

# 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: <b>11</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Marion</b>	MI <b>P.</b>
	NICKNAME	LAST <b>Glenn</b>	SUFFIX <b>Jr.</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY, STATE, ZIP CODE
	<b>12100 S. Texas 6 # 6102 Sugar Land Tx. 77498</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(832)</b>	<b>729-2320</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs</b>	FIRST <b>Femeka</b>	MI <b>S</b>
	NICKNAME	LAST <b>Glenn</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #		CITY, STATE, ZIP CODE
	<b>3010 Laney Blossom Ct. Richmond Texas 77406</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(281)</b>	<b>226-3152</b>	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<b>7</b>	<b>1</b>	<b>2023</b>
	THROUGH		Month Day Year
			<b>12 / 31 / 2023</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<b>3</b>	<b>5</b>	<b>2024</b>
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
	<input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<b>Constable FBC Precinct 3</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Marion Glenn Jr.</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>2,625.23</u> <sup>0</sup> <sub>FC</sub>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,625.23</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,619.23</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

Marion Glenn Jr.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Marion P. Glenn Jr., and my date of birth is June 25, 1972  
 My address is 12100 S. Texas 6 # 6102 Sugar Land, TX 77498, United States  
(street) (city) (state) (zip code) (country)  
 Executed in Fort Bend County, State of Texas, on the 16 day of January, 2024.  
(month) (year)

Marion Glenn Jr.

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Marion Glenn Campaign*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,625.23
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2619.23
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

Commission Filers)

SUBTOTAL  
AMOUNT

\$ 2,625.25

\$ 0

0

0

\$ 19.23

**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: **1** 2 FILER NAME **Marion Glenn Campaign** 3 Filer ID (Ethics Commission Filers)

4 Date **8-15-23** 5 Payee name **Thomas George - TGM Printing**

6 Amount (\$) **1200.00** 7 Payee address: **13910 Murphy Rd. Stafford Tx. 77477** City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description **Political/Campaign Signs**  
(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 **Marion Glenn Campaign** Office sought **FBC Constable Pct.3** Office held **none**

Date **10-15-23** Payee name **Fort Bend County Democratic Party**  
Amount (\$) **1000.00** Payee address: **13515 Southwest Frwy #204 Sugar Land Tx. 77478** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fees** Description **Fort Bend County Filing Fee**  
 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 **Marion Glenn Campaign** Office sought **FBC Constable Pct.3** Office held **none**

Date **10-21-23** Payee name **9ers BBQ**  
Amount (\$) **419.23** Payee address: **1836 FM359 Richmond Tx. 77406** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Food Beverage Expense** Description **Campaign Party 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 **Marion Glenn Campaign** Office sought **FBC Constable Pct.3** Office held **none**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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:

7

2 FILER NAME

Marion Glenn Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

11-13-23

5 Full name of contributor

Birdie Kelley

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

7631 S. Glen Willow Lane Missouri City Tx. 77489

8 Principal occupation / Job title (See Instructions)

Pharmacist

9 Employer (See Instructions)

Walgreens

Date

11-13-23

Full name of contributor

Birdie Kelley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

7631 S. Glen Willow Lane Missouri City Tx 77489

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-23-23

Full name of contributor

William Boston

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2410 Honey Heights Ln. Fresno Tx 77545

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Home Depot

Date

10-23-23

Full name of contributor

Michael Serges

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3718 Mainer Houston Tx. 77021

Principal occupation / Job title (See Instructions)

Investigator

Employer (See Instructions)

City of Houston

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: <b>7</b>
2 FILER NAME <b>Marion Glenn Campaign</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-21-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kirk Fretty</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>6207 Sutton Meadows Dr. Houston Tx. 77005</b>		
8 Principal occupation / Job title (See Instructions) <b>Police</b>		9 Employer (See Instructions) <b>Benavides</b>
Date <b>10-21-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Bailey</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>7110 El Sereno Dr. Houston Tx. 77083</b>		
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>Atief ISD</b>
Date <b>10-21-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Chacko</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>18403 Kilbowie Richmond Tx. 77407</b>		
Principal occupation / Job title (See Instructions) <b>Assistant Principal</b>		Employer (See Instructions) <b>Atief ISD</b>
Date <b>10-21-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Otis &amp; Elizabeth Chandler</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>75 Ember Branch Dr. Missouri City Tx. 77459</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>DEC enterprises, LLC</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

