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/7/22	O'Neill Galbert			
2,500 00	Payee address; 2506 Proveer Oaks Drive Fresno, TX 77545	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Electron l	watch Pav	ty
	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/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME

Total pages Schedule F1: 2 FILER NA

Zip Code State: 2440 Texas Parkway MISSOUN City TX 77489 8 **PURPOSE** Contract Labor OF (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Office held Candidate / Officeholder name Office sought Payee name Ashley Hill Payoe address: 2440 Texas Parkway City; Amount (\$) Zip Code State: Missouri City, TX 77489 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor 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 Big Mammas Restaurant

Payee address;

8731 State Highway 6 N Unit 100 Zip Code M1550wi City 1Tx 77 459
Category (See Categories listed at the top of this schedule) Food/Beverage Expense Electron Watch Party **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
Other Control States and Education

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel in District Travel Out of District Other (enter a category not listed above)
4 Date ( )	2 FILER NAME James Grady 5 Payee name		3 Filer ID (Ethics Commission Filers)
11/10/22	T-Mobile		
	7 Payee address; 9340 Arghwayb, Si MISSOUVI City, TX 77	city; un te 300 7459	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Communications Expen	chedule) (b) Description	
	(C) Check if travel outside of Texas. Complete School	nedule T. Check if Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/10/22	Daryl Edwards		
Amount (\$)	Payee address: 2440 Te Xas Parku		State; Zip Code
100	Missoun am, Tx:	77489	
	Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	Central Labor		
	Check if travel outside of Texas. Complete Sch	nedule 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		
11/10/22	Michelle Hale		
Amount (\$)	Payee address; 6919 Rusebud Hullo	ow hane city;	State; Zip Code
100	Richmond, TX 77	469	
	Category (See Categories listed at the top of this sch	hedule) Description	
PURPOSE OF EXPENDITURE	Contract Labor		
	Check if travel outside of Texas. Complete Sch	hedule 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
	ATTACH ADDITIONAL COPIES O	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
Salaries/Wages/0

