

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Taral</i>	MI <i>V.</i>	OFFICE USE ONLY	
	NICKNAME	LAST <i>Patel</i>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>PO Box 2653</i>		APT / SUITE #:	CITY: <i>Sugar Land</i>	STATE; ZIP CODE <i>TX</i>
<input type="checkbox"/> Change of Address	AREA CODE <i>(832)</i>		PHONE NUMBER <i>308 8015</i>	EXTENSION	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <i>Mr.</i>	FIRST <i>S.</i>	MI <i>Chisler</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	NICKNAME <i>"Q"</i>	LAST <i>Imam</i>	SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <i>19 Saint Christopher St.</i>		APT / SUITE #:	CITY: <i>Sugar Land</i>	STATE; ZIP CODE <i>TX 77479</i>
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(281)</i>	PHONE NUMBER <i>467 9545</i>	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month <i>7</i>	Day <i>1</i>	Year <i>24</i>	THROUGH	Month <i>9</i> Day <i>26</i> Year <i>24</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 5 / 24</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <i>Fort Bend County Commissioner - Precinct 3</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 17,594
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,594
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 36,923.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 36,923.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 81,911.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

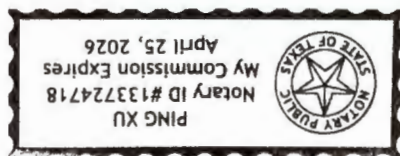
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Taral V. Patel this the 7th day of October,

20 24, to certify which, witness my hand and seal of office.

[Signature] Ping Xu Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,594
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 20,000
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36,923.15
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

9/21/24

Catherine Bratvedt

30

6 Contributor address; City; State; Zip Code

17430 Aberdeenshire Richmond TX 77407

8 Principal occupation / Job title (See Instructions)

Not employed

9 Employer (See Instructions)

Not employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/20/24

Bharath Kumar

10

Contributor address; City; State; Zip Code

1900 Burton Dr Austin TX 78741

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

Not employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/20/24

Mareva Simmons

25

Contributor address; City; State; Zip Code

3624 South Hills dr Fort Worth TX 76108

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/13/24

David Koger

10

Contributor address; City; State; Zip Code

6323 Carnaby La Rosenberg TX 77471

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
8/10/24	Sonia Klise 6 Contributor address; City; State; Zip Code 4906 Scaric Horizon Lane Fort Worth TX 77141	4
8 Principal occupation / Job title (See Instructions) Auditor		9 Employer (See Instructions) Conoco Phillips
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/7/24	Marcia Simmons Contributor address; City; State; Zip Code 3624 S. Hills Ave Fort Worth TX 76104	25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/5/24	Vaam Sodhani Contributor address; City; State; Zip Code 2814 Oakland Dr. Sugar Land TX 77479	50
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/3/24	Hannah Horick Contributor address; City; State; Zip Code 408 W. 175th Odessa TX 79761	10
Principal occupation / Job title (See Instructions) Communications Coordinator		Employer (See Instructions) Crisis Center of West Texas

