

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083982	2 Total pages filed: 25
3 COMMITTEE NAME FORT BEND UNITED		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/04/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 420811 Houston, TX 77242-0811		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Shapnik <hr/> NICKNAME LAST SUFFIX Khan		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 420811 Houston, TX 77242		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO box 420811 Houston, TX 77242		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 653-6766		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME FORT BEND UNITED	13 Filer ID (Ethics Commission Filers) 00083982
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Taral Patel County Commissioner
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,943.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,420.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,169.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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.

Mr. Shapnik Khan

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME FORT BEND UNITED	13 Filer ID (Ethics Commission Filers) 00083982
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Andy Meyers County Commissioner	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Eric Fagan Sherrif	

SUBTOTALS - GPAC

17 COMMITTEE NAME FORT BEND UNITED		18 Filer ID (Ethics Commission Filers) 00083982
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,693.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,420.92
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/12 Rpt: 5/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Blessy <hr/> 6 Contributor address; City; State; Zip Code Missouri city , TX 77459	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions) Self Employee
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew, Phillip <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Construction
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anita, Freeman <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arora, Neeru <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bais, Shirley <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 6/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron, Jean-Paul	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77079		
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhurji, Amneet	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Titan Gloabal
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broughton, Sara	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77066		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Barry	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Xavier	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77095		
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) IderA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 7/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caviness, Rosemaria <hr/> 6 Contributor address; City; State; Zip Code Kingwood, TX 77339	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Montessori School
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Quincy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Verizon
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Sharon <hr/> Contributor address; City; State; Zip Code Houston, TX 77034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Courtney <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) Katy ISD
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise, Jenkins <hr/> Contributor address; City; State; Zip Code Houston, TX 77038	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 8/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Malone <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) FED
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl, George <hr/> Contributor address; City; State; Zip Code Houston, TX 77013	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flex, Delores <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Judith <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Brett <hr/> Contributor address; City; State; Zip Code Houston , TX 77003	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Allied Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 9/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gresham, Lesley	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Fulshear, TX 77441		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) n/a
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunneles, Audrey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Retail Associate		Employer (See Instructions) Brookwood Inc.
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hintze, Steve	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcombe, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Missouri city, TX 77459		
Principal occupation / Job title (See Instructions) Advisor Corporate Governance		Employer (See Instructions) ConocoPhillips Company
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bobby	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston , TX 77049		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 10/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Edward <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanauth, Ann <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) N/A
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karkhanis, Girish <hr/> Contributor address; City; State; Zip Code Richmond, TX 77494	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknownn
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulkarni, Ishani <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Tridal Tecnologies
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liu, Tony <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 11/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montano, Anton <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Counciller		9 Employer (See Instructions) University of Houston Law Center
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murillo, Rolando <hr/> Contributor address; City; State; Zip Code North Middletown, NJ 77480	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Wyndham Hotels & Resorts
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naser, Mohamed <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Loan Star Floor
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nava, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nava Law group
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguen, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Prominent

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 12/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Chau <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) retailor		9 Employer (See Instructions) Self
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prudhomme, Marilyn <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Windy cove energy
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyrson, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell , Amy Moss <hr/> Contributor address; City; State; Zip Code Houston, TX 77379	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Geologist/Analyst		Employer (See Instructions) Chevron
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Wolinsky <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 13/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sefiyat, Tijani <hr/> 6 Contributor address; City; State; Zip Code Missouri city, TX 77489	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions) Richmond state supported living centre
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shearer, Laurie <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Court reporter		Employer (See Instructions) Self
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmions, John <hr/> Contributor address; City; State; Zip Code Missouri city, TX 77459	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Keating Toyota
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Judith <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 14/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve, Gullion	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions) Self
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroman, Ben	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77044		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Clarion
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, George	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77089		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thanni, Marilyn	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77071		
Principal occupation / Job title (See Instructions) PRR		Employer (See Instructions) Molina healthcare
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villela, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77042		
Principal occupation / Job title (See Instructions) Web Developer		Employer (See Instructions) Unlock health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 15/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Kathie	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Houston, TX 77025		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Delbert	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77021		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Daniel	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Sugar Land, TX 77498		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Betti	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Humble, TX 77396		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HISD
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yufu, Huang	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code katy, TX 77494		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Simple Technology Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 16/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamir, Shahin <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Zamir Investment
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zito, Paula <hr/> Contributor address; City; State; Zip Code TX 77024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zomalt, Vernice <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) Fort Bend Seniors Meals on Wheels

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 17/25	
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 08/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Imtiaz <hr style="border-top: 1px dotted black;"/> 7 Contributor address; City; State; Zip Code Katy, TX 77494	8 Amount of contribution (\$) \$250.00	9 In-kind contribution description Discount of price from Maharaja <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Maharaja Restaurant	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 18/25

2 FILER NAME
FORT BEND UNITED

3 Filer ID (Ethics Commission Filers)
00083982

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 19/25
2 FILER NAME FORT BEND UNITED		3 Filer ID (Ethics Commission Filers) 00083982
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 20/25	2 FILER NAME FORT BEND UNITED	3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/26/2024	5 Payee name Academy Sports	
6 Amount (\$) \$118.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 19150 W Bellfort St, Richmond, TX 77407	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T shirts for Volunteers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/14/2024	Candidate/Officeholder name Actblue	
Amount (\$) \$43.72 <input type="checkbox"/> Expenditure from corporate funds	Office sought 366 Summer Street Boston, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Avalon Diner	
Amount (\$) \$51.47 <input type="checkbox"/> Expenditure from corporate funds	Office sought 12810 Southwest Fwy Stafford, TX 77477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donors meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 21/25	2 FILER NAME FORT BEND UNITED	3 Filer ID (Ethics Commission Filers) 00083982
4 Date 07/19/2024	5 Payee name Bags in bulk	
6 Amount (\$) \$300.44 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 20 W 33rd St New York, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donate school supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Dominos Pizza	
Amount (\$) \$16.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10651 Westheimer pkway Katy, TX 77450	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone banking meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2024	Payee name Fagan, Eric	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 2204 Sugar Land, TX 77487	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense County Sherrif
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 22/25	2 FILER NAME FORT BEND UNITED	3 Filer ID (Ethics Commission Filers) 00083982
4 Date 08/22/2024	5 Payee name Hernandez, Ana	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 15538 Houston, TX 77220	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Rep
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name Jack In the Box	
Amount (\$) \$63.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8102 FM 1464 Richmond, TX 77407	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name Kelley's country cookin	
Amount (\$) \$505.63 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11555 W Airport Blvd Meadows Place , TX 77477	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast and Politics
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 23/25	2 FILER NAME FORT BEND UNITED	3 Filer ID (Ethics Commission Filers) 00