7

2 FILER NAME

Marion Glenn Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

10-21-23

5 Full name of contributor

Frank Fraley

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

12327 Meadow Crest Dr. Meadows Place, 77477

8 Principal occupation / Job title (See Instructions)

Not employed

9 Employer (See Instructions)

Date

10-21-23

Full name of contributor

Randon Clark

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4418 Million Bells Way Richmond, Tx. 77406

Principal occupation / Job title (See Instructions)

Pastor

Employer (See Instructions)

Triumph Church

Date

10-21-23

Full name of contributor

Kevin Duplechain

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

19946 Ryans Colony Ln Richmond Tx. 77407

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Cybrix Transport

Date

10-20-23

Full name of contributor

Melvin Latin

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1714 Lexington Oaks Dr. Missouri City 77459

Principal occupation / Job title (See Instructions)

Logistics

Employer (See Instructions)

Point 2 Point Logistics Inc.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

1

2 FILER NAME

Marion Glenn Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

10-20-23

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

Alfred Jackson

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

7214 Health St. Houston Tx. 77016

8 Principal occupation / Job title (See Instructions)

Police Officer

9 Employer (See Instructions)

Walker County

Date

10-18-23

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

Verda Bolden

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

2450 Aldine Westfield Rd. Houston, Tx 77093

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

Date

10-17-23

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

Doralene Johnson

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

13831 Arbor Meadows Lane Pearland, Tx. 77584

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-2-23

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

Lance Willis

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

59 Terra Bella Dr. Manvel, Tx. 77578

Principal occupation / Job title (See Instructions)

Deputy

Employer (See Instructions)

Deputy

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

7

2 FILER NAME

Marion Glenn Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

9-28-23

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

Mark Austin

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

B302 Wainwright Way Rosharon, Tx. 77583

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Fort Bend ISD

Date

9-28-23

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

Lakendra Hills

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

2722 Argos Dr. Missouri City Tx. 77459

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

FBISD

Date

9-1-23

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

Amos Woods

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1010 Wall St. Houston Tx. 77088

Principal occupation / Job title (See Instructions)

Railway Controller

Employer (See Instructions)

Union Pacific

Date

8-31-23

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

Richard Gomez

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

16502 N. Canyon Trace Dr. Houston, Tx. 77095

Principal occupation / Job title (See Instructions)

Deputy

Employer (See Instructions)

Harris County

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

7

2 FILER NAME

Marion Glenn Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

8-28-23

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

Kirk Fretty

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

6207 Sutton Meadows Drive Houston 77085

8 Principal occupation / Job title (See Instructions)

Police

9 Employer (See Instructions)

Benavides

Date

8-24-23

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

Christopher Redmond

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3000 Murworth Apt 423 Houston Tx 77025

Principal occupation / Job title (See Instructions)

Police

Employer (See Instructions)

Arcola P.D.

Date

8-23-23

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

Ron Jones

Amount of contribution (\$)

150.23

Contributor address; City; State; Zip Code

P.O. Box 2061 Missouri City Tx 77459

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

Date

8-13-23

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

Frederick Ashton

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

2115 Runnels St. Houston Tx 77003

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

HCSO

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: 7
2 FILER NAME <i>Marion Glenn Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-8-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reginald Chretien</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>18703 Lakeshire Humble Tx 77346</i>		
8 Principal occupation / Job title (See Instructions) <i>not employed</i>		9 Employer (See Instructions)
Date <i>8-6-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Crystal Guillory</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2525 Citywest Blvd #414 Houston Tx, 77042</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-4-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Stewart</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>7620 Gleason Road Houston Tx 77014</i>		
Principal occupation / Job title (See Instructions) <i>not employed</i>		Employer (See Instructions)
Date <i>8-3-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Femeka Glenn</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>3010 Laney Blossom Ct. Richmond Tx. 77404</i>		
Principal occupation / Job title (See Instructions) <i>Diagnostician</i>		Employer (See Instructions) <i>Alief ISD</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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