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ana Murra Albert Martin</i>	7 Amount of contribution (\$)
<i>8/3/24</i>	6 Contributor address; City; State; Zip Code <i>2218 Old South Dr Richmond TX 77406</i>	<i>10</i>
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rita Obey</i>	Amount of contribution (\$)
<i>8/30/24</i>	Contributor address; City; State; Zip Code <i>2414 Crownview Trail Fresno TX 77545</i>	<i>25</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Holly Ohlsson</i>	Amount of contribution (\$)
<i>8/28/24</i>	Contributor address; City; State; Zip Code <i>25514 Merimac Trace Ct Katy TX 77494</i>	<i>25</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bethany Young</i>	Amount of contribution (\$)
<i>8/29/24</i>	Contributor address; City; State; Zip Code <i>38 Advanna Path Dr Missouri City TX 77459</i>	<i>25</i>
Principal occupation / Job title (See Instructions) <i>Homemaker</i>		Employer (See Instructions) <i>Self</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catherine Pratoedt</i>	7 Amount of contribution (\$)
<i>8/21/24</i>	6 Contributor address; City; State; Zip Code <i>17430 Aberdeenshire Dr. Richard TX 77007</i>	<i>30</i>
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcia Simmons</i>	Amount of contribution (\$)
<i>8/20/24</i>	Contributor address; City; State; Zip Code <i>3624 South Hills Ave Fort Worth TX 76109</i>	<i>25</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bharath Kumar</i>	Amount of contribution (\$)
<i>8/20/24</i>	Contributor address; City; State; Zip Code <i>1900 Burton Dr. Austin TX 78741</i>	<i>10</i>
Principal occupation / Job title (See Instructions) <i>Note employed</i>		Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donaven Washington</i>	Amount of contribution (\$)
<i>8/16/24</i>	Contributor address; City; State; Zip Code <i>1500 Miradugo Blvd. Dallas TX 75234</i>	<i>10</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8/14/24

Courtney Davis

10

6 Contributor address; City; State; Zip Code
2610 Teal View Ln Katy TX 77494

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

School Psychologist

Katy ISD

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/13/24

Anand Chaudhari

50

Contributor address; City; State; Zip Code
2214 N. Lake Village Dr. Katy TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Consultant

Deloitte

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/13/24

~~David Koger~~ David Koger

10

Contributor address; City; State; Zip Code
6323 Carnaby Ln Noxudy TX 77471

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/12/24

Syed Haq

1000

Contributor address; City; State; Zip Code
3614 Aweet Meadow Ct. Mansel TX 77578

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineer

infra TECH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amjad Malik</i>	7 Amount of contribution (\$)
<i>8/11/24</i>	6 Contributor address; City; State; Zip Code <i>25919 Silver Timbers Lane Katy TX 77404</i>	<i>5</i>
8 Principal occupation / Job title (See Instructions) <i>CPA</i>		9 Employer (See Instructions) <i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Venhat Veerisetty</i>	Amount of contribution (\$)
<i>8/11/24</i>	Contributor address; City; State; Zip Code <i>6310 Goodlowe Park Sugar Land TX 77479</i>	<i>100</i>
Principal occupation / Job title (See Instructions) <i>Dentist</i>		Employer (See Instructions) <i>Iron Sina</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip Andrews</i>	Amount of contribution (\$)
<i>8/10/24</i>	Contributor address; City; State; Zip Code <i>1802 Maiden Hair Lane Sugar Land TX 77479</i>	<i>1000</i>
Principal occupation / Job title (See Instructions) <i>Self</i>		Employer (See Instructions) <i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sonia Klise</i>	Amount of contribution (\$)
<i>8/10/24</i>	Contributor address; City; State; Zip Code <i>4906 Scenic Horizon Lane Fulshear TX 77444</i>	<i>25</i>
Principal occupation / Job title (See Instructions) <i>Auditor</i>		Employer (See Instructions) <i>Conoco Phillips</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

9/13/24

Anand Chaudhary

50

6 Contributor address; City; State; Zip Code
22214 N. Lake Village Dr. Katy TX 77450

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Consultant

Deloitte

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/16/24

Shanaz Hadi Khanavat

1500

Contributor address; City; State; Zip Code
1310 Malmaison Ridge Spring TX 77379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Not employed

Not employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/10/24

Sonia Klise

5

Contributor address; City; State; Zip Code
4906 Sonic Horizon Lane Fulshear TX 77444

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Auditor

Caroco Phillips

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/7/24

~~_____~~ Marcia Simmons

25

Contributor address; City; State; Zip Code
3624 South Hills Avenue Fort Worth TX 76108