Transportation Equipment & Related Expense
Travel in District
Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME James Grady Pres 5 Payee name Ordia Drew	tage	3 Filer ID (Ethics	Commission Filers)
6 Amount (\$)	7 Payee address; 36 Big Trail Missouri CtV, TX 77459	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austl	In, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/10/22	Robert Mayberry			
180 00	Payee address; 2440 Texas Parkway Missuuri City Tx 7748	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	2 200. (2001)		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	V-12 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1	Office held
Date 11/10/22	Payee name  Ursulg Wagnt			
Amount (\$) 00	Payee address; 514 Summer Mist Lv Rosenberg, TX 7746		State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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 CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing E		Office Over Polling Exp Printing Exp Salaries/Wi	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a category	ment & Related Expense
		The Instruction Guide expla	ins now to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	mes Grady Pr	estag	e	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Pavee na		-			
12/7/22		heraton New	Orlean	ls		
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code
2=295	50	O Canal St.				
959 —		o Orteans, LA	4 701	30		
8	(a) Categor	y (See Categories listed at the top of the	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE		rel Expanse	ilo danoualo,		ative Black	caves Mtg
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12/7/22	Co.	steo Wholesa	l-e			
Amount (\$)	Payee a	idress;	^	City;	State;	Zip Code
36	17-	ddress; 117 Network	DV			
390 -	ST	afford, TX 7	7477			
,				Description		
		/ (See Categories listed at the top of thi	is scriedule)	Description		
PURPOSE	EVEN	+ Expense				
EXPENDITURE		,				
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candio	late / Officeholder name		Office sought		Office held
expenditure to benefit C/Oh	1					
Date	Payee n	ame		N		
12/7/22	1	1.1.01.00				
12/1/09	FOX	Auto Glass				
Amount (\$)	Payee a	ddress; 515, Voss Rd	# 0	City;	State;	Zip Code
201	200	515, VOSS (4d	4 71	/		
226		iston, TX 770				
		(See Categories listed at the top of th		Description		
' numneer						
PURPOSE	Trans	portation Expens	e			
EXPENDITURE	11000	70.11/10.				
		Check if travel outside of Texas. Complet	e Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candid	date / Officeholder name		Office sought		Office held
expenditure to benefit C/Oh						
	AT	TACH ADDITIONAL COPIE	S 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Polling Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services 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 4 Date 5 Pavee name 12 7 Payee address; City; 6 Amount (\$) State: Zip Code ayee address; 1618 Dusty Ridge 00 Missouri City, TX 77459 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 consulting 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 held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date 12/8/22 J&J Parking Company Payee address: 35602 West Highway 90 Amount (\$) City: State: Zip Code Brookshine, TX 77423 Description PURPOSE Event Expense OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Tiesta Mart Payee address; City; State: Zip Code 1530 Independence Missouri City, TX 77489 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 (extens extensive pet listed shave)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Grady Presta	3 Filer ID (Ethics Commission Filers)
4 Date 12/9/22	5 Pavee name	
6 Amount (\$)	Community Missionary Ba 7 Payee address; 820 Ex Wintergreen R Codar Hill, TX 75104	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, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	. '
12/9/22	Pluzkers	
Amount (\$)	Payee address;	City; State; Zip Code
13169	12469 Southwest Free Stafford, TX 77477	eway
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Staff Meeting
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/9/22	John Washington	
Amount (\$)	Payee address;	City; State; Zip Code
250	SSIS Condon Lane Houston, TX 77053	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Photography	community Lincheon
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME James Grady F	restage	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/9/22	Sulumon Spencer		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
25000	3819 Kigmeshas	Dv .	
-	Missouri City, TX		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	Event Expense	Entertain	1.10 n t
OF EXPENDITURE	Even expuse	Enteriair	men o
	(c) Check if travel outside of Texas. Complete Se	chedule T. Check If Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/9/22	Charolette Allen		
Amount (\$)	Payee address;	City;	State; Zip Code
4000	Rt. 1, Box 712		
100	Wharton, TX 7748	88	
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE	-		
OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/9/22	Brenda Patton		
Amount (\$)	Payee address;	City;	State; Zip Code
466	1618 Dusty Ridge Missour City TX		
160	Missoun City TX:	77959	
	Category (See Categories listed at the top of this s		
PURPOSE OF EXPENDITURE	Event Expense reimbu		
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	tin, 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 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 Salarles/Mages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Others Contracts and Identification (Applications)

Candidate/Officeholder/Politica Credit Card Payment	t intuity Ex	ages/Contract Labor Other (enter a category not listed above)
Orean Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME James Grady Prest	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/22	5 Payee name VICKIE GIBBS	· ·
6 Amount (\$) 480	7 Payee address; 3802 Point Clear MISSOURI City, TX 77	City; State; Zip Code
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 Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/10/22	Marrice Lewis	
Amount (\$)	Payee address;	City; State; Zip Code
1,000	9614 Brannock Ln	
17000	Tomball, TX 77375	
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 ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/14/22	Ursula Wright Payee address;	
Amount (\$)	Payee address; 514 Summer MIST LN	City; State; Zip Code
600 00	Rosenberg, TX 77469	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contract Labor	·
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	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/Officeholder/Political Committee

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

Contributions/Donations Made By Candidate/Officeholder/Political		ense Travel Out Of District gges/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
Total pages Schedule F1:	2 FILER NAME James Grady Pre 5 Payee name	3 Filer ID (Ethics Commission Filers)
1 Date	5 Payee name	
11/14/22	American Carribean Ch. 7 Payee address;	ember of Commerce
6 Amount (\$)	7 Payee address;	City; State; Zip Code
200	6201 Bonhomme St,	Ste 614N
250-	Houston, TX 77036	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Donation	
OF EXPENDITURE		
	(C) 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	I	
Date	Payee name	
11/14/22	Dustin Prestage	
Amount (\$)	Payee address; 1357 Flatbush Ave	City; State; Zip Code
1 7 60 00	1357 Flatbush Ave	1-G
1,250	Brooklyn, NY 112	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF	Consulting Expense	
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Oh	1	
Date	Payee name	
11/14/22	Edwards Minesternal Ass	ociation, Inc
Amount (\$)	Payee address;	City; State; Zip Code
100 00	4140 GOVERNORS ROW	
100	Austrn, TX 78730	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/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)

