CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:			05510511	105 011 1/
_	00088147	ics commission r licrs)	11			OFFICE U	ISE UNLY
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	Date Received	
3	OFFICEHOLDER	WIS / WINCS / WINC	Rosalind		IVII	02/05/2024	ALLY FILED
	NAME	NICKNAME	LAST		SUFFIX	02/05/2024	
		NICKNAIVIE	Caesar		SUFFIX		
4	ORIGINAL	January 15	Runoff	Other (s	necify)	Date Hand-delivered or	Date Postmarked
•	REPORT TYPE		Exceeded modified		респу)	Descint #	Tamaunt
		July 15	<u> </u>			Receipt #	Amount
		30th day before election	15th day after camp appointment (office	holder only)		Date Processed	
		8th day before election	Final Report (Attacl	h C/OH-FR)			
5	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	Date Imaged	
	COVERED	01/01/2024	THROUGH	01/31/2024			
6	EXPLANATION OF C						
	Error on original repo	rt due to mathematical erro	r.				
7	AFFIDAVIT						
				ear, or affirm, under pe correct.	enalty of perjury	y, that this corrected	report is true
			Che	ck the box next to any	and all applica	ble statements:	
				Semiannual reports	s: I swear, or	affirm that the origin	nal report
			Ц	was made in good fa	aith and without	an intent to mislead	
				misrepresent the info	ormation contail	nea in the report.	
			X	Other reports: Is	swear, or affirm,	, that I am filing this	corrected
			ت	report not later than	the 14th busine	ess day after the date	e I learned
				that the report as original swear, or affirm, that	ginally filed is in anv error or on	naccurate or incomp mission in the report	iete. i as originally
				filed was made in go	od faith.		3,
					Desclind C	ancar	
					Rosalind C		
	AFFIX NOTABY ST	AND / CEAL ARCY		Signatu	re of Candidate	e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subse	rihed hefore me, by the sain	4		thic t	he	day
	of	ribed before me, by the said, 20, to cert	ify which witness my	hand and seal of office	, u ii 5 U s		uay
	01	, 20, to cen	ary writers, with teas filly	nana ana seai di dilice			
	Signature of office	er administering oath	Printed name of of	fficer administering oat	th	Title of officer admin	nistering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00088147		2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Rosalind		MI	OFFICE USE ONLY
NAME				Date Received ELECTRONICALLY FILED
	NICKNAME LAST Caesar		SUFFIX	02/05/2024
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 683163	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
ADDRESS				Receipt # Amount
Change of Address	Houston, TX 77268			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER NAME	Tammica S	Jones	IVII	
	NICKNAME LAST		SUFFIX	
	Motley			
6 CAMPAIGN	STREET ADDRESS (NO DO BOY DI EAS	YE). ADT / CLUTE	: #· CITV:	STATE; ZIP CODE
TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEAS 12518 Mardi Gras Drive	SE); APT / SUITE	E#; CITY;	STATE; ZIP CODE
(Residence or Business)	Houston, TX 77014			
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	(281) 865-7283			
8 REPORT TYPE	January 15 X 30th day b	pefore election Runoff	Х	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day be	efore election Exceeded reporting l	I modified limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year	Mo	onth Day	Year
COVERED	01/01/2024	THROUGH	01/31/2024	
10 ELECTION	ELECTION DATE		TION TYPE	
	Month Day Year [03/05/2024	X Primary Ru	noff	Other
	[General Spo	ecial	
11 OFFICE	OFFICE HELD (if any)	12 OFF	ICE SOUGHT	(if known)
	State Representative Place Houston	District 139 Harris Staf	te Representa	ative Place Houston District 139
	•	,		
	G	O TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 11

13 C / OH NAME	Caesar, Rosalind			14 Filer ID 00088147	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	s may have been made v	penditures made by political o vithout the candidate's or offic rmation only if they receive no	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
Ш	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER N	AME		
		COMMITTEE CAN	MPAIGN TREASURER A	DDRESS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHE R CONTRIBUTIONS MAD	R THAN PLEDGES, LOANS, DE ELECTRONICALLY)	\$	0.00
		AL CONTRIBUTION PLEDGES, LOANS	ONS , OR GUARANTEES OF	LOANS)	\$	1,631.92
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURI	ES		\$	3,070.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF	THE LAST DAY OF THE	\$	7,398.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOA	NS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•					
				penalty of perjury, that the ac ludes all information required Code.		
				Rosalind Caesar		
			Signa	ature of Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
	, 20, to co					
Signature of office	cer administering	Printed name	of officer administering	Title of office	r administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		4 of 11					
18 FILER N. Caesar,	AME Rosalind	19 Filer ID 00088147	(Ethics Comm	ission Filers)			
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	3,070.00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 5/11	
2	FILER NAME Caesar, Ros	alind			3	Filer ID (Ethics Commission 00088147	n Filers)
4	Date 01/25/2024	 Full name of contributor out- Boone, Aliene Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$20.24
		Houston, TX 77088					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 01/31/2024	Craft, Judy Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$20.24
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
				Not Employed			
	Date 01/25/2024	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.24
		Spring, TX 77338					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 01/25/2024	Flowers, Reagan)		Amount of Contribution (\$)	\$150.00
	Principal occu Education	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/31/2024	Foody, Walter	of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 6/11	
2	FILER NAME Caesar, Ros	alind			3	Filer ID (Ethics Commission 00088147	n Filers)
4	Date 01/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Houston, TX 77014	1-	5 1 (0 1 1 1			
8	Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Evolution	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Henderson, Feletha Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.24
	Principal occu	Cypress, TX 77433 pation / Job title (See Instructions)	1	Employer (See Instructions	?) 		