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marilyn Johnson</i>	7 Amount of contribution (\$)
<i>8/15/24</i>	6 Contributor address; City; State; Zip Code <i>618 Beverly Cir Stafford TX 77477</i>	<i>5</i>
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Lavy</i>	Amount of contribution (\$)
<i>8/15/24</i>	Contributor address; City; State; Zip Code <i>3202 North Ave. Neche TX 77461</i>	<i>5</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Hall</i>	Amount of contribution (\$)
<i>8/15/24</i>	Contributor address; City; State; Zip Code <i>15910 Gatebriar Dr. Mission City TX 77489</i>	<i>5</i>
Principal occupation / Job title (See Instructions) <i>IT Facilities</i>		Employer (See Instructions) <i>Harris County</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yousef Habib</i>	Amount of contribution (\$)
<i>8/14/24</i>	Contributor address; City; State; Zip Code <i>64 Waterford Pointe Circle Sugar Land TX 77478</i>	<i>100</i>
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>9/20/24 Indrajit Kaur</i>	7 Amount of contribution (\$) <i>2500</i>
	6 Contributor address; City; State; Zip Code <i>13 218 Ormside Dr. Houston TX 77001</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>7/13/24 Sonia Klise</i>	Amount of contribution (\$) <i>5</i>
	Contributor address; City; State; Zip Code <i>4906 Scenic Horizon Lane Fort Worth TX 76101</i>	
Principal occupation / Job title (See Instructions) <i>Auditor</i>		Employer (See Instructions) <i>Conoco Phillip</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>7/13/24 Sonia Rita Obey</i>	Amount of contribution (\$) <i>25</i>
	Contributor address; City; State; Zip Code <i>2414 Grove View Trl Fresno TX 77545</i>	
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>7/12/24 Jackson Voss</i>	Amount of contribution (\$) <i>50</i>
	Contributor address; City; State; Zip Code <i>603 Canberra Rd. Lafayette LA 70503</i>	
Principal occupation / Job title (See Instructions) <i>Staff</i>		Employer (See Instructions) <i>US Senate</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tyler Wong</i>	7 Amount of contribution (\$) <i>50</i>
	6 Contributor address; City; State; Zip Code <i>7707 Adams St. Forest Park IL 60130</i>	
8 Principal occupation / Job title (See Instructions) <i>Not employed</i>		9 Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catherine Bratvedt</i>	Amount of contribution (\$) <i>30</i>
7/12/24 <i>7/21/24</i>	Contributor address; City; State; Zip Code <i>1703 Aberdenshire Dr. Richard TX 77407</i>	
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcia Simmons</i>	Amount of contribution (\$) <i>25</i>
<i>7/20/24</i>	Contributor address; City; State; Zip Code <i>3624 South Hills Ave Fort Worth TX 76109</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bhuvan Kumar</i>	Amount of contribution (\$) <i>10</i>
<i>7/20/24</i>	Contributor address; City; State; Zip Code <i>1900 Burden Dr. Austin TX 78741</i>	
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>Not employed</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

7/13/24

David Koger

10

6 Contributor address; City; State; Zip Code

6323 Carnaby Ln Roseburg TX 77471

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

N/A

N/A

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

7/13/24

Anand Chaudhary

50

Contributor address; City; State; Zip Code

2214 N. Lake Village Dr. Katy TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Consultant

Deloitte

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

7/7/24

Marcia Simmons

25

Contributor address; City; State; Zip Code

3624 South Hills Ave Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

7/13/24

Hannah Horvath

10

Contributor address; City; State; Zip Code

408 W. 17th St. Odessa TX 79761

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Communications Coordinator

Crisis Center of West Texas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8/3/24

Hannah Horvick
 6 Contributor address; City; State; Zip Code
 408 W. 17th St. Odessa TX 79761

10

8 Principal occupation / Job title (See Instructions)

Communication Coordinator

9 Employer (See Instructions)

Crisis Center of West Texas

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/26/24

Santiago Castaneda
 Contributor address; City; State; Zip Code
 2426 Mills Creek Dr. Kingwood TX 77338

10,000

Principal occupation / Job title (See Instructions)

~~Retired~~ Vice President

Employer (See Instructions)

Omega Engineering Inc.

