CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Commis 00085736		2 Total pages f	filed: 10
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mr.	James O.			Date Received	
					ELECTRONIC	
	NICKNAME	LAST		SUFFIX	02/29/2024	
		Guillory		II		
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	-Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	PO BOX 451812					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77245					
	$\square 00050011, 1 \land 11245$				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Madison				
	NICKNAME	LAST		SUFFIX		
		Guillory				
		-				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE).	AP	r / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	3906 Brookston Street		74		01	
ADDRESS	5500 Brookston Street					
(Residence or Business)						
	Houston, TX 77045					
7 CAMPAIGN	AREA CODE PH		EXTENSION			
TREASURER			EXTENSION			
PHONE	(713) 367-1817					
8 REPORT						
TYPE	January 15	30th day before		Runoff	15th day after c	ampaign treasurer
					appointment (off	
	July 15	X 8th day before	election	Exceeded modified	Final Report (At	tach C/OH-FR)
				reporting limit	_	
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	01/26/2024	Tł	HROUGH	02/24/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ar XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
			beneral			
44.055:05						
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		oton District 404
				State Represent	ative Place Hou	Ston District 131
		GO 1	FO PAGE 2			
				-	. ,	
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	5	Vers	sion V3.5.1.9000c47

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 10

13 C / OH NAME	Guillory II, James O.	(Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information	e candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS	6						
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	PLEDGES, LOANS, TRONICALLY)	\$ 0.00						
	2. TOTAL POLITIC (OTHER THAN I	1	\$ 0.00						
EXPENDITURE TOTALS									
	4. TOTAL POLITIC		\$ 8,021.65						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY OF THE	\$ 8,021.65					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT	-								
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.							
		Mr. Jar	mes O. Guillory II						
Signature of Candidate or Officeholder									
AFFIX NOTARY STAMP / SEAL ABOVE									
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of offic	Signature of officer administering Printed name of officer administering Title of officer administering oath								
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.9000c47f					