Candidate/Officeholder/Politica	Third the second	Expense s/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		3 Filer ID (Ethics Commission Filers)
48	James Grady Pro	estage	
4 Date	5 Payee name		
11/16/22	Fort Bend Transforma 7 Payee address;	ation Churc	h
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250	3900 Raoul Wallenk		
	Missouri City 1/x 7	7459	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Donation		
EXPENDITURE	D 0 1 0 1 1		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
11/17/22	Michele Forman		
Amount (\$)	Payee address;	City;	State; Zip Code
1,986	1833 Richmond PK	wy	
(/ 10.	Richmond, TX 774	169	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expens	ie.	
OF EXPENDITURE	100000		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	etin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	4		
Date	Payee name		
11/21/22	The Driskill Hyatt		
Amount (\$) 962 42	Payee address;	City;	State; Zip Code
91.2 70	604 Brazos St		
162	Austin, TX 78701		
	Category (See Categories listed at the top of this schedule)	Description	110.
PURPOSE OF EXPENDITURE	Travel/Lodging	FBEDC	Confevence
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Н		
	ATTACH ADDITIONAL CODIEC CETT	IC COLUEDA II E A CALI	TENEN
	ATTACH ADDITIONAL COPIES OF TH	IS 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

Oricitation/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:	,	age	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	mell Bonne	er	
6 Amount (\$) 250	7 Payee address; PO BOX 1063 Fresno, TX 77545	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 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			
11/21/22	Constant Contact			
Amount (\$) 75 204	Payee address: 1601 Trapelo Road Waltham, MA 02451	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		V
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/22/22	Southern University Fou	ndation		
Amount (\$)	Southern University Four Payee address; JS Clark Administration Baton Aouge, LA 708		32 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 Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a extension not listed shows)

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Other (enter a catego	ry not listed above)
	The Instruction Guide explains how to co	omplete this form.	· · ·	
1 Total pages Schedule F1:	James Grady Prest	age	3 Filer ID (Ethics	Commission Filers)
4 Date 11/22/22	Community Works CDC			
6 Amount (\$) 257 50	7 Payee address; 7/11 Homestead Rd Horston, TX 77028	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	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/23/22	Kovetta Brown			
250 °C	Payee address; 5206 Madden Lone Houston, TX 77048	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 Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/25/22	Joselyn Lewis			
Amount (\$) 00	Payee address; JS Clark Administration B Baton Ruge, LA 70813	dg, Room	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 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 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 Expens

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

Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Zip Code 7 Payee address: State: 13950 Hillcroft (b) Description 8 PURPOSE Donation/Sponsorship OF (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name The Webstaurant Store Payee address: 2205 Old Philadelphia Pike Zip Code State: Lancaster, PA 17602 Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 129/22 Texas Council of Alpha Chapters
(5) 00 Payee address;
P. U. BOX 851144 Zip Code State: Mes gru te, Tx 75185

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

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica	· · · · · · · · · · · · · · · · · · ·		ivel Out Of District er (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	James Grady Pres	tage 3 F	Filer ID (Ethics Commission Filers)
4 Date 12/2/22	5 Payee name LOS Gallitos Restaurant	,	
6 Amount (\$) 78 126	7 Payee address; 3385 Highwayb Sugar Land, Tx 77478	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bevevage Expense	(b) Description TDW Ft. Be.	nd Event
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date   12   2   2 2	Payee name Aoede, LLC		
Amount (\$) 22 533	Payee address: 2440 Texas Parkwau MISSOUVI City, TX 7748	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Renfa 1	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date   12/2 /22	American Storage		
Amount (\$) 794 09	Payee address; 2427 Texas Parkway Missouri City, Tx 774	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  S Juvag &	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