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/1/24

Holly Ohlsson
 Contributor address; City; State; Zip Code
 25514 Merrimac Trace Ct. Katy TX 77494

25

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

Not employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/1/24

Donna Ellis
 Contributor address; City; State; Zip Code
 13910 Placid Woods Ct. Sugar Land TX 77488

25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

7/11/24

Donna Ellis

25

6 Contributor address; City; State; Zip Code

13410 Placid Woods Ct Sugar Land TX 77498

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Retired

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/16/24

Neelam Verma

500

Contributor address; City; State; Zip Code

14407 Arched Dr. Sugar Land TX 77498

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

8/23/24

Shaprik Khan

7 Pledgor address; City; State; Zip Code
7215 Wooded Lake Ln. Richmond TX 77407

10,000

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

Principal

11 Employer (See Instructions)

Civitas

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

8/23/24

Amir Mireskandari

Pledgor address; City; State; Zip Code
4900 Fournace PI #200 Bellme TX 77401

5000

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

8/23/24

Anthony Pusch

Pledgor address; City; State; Zip Code
6330 Golf Fwy Houston TX 77023

2500

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Pusch & Nguyen Law Firm

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

8/23/24

Richard Nava

Pledgor address; City; State; Zip Code
4809 Bissonnet St. #100 Bellme TX 77401

2500

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Nava Lawgroup

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8/18/24	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$ 3.18	7 Payee address; City; State; Zip Code 366 Summer St. Somerville MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 8/25/24	Payee name Act Blue Technical Services	
Amount (\$) 2.58	Payee address; City; State; Zip Code 366 Summer St. - Somerville MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 8/11/24	Payee name Act Blue Technical Services	
Amount (\$) 3.37	Payee address; City; State; Zip Code 366 Summer St. - Somerville MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9/18/24		5 Payee name Act Blue Technical Services			
6 Amount (\$) 3.37		7 Payee address; 366 Summer St.		City; Somerville	State; MA Zip Code 02144
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fees		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/15/24		Payee name Act Blue			
Amount (\$) 2.54		Payee address; 366 Summer St		City; Somerville	State; MA Zip Code 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees		Description fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/22/24		Payee name Act Blue			
Amount (\$) 61.83		Payee address; 366 Summer St		City; Somerville	State; MA Zip Code 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees		Description fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 9/9/24	5 Payee name Courtney Grigsby Consulting	
6 Amount (\$) 2041.50	7 Payee address; 708 Main St. Houston TX 77002	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(b) Description campaign consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/13/24	Payee name Masala Radio	
Amount (\$) 1000	Payee address; 1691 Overland Pass Sugar Land TX 77478	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description radio
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/19/24	Payee name VM solutions	
Amount (\$) 3535	Payee address; 12030 Greenrock Ln. Houston TX 77044	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description field
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 7/17/24	5 Payee name Act Blue Technical Services
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6 Amount (\$) 0.00	7 Payee address; 366 Summer St.	City; Somerville	State; MA	Zip Code 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/14/24	Payee name Act Blue Technical Services
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Amount (\$) 2.38	Payee address; 366 Summer St.	City; Somerville	State; MA	Zip Code 02144
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/21/24	Payee name Act Blue Technical Services
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Amount (\$) 2.58	Payee address; 366 Summer St.	City; Somerville	State; MA	Zip Code 02144
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description fees fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 7/12/24	5 Payee name Google Web Seminars	
6 Amount (\$) 12.79	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View CA 94041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description google suite
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 7/12/24	Payee name NGP VAN INC	
Amount (\$) 437.06	Payee address; City; State; Zip Code 655 15th St. NW Suite 650 Washington DC 20005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description database system
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 7/12/24	Payee name TGM Printing	
Amount (\$) 5000	Payee address; City; State; Zip Code 13910 Murphy Rd. Stafford TX 77477	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 7/28/24	5 Payee name ActBlue Technical Services