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 10
18 FILER NAME Guillory II, James O. (Mr.)	19 Filer ID 00085736	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. 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	\$ 8,021.65
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. 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 I TO FILER	\$	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 1/7 Rpt: 4/10	Guillory II, James O. (Mr.) 00085736							
4	Date 01/29/2024	Payee name Colter, Alyssa							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$100.00	3906 Brookston Street Houston, TX 77045							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/29/2024	Colter, LaShanda							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$75.00	3906 Brookston Street Houston, TX 77045							
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense D f						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/29/2024	Colter, LaShanda							
	Amount (\$) \$300.00	Payee address;City;State;ZipCode3906 Brookston Street							
		Houston, TX 77045							
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense D F						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Be Gift/Awa nmittee Legal Se	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 2/7 Rpt: 5/10		Guillory II, James O. (Mr.) 00085736								
4	Date	5	Payee name								
	02/09/2024		Engage Voters US								
6	Amount (\$)	7									
	\$73.81		44 S Broadway St		· •						
			,								
			White Plains, NY	10601							
8	PURPOSE	(a)				(b) Description					
0	OF	(a)	Consulting Expension	ries listed at the top of this sch	nedule)	(b) Description	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living	expense		
						Voter Data					
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								ld		
	Date		Payee name								
	02/08/2024		Engage Voters US	5							
	Amount (\$)	Payee address; City; State; Zip Code									
	\$672.58		44 S Broadway St	e 100							
			White Plains, NY	10601							
	PURPOSE OF	(a)		ries listed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Consulting Expen	se				de of Texas. Comp officeholder living			
						Voter Data		J. J			
	Complete ONLY if direct	(Candidate/Officehold	er name (Office sou	jht		Office he	ld		
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/09/2024		Engage Voters US	5							
	Amount (\$)		Payee address;		; Zip Co	1e					
	\$728.91		44 S Broadway St		,						
			White Plains, NY	10601							
	PURPOSE OF	(a)		ries listed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Consulting Expen	se				de of Texas. Comp officeholder living			
						Voter Data	, , ,,	Sincenoider IIVIIIg	unpullat.		
	Complete ONLY if direct	L(Candidate/Officehold	er name (Office sou	jht		Office he	ld		
	expenditure to benefit C/OI					, ,					
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 3/7 Rpt: 6/10	Guillory II, James O. (Mr.)	00085736						
4	Date 01/29/2024	Payee name Hines, Alyssa							
	Amount (\$) \$140.00	7 Payee address; City; State; Zip Code 3906 Brookston Street Houston, TX 77045							
8	PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/29/2024	Hines, Alyssa							
	Amount (\$) \$180.00	Payee address; City; State; Zip Code 3906 Brookston Street Houston, TX 77045							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 01/29/2024	Payee name Jacqueline, Ortiz							
	Amount (\$) \$225.00	Payee address; City; State; Zip Code 3906 Brookston Street							
		Houston, TX 77045							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Jnting/Banking Jlting Expense Ibutions/ Donations Made By - Indidate/Officeholder/Political Committee			Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Beverage Expense Polling Expense wards/Memorials Expense Printing Expense Services 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)		
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/7 Rpt: 7/10		Guillory II, James O. (Mr.) 00085736									
4	Date 01/29/2024	5	Payee name Kalos, Aimee									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$330.00		3906 Brookston Street Houston, TX 77045									
8	PURPOSE					I	(h)	Description				
0	OF	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	01/29/2024		Kalos, Aime	e								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$195.00		3906 Brook Houston, Tž									
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed a ages/Contract		iedule)	[, TX,	de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	01/29/2024		LaShanda,	Colter								
	Amount (\$) \$500.00		Payee addre 3906 Brook		State	; Zip Co	de					
			Houston, T	X 77045								
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed a ages/Contract		nedule)]		, TX,	de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	(Dffice sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 5/7 Rpt: 8/10	Guillory II, James O. (Mr.) 00085736								
4	Date 02/09/2024	Payee name								
		Leetris Systems								
6	Amount (\$) \$1,276.00	Payee address; City; State; Zip Code 7322 Southwest Fwy, Suite 750								
		Houston, TX 77074								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing 								
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held									
	Date	Payee name								
	02/17/2024	Leetris Systems								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,261.75	7322 Southwest Fwy, Suite 750 Houston, TX 77074								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/29/2024	Oglesby, Pennie								
	Amount (\$) \$375.00	Payee address; City; State; Zip Code 3906 Brookston Street								
		Houston, TX 77045								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense OOT							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	ials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Se Printing Expense Salaries/Wages/Contract Labor xplains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	-					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 6/7 Rpt: 9/10		Guillory II, James O. (Mr.) 00085736									
4	Date 01/29/2024	5										
_		_	Oglesby, Pennie									
6	Amount (\$) \$240.00	7	7 Payee address; City; State; Zip Code 3906 Brookston Street Houston, TX 77045									
8	PURPOSE	(a)	Category (c	an Catagorian listed	at the ten of this cab	adula)	(b)	Description				
Ū	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	01/29/2024		Ortiz, Jacqu	ueline								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$345.00		3906 Brook Houston, T	X 77045								
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed ages/Contract	at the top of this sch : Labor	iedule)			, TX,	de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	02/16/2024			ory Consulting								
	Amount (\$) \$425.00		Payee addre 3906 Brook		State;	; Zip Co	de					
			Houston, T	X 77045								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Consulting		at the top of this sch	edule)				de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Dffice sou	ght			Office he	eld	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mat Candidate/Officeholder/Po Credit Card Payment	
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 10/10	
-	
4 Date	5 Payee name
02/23/2024	UZ Marketing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$42.0	
Φ42.0	0 5900 Bingle Rd
	Houston, TX 77092
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	signage
	Giginago
9 Complete <u>ONLY</u> if direct expenditure to benefit C	
experiance to benefit e	
Date	Payee name
02/19/2024	UZ Marketing
Amount (\$)	Payee address; City; State; Zip Code
\$536.6	0 5900 Bingle Rd
	Houston, TX 77092
PURPOSE	
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	signage
	Signage
Complete <u>ONLY</u> if direct expenditure to benefit C	
experiature to benefit c	