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 Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Zip Code 9210 Highwayb Missouri City, TX 77459 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Event Expense Community Loreheon PURPOSE 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 American Carnbean Chamber of Commerce Payee address; City: S 6201 Bonhomme St., Ste 614N State: Zip Code Houston, TX 77036 Description **PURPOSE** Dunahun OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Charle Walker Insurance Payee address; 2338 Texas Parkwan MISSOUN City, TX 77489 Category (See Categories listed at the top of this schedule) Amount (\$) Zip Code Description **PURPOSE** Lightlity Insurance Event Expense EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollting 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.	Outer (eriter a catego	ny not nated above)
1 Total pages Schedule F1:	2 FILER NAME James Grady Prestag	e	3 Filer ID (Ethics	Commission Filers)
4 Date [2/9/22	5 Payee name Stantey Alexander			
6 Amount (\$)	7 Pavee address:	City;	State;	Zip Code
3000	1618 Dusty Ridge Missouri City, TX 7745	9		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		,
PURPOSE OF EXPENDITURE	Event Expense	Community	Cuncheon	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/12/22	T-Mobile			
Amount (\$)	Payee address;	City;	State;	Zip Code
580	9340 Highwayb			
500	Missouri City, TX 77459			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Communication Expense			
	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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/12/22	Yvette Woods-Britton			
Amount (\$)	Payee address;	City;	State;	Zip Code
300	9927 South Court Dr			
700	Houston, TX 77099			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVEN FEX PENSE	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/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

Advertising Expense

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Food/Beverage Expense Poli Gift/Awards/Memorials Expense Prin	intilities over read remail Expense inting Expense ilaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.		
48	James Grady Pri	estage	3 Filer ID (Ethics Commission Filer	rs)
12/13/22	Missouri City & Vicinit	ty NAACP		
350 °C	7 Payee address; PO Box 1053 Missour City, TX 77	City:	State; Zip Code	440.5
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	Donation			
	(c) Check if travel outside of Texas. Complete Schedu	ule 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			
12/14/22	2 1711			
Amount (\$) 53 219 53	Payee address; 12300 Southwest F Stafford, Tx 7747	Freeway City; 17	State; Zip Code	
	Category (See Categories listed at the top of this schedu			
PURPOSE OF EXPENDITURE	Event Expense			
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Aus	stin, 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			
12/14/22	Fiesta Mart			
Amount (\$)	Payee address;	City;	State; Zip Code	
112'	12355 South Main Houston, TX 77035			
	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	Event Expense			
	Check if travel outside of Texas. Complete Schedu	iule T. Check if Aus	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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
Foot/Beverage Expense
Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wa  The Instruction Guide explains how to co	nges/Contract Labor	Other (enter a catego	ry not listed above)
48	2 FILER NAME James Grady Prestag 5 Payee name	e	3 Filer ID (Ethics	Commission Filers)
1-1-1-2	Kvogev 7 Payee address;			
6 Amount (\$) 134	7 Payee address: 10250 Highway 6 Missouri City, Tx 7745	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVEN F EXPENS R	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, 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			
12/15/22	Toni Wallace Campaign	1		
1,000 00	Payee address; PO BOX 114 Richmond, TX 77406	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 Aust	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/16/22	Yvette Woods-Britton			
Amount (\$) 300	Payee address;  9927 South Court Drive Houston, TX 77099	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVEN EXPENSE	Description		
	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/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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of Distric Other (enter a catego	
Credit Card Payment	The instruction Guide explains		,	
Total pages Schedule F1:	2 FILER NAME James Grady Pres		3 Filer ID (Ethics	Commission Filers)
Date /2/16/22	5 Payee name Ordia Drew			
Amount (\$) 00 500	7 Payee address; 36 Big Trail Missouri City, TX 77		State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this see Eon tract Labor	(b) Description		
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/16/22	Jesus Lopez Payee address;			
Amount (\$) 450	Payee address; 5627 Brookfield Houston, TX 7708		State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so			
	Check if travel outside of Texas, Complete Sc	thedule T. Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date   2/19/22	Payee name  Amazon Marketpe	lace		
361 24	Payee address; 410 Terry Avenue A Seathe, WA 9810	City	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description		
	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	atin, 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 Politing Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (orders a settless)