	Managemen			JPM Chase	"		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Herring, Terry Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.24
		Jonesboro, GA 30238					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:_Hollins, Doris Contributor address; City; State; Zip Code Houston, TX 77014)		Amount of Contribution (\$)	\$25.00
	Principal occu Drive	pation / Job title (See Instructions)		Employer (See Instructions The Mission of Yahweh			
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_ J Cohen, Daniel Contributor address; City; State; Zip Code Houston, TX 77057)	•	Amount of Contribution (\$)	\$20.24
	Principal occu Writer	pation / Job title (See Instructions)		Employer (See Instructions Redshift Writers	5)		
			•				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 7/11	
2	FILER NAME Caesar, Ros	alind			3	Filer ID (Ethics Commission 00088147	Filers)
4	Date 01/24/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
		Houston, TX 77014					
8	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 01/11/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Dringing agg	Killeen, TX 76549	İ	Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 01/19/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
		Temple, TX 76504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 01/25/2024	Kelley, Shauntell Contributor address; City; State; 2)		Amount of Contribution (\$)	\$20.24
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions IQVIA)		
	Date 01/01/2024	Full name of contributor	Dut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			l				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 8/11	
2	FILER NAME Caesar, Ros	alind				3	Filer ID (Ethics Commission 00088147	n Filers)
4	Date 01/31/2024	5 Full name of contributor Mayfield John, Myra6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77087 pation / Job title (See Instructions	s)	9	Employer (See Instructions	<u> </u> s)		
	Realtor	, , , , , , , , , , , , , , , , , , , ,	,		Self Employed	,		
	Date 01/11/2024	Full name of contributor Mays, C Contributor address; City; S)		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77066 pation / Job title (See Instructions	2)		Employer (See Instructions	:) 		
	Fillicipal occu	pation / 300 title (See instructions	5)		Self-Employed)		
	Date 01/31/2024	Full name of contributor McQueen, Tameka Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77014						
	Principal occu Renewable E	pation / Job title (See Instructions Energy	5)		Employer (See Instructions TBD	s)		
	Date 01/25/2024	Full name of contributor Pender, Michael Contributor address; City; S Houston, TX 77014)		Amount of Contribution (\$)	\$500.00
	Principal occu Pastor	pation / Job title (See Instructions	5)		Employer (See Instructions Fallbrook Church	s)		
	Date 01/11/2024	Full name of contributor Ruiz, Javier Contributor address; City; S Hollywood, FL 33021	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instruction:	5)		Employer (See Instructions Jo Ann Hoffman & Asso		tes	
	, morriey				55 / till Hollinan & ASSC			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 9/11	
2	FILER NAME Caesar, Ros	alind				3	Filer ID (Ethics Commission 00088147	n Filers)
4	Date 01/15/2024	5 Full name of contributor Soora, Karthik6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Houston, TX 77007						
8	Principal occu Associate	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions Pattern Energy	5)		
	Date 01/31/2024	Full name of contributor Spellmon, Laronda Contributor address; City; Si)		Amount of Contribution (\$)	\$100.00
	Principal occu	Humble, TX 77396 pation / Job title (See Instructions	s)		Employer (See Instructions	:)		
	Pharmacist	`	,		Self Employed	,		
	Date 01/31/2024	Full name of contributor Steward, Donald Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Magnolia, TX 77354						
	Principal occu Police Chief	pation / Job title (See Instructions	(5)		Employer (See Instructions Harris County	i)		
	Date 01/02/2024	Full name of contributor Vereen, Tiffanie Contributor address; City; St Temple, TX 76502	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	(5)		Employer (See Instructions Self-Employed	5)		
	Date 01/24/2024	Full name of contributor White, Carolyn Contributor address; City; Si Humble, TX 77396	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.24
	Principal occu Nurse	pation / Job title (See Instructions	(3)		Employer (See Instructions Loving Arms)		
			<u>'</u>					

The Instruction Guide explains how to complete this form. 2 FILER NAME Caesar, Rosalind	SCHEDULE A1
Caesar, Rosalind 4 Date 5 Full name of contributor out-of-state PAC (ID#:	Total pages Schedule A1: Sch: 6/6 Rpt: 10/11
01/25/2024 Wyand, Isabelle 6 Contributor address; City; State; Zip Code Houston, TX 77014 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	Filer ID (Ethics Commission Filers) 00088147
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	Amount of Contribution (\$) \$25.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Layment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 1/1 Rpt: 11/11	Caesar, Rosalind		00088147	
4 Date	5 Payee name		•	
01/24/2024	DARIANS DESIGNS			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$120.00	5002 Cupids Bower Court			
	Spring, TX 77388			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Check if trave	el outside of Texas. Con	
LXI LINDITORE		. —	tin, TX, officeholder living	g expense
		Tee-shirts		
9 Complete ONLY if direct	Candidate/Officeholder name Office and	l abt	Office h	old
expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	igni	Office h	eia
Date	Payee name			
01/26/2024	Ground Game Strategies			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$450.00	1084 Adams Street, R			
	Dorchester, MA 02124			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense	ı <u>—</u>	el outside of Texas. Con tin, TX, officeholder livin	
		Website De		g oxponed
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld
expenditure to benefit C/O	Н			
Date	Payee name			
01/16/2024	The Insurgent Group LLC			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$2,500.00	PO Box77268			
. ,				
	Houston, TX 77268			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Consulting Expense	· ·	el outside of Texas. Con	nplete Schedule T.
EXPENDITURE	Consuming Expenses	Check if Aust	tin, TX, officeholder livin	g expense
		Campaign N	Management	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office h	eld
experiorare to benefit C/O				