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6 Amount (\$) 3.96	7 Payee address; 366 Summer St.	City; Somerville	State; MA	Zip Code 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/14/24	Payee name ActBlue Technical Services
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Amount (\$) 7.52	Payee address; 366 Summer St.	City; Somerville	State; MA	Zip Code 02144
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/11/24	Payee name ActBlue Technical Services
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Amount (\$) 46.43	Payee address; 366 Summer St.	City; Somerville	State; MA	Zip Code 02144
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 7/26/24	5 Payee name TOM Printing
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6 Amount (\$) 5000	7 Payee address; 13910 Murphy Rd.	City; Stafford	State; TX	Zip Code 75477
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/2/24	Payee name Google
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Amount (\$) 12.79	Payee address; 1600 Amphitheatre Parkway	City; Mountain View	State; CA	Zip Code 94039
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Suite
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/6/24	Payee name Ascend Digital Strategies
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Amount (\$) 564.98	Payee address; 4540 Pearl East Circle Ste 210E	City; Boulder	State; CO	Zip Code 80301
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Consulting Expense	Description NCP Digital
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 8/7/24	5 Payee name NGP VAN INC
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6 Amount (\$) 314.80	7 Payee address; 655 15th St. NW Suite 650	City; Washington DC	State;	Zip Code 20005
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description Database system
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/7/24	Payee name NGP VAN INC
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Amount (\$) 437.06	Payee address; 655 15th St. NW Suite 650	City; Washington DC	State;	Zip Code 20005
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description fees for database
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/18/24	Payee name Fort Bend Democratic Party
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Amount (\$) 2500	Payee address; 13515 Southwest Fwy #204	City; Sugar Land TX	State;	Zip Code 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Dem Party
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8/13/24	5 Payee name ICC India Culture Center Houston	
6 Amount (\$) 275	7 Payee address; 8888 W. Belfort Ave	City; State; Zip Code Houston TX 77031
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Table fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 8/28/24	Payee name TGM Printing	
Amount (\$) 3000	Payee address; 13910 Murphy Rd.	City; State; Zip Code Stafford TX 77477
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 9/3/24	Payee name Google	
Amount (\$) 12.79	Payee address; 1600 Amphitheatre Parkway	City; State; Zip Code Mountain View CA 94041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description Google suite
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 8/24/24	5 Payee name Reel Volume Promotions LLC
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6 Amount (\$) 2500	7 Payee address; 801 Travis St.	City; Houston	State; TX	Zip Code 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description digital
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/25/24	Payee name VM Solutions
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Amount (\$) 2627	Payee address; 12030 Greenrock Ln.	City; Houston	State; TX	Zip Code 77044
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description field
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/25/24	Payee name JG Media
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Amount (\$) 1237.50	Payee address; 16225 Impact Way	City; Pflugerville	State; TX	Zip Code 78660
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 9/13/24	5 Payee name NAP VAN INC
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6 Amount (\$) 159.90	7 Payee address; 655 15th St. NW #650	City; Washington DC	State; DC	Zip Code 20005
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description database system
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/10/24 9/10/24	Payee name NAP VAN INC
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Amount (\$) 437.06	Payee address; 655 15th St. NW #650	City; Washington DC	State; DC	Zip Code 20005
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description database system
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/19/24	Payee name Vista Print
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Amount (\$) 253.65	Payee address; 95 Hayden Ave.	City; Lexington MA	State; MA	Zip Code 02421
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 9/9/24	5 Payee name Courtney Gorgis Consulting
6 Amount (\$) 2170	7 Payee address; City; State; Zip Code 708 Main St. Houston TX 77002

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/24	Payee name Charley King
Amount (\$) 1000	Payee address; City; State; Zip Code 5718 Westheimer Rd Suite 1000 Houston TX 77057

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/24	Payee name TGM Printing
Amount (\$) 2249.13	Payee address; City; State; Zip Code 13410 Murphy Rd. Stafford TX 77477

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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