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)		
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME James Grady Presta	92	3 Filer ID (Ethics Commission Filers)		
4 Date 12   19   22	- D				
300 °C	Tenjyn Rene Lomax- 7 Payee address; 10602 Indian Paintbu Houston, Tx 7095	rush Ly	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event 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/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	-			
12/19/22	Phoenix Design Grow	P			
Amount (\$)	Payee address;	City;	State; Zip Code		
1,387 62	13406 Redfish Ln Stafford, TX 77477				
	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 Aust	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				
12/19/22	Lowe's				
Amount (\$) 439 50	Payee address; 3807 Fm 1092 Missouri City, TX 7745!	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Event Expense				
	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/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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee 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) 4 Date Home Depot Zip Code 7 Payee address; City; State: 6 Amount (\$) (b) Description 8 Event 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 Date T-Mobile Payee address; 9340 Highway 6 City; State: Zip Code MISSOUN CITY, TX 77459 Category (See Categories listed at the top of this schedule) Description Communication 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 T-mobile Payee address; City; State: Zip Code 9340 Highway 6 MISSOUN City, TX 77459 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Communication Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH 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/Wades/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a extension pot listed above)

Candidate/Officeholder/Politica Credit Card Payment	- Filling D	pense /ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
48	James Grady Presta	ge			
4 Date   2/19/22	5 Payee name City of Stafford				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
5,750	2610 Simain Sti				
•	Stafford, TX 77477				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Event Expense				
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1				
Date	Payee name				
12/20/22	Constant Contact				
Amount (\$)	Payee address;	City;	State; Zip Code		
704	1601 Trapelo Road				
204	Waltham, MA 02451				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Alaka Basasa				
OF EXPENDITURE	Advortising Expense				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/Oh		<b>.</b>			
Date	Payee name				
12/20/22	Dustin Prestage				
Amount (\$) 00	Payee address: 1357 Flatbush Ave #1-	City;	State; Zip Code		
685					
600	Brucklyn, NY 11710 Category (See Categories listed at the top of this schedule)				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	6. 10.11. 6.				
OF EXPENDITURE	Consulting Expense				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense rinting Expense alaries/Wages/Contract Labor now 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:	2 FILER NAME	. 5	3 Filer ID (Ethics Commission Filers)		
48	James Grady Pre	stage			
4 Date  2/20/22	5 Payee name King Dollar				
6 Amount (\$) (76	7 Payee address; 2192 Texas Park MISSOUN City, TX	city; wen 77459	State; Zip Code		
8	(a) Category (See Categories listed at the top of this sch				
PURPOSE OF EXPENDITURE	Event Expense				
	(c) Check if travel outside of Texas. Complete Sche	dule 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				
12/20/22	NosisterLeft Beh	ind, Inc			
Amount (\$) 900	Payee address;  PO.BOX 19695  Sugar Land, TX 77	City;	State; Zip Code		
	Category (See Categories listed at the top of this sch				
PURPOSE OF EXPENDITURE	Event sponsorship	Kwanza	Celebration		
	Check if travel outside of Texas. Complete Scho	edule T. Check if Aust	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/21/22	Thery 1 Drew				
Amount (\$)	Payee address;	City;	State; Zip Code		
166 00	PU Box 28 Oakdale, LA 71463				
	Category (See Categories listed at the top of this sch				
PURPOSE OF EXPENDITURE	Reimbursement for Buen Expense	et			
	Check if travel outside of Texas. Complete Scho	edule T. Check if Aust	in, TX, officeholdar living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/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 rategory not listed shove)

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James 5 Payee name Payee address: 1824 Spring Street Ituuston, Tx 77007 City; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Photography Services **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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12/22/22 J&J Packing Company City; State: Zip Code 35602 Highway 90 Brookshive, TX 7-423
Category (See Categories listed at the top of this schedule) Description Event Expense **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Sam's Club Payee address; Amount (\$) City; Zip Code State: 351 State Arghway 6 Svggr Land, TX 77478 Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense 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
Cendidate/Officeholder/Political Committee

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
Other (enter a category not listed above)

Contributions/Donations Made By Cendidate/Officeholder/Political Credit Card Payment		pense /ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains how to co	omplets this form.	
1 Total pages Schedule F1:	2 FILER NAME James Grady Prest	298	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/22/22	Cost co Wholesale	0"	7-01
6 Amount (\$)	7 Payee address; 12717 Network Drive	City;	State; Zip Code
243-	Stafford, TX 77477		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	EventExpense		
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/22/22	Costco Wholesale		
Amount (\$)	Payee address;	City;	State; Zip Code
151 53	12717 Network Dr		
/	Stafford, TX 77477		
	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 Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
15/22/22	Sam's Club		
Amount (\$)	Payee address;	City;	State; Zip Code
182 12	12300 Southwest Free	eway	
	Stafford, TX 17477		
, Bribbook	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
	A		
	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Contributions/Donations Made By Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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 Apex Signs 7 Payee address; 13003 Murphy Rd, unit B2ity; State: Zip Code 6 Amount (\$) 866 Stafford, Tx 77477 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Event Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) 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 12/23/22 Brenda Patton Payee address: 1618 Dusty Ridge City: State: Zip Code Amount (\$) MISSOUR CITY, TX 7745 9 Category (See Categories listed at the top of this schedule) Description Event Expense reimbusement **PURPOSE** 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 12/23/22 Manne Lewis Payee address; 9614 Bannok Ln Amount (\$) City; State: Zip Code Tomball, TX 77375 Category (See Categories listed at the top of this schedule Description **PURPOSE** Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name 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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 12 City: State: Zip Code 725 S. Cravens Road 2,808 Missouri City, Tx 77489 8 Event Ex pense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 12/23/22 Julie Perez Payee address: 10505 Cash Road City: State: Zip Code Amount (\$) Stafford, TX 77477 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Payee address; 603 Murphy Rd Stafford, TX 77477 Amount (\$) City; State; Zip Code Description **PURPOSE** Event Expense OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Company of the Company of the C

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Grady 4 Date 12/27/22 6 Amount (\$) State: Zip Code Rosenberg Tx 77469 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Contract Labor **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 Office sought expenditure to benefit C/OH Payee name 12/27/22 John Washington Payee address; 5515 CondonLane Zip Code City; State: Amount (\$) Houston, TX 77053

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 Pavee name Payee address:
6407 West Ridgecreek
MISSUUVI City, TX 77489
Category (See Categories listed at the top of this schedule) 12/27/22 Amount (\$) City; State: Zip Code Description **PURPOSE** Contract Labor 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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Grody Prestage Linda Gilbert 7 Payee address; City; Zip Code 6 Amount (\$) State: 10505 Cash Road Stafford, TX 77477 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Event Expense 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 Payee name 12/27/22 Betty Arceneaux Payee address; City; State; Zip Code 11505 Cash Road Stafford, TX 77477 Description PURPOSE Event Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Yvette Woods-Britton Payee address; 9927 South Court Dr 12/22/22 Amount (\$) City; State; Zip Code Description **PURPOSE** Contract Labor EXPENDITURE 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

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Grady Prestage 4 Date 5 Payee name Gabe Onyeagy 7 Pavee address: City: State: Zip Code 10505 Cash Road 14000 Stafford, TX 77477 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Contract Labor 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 9 Complete ONLY if direct expenditure to benefit C/OH 12/27/22 Ulysses Grady, Jr Payee address; 10505 Cash Road City; State: Zip Code Amount (\$) 14000 StaffordiTX 77477 Description **PURPOSE** Contract la box 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 Date 12/27/22 Charolette Alley Payee address; Amount (\$) City; State: Zip Code R+1, B0x712 Whav fon , TX 77488 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 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 Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ense ges/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	James Grady	_		3 Filer ID (Ethics	Commission Filers)	
12/27/22	S raycoli	ordig Drew					
6 Amount (\$) 400	7 Payee a 3 6	Big Trail	774	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Even	ry (See Categories listed at the top of this		(b) Description			
9 Complete ONLY if direct	(c)	Check if travel outside of Texas. Complete 9	Schedule T.	Office sought	in, TX, officeholder living	Office held	
expenditure to benefit C/Oh		auto / Omoonoloo mamo		O III O O O O O O			
Date	Payee n	ame					
12/27/22	The	ey Perkins					
140 OO		ey Perkins  oddress:  oddress:		City;	State;	Zip Code	
		ford, TX 77 47  ry (See Categories listed at the top of this		Description			
PURPOSE OF EXPENDITURE		act Labor		2000,			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oi		date / Officeholder name		Office sought		Office held	
Date	Payee	name					
12/27/22	DV	Shin Prestage					
Amount (\$) 500	13	address; 57 Flatbush A		1-G City;	State;	Zip Code	
	Categor	ry (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE		14ng Services					
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	dn, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O		idate / Officeholder name		Office sought		Office held	
	A	TTACH ADDITIONAL COPIES	S 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/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (action of the property and listed charge)

Contributions/Donations Made By Candidate/Officeholder/Political	The state of the s	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	Prectage	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	, , , , , ,	
12/27/22	Take 5 Oil Chance	9 €	
6 Amount (\$)	/ Favee address:	City;	State; Zip Code
10250	9626 Highwayb		
103	MISSOURI City, TX -	77459	
8	(a) Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	Transportation Expen	se	
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check If Au	stin, 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		
12/27/22	Shani Turner		
Amount (\$)	Payee address;	City;	State; Zip Code
100	3204 Orchard Mill	LN	
700	Peguland, TX 7758	34	
	Category (See Categories listed at the top of this sol		
PURPOSE OF EXPENDITURE	Contract Labor		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/28/22	Missouri City Bopt Payee address:	7st Church	
Amount (\$)	Payee address;	City;	State; Zip Code
100	Payee address: 16816 Quail Park Missouri City, TX	2.0	
100	Mucoun City .TX =	77489	
	Category (See Categories listed at the top of this sol	hedule) Description	
PURPOSE OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete Sch	nedule 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) Event Expense** Loan Repayment/Reimbursement

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor 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 Zip Code City; State: 1,000 Tomball, TX 77375 (b) Description Consulting Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 12/28/22 Raistons Discomt Ligur Payee address: Zip Code City; State: 3013 S. Main Stafford, TX 77477
Category (See Categories listed at the top of this schedule) Description Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Shaz Graphics

Payee address; City:
13003 Murphy Road, Unit B6
Stafford, TX 77477

Category (See Categories listed at the top of this schedule) Description Amount (\$) Zip Code 191 PURPOSE Printing Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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 s/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; State: Zip Code (b) Description 8 PURPOSE 1880 Rental OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name The Greatest BBQ

Payee address;

2358 Texas Parkway City; State; Zip Code MISSOUVI City, TX 77489 **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 Best Buy

Payee address;

16980 Southwest Freewow

Sugar Land, Tx 77479

Category (See Categories listed at the top of this schedule) City: Zip Code State: Description Computer Egupmont **PURPOSE** OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Villue held

Check if Austin, TX, officeholder living expense

Office sought

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wa	ages/Contract Labor	Other (enter a catego	ry not listed above)	
Orean Card Payment	The Instruction Guide explains how to co	omplete this form.			
48	2 FILER NAME James Grady Pres	tage	3 Filer ID (Ethics	Commission Filers)	
12/30/22	Ben E. Keith Food:				
6 Amount (\$) 72	7 Payee address; 725 S. Cravens Road Missour City, Tx 77	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Even + Expense	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	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				
12/30/22	Dwayne Santa Cruz	2			
Amount (\$) 00	Payee address; Pro. Box 651 Katy, Tx 77492	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date 11/6/22	Payee name  Act Blue				
Amount (\$) 25 296:	Payee address; 366 Summer Street Somerville, MA 02144	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Fundrais	ing Commi	ssion	
	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	
****	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

### SCHEDULE T

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:		
2 FILER NAME James Grady Prestage					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	/ Corporation	or Labor C	rganization / Pledgo	r / Rayee		
Sherato.						
5 Contribution / Expend						
				По. и о		
☐ Schedule A2	☐ Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S					
6 Dates of travel 7 Name of person(s) traveling						
11-25-22	Jan	NPS G	rady Pre	stage		
11-25-00	8 Departur	e city or n	ame of departure loc	ation		
to			ity IX			
20 22	9 Destinati	on city or	name of destination	location		
11-28-22						
			MS, LA			
10 Means of transportat	ion			g name of conference, se		
Avto		AHe	and Covisian	ra Legislative	Black Cowcus Event	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgo	г / Рауее		
Contribution / Expend	liture reported	on:				
		dule B	П о-ки в/л	Cabadula Co	C Schodulo B C St. J. T.	
☐ Schedule A2	Sche	idule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
			_			
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)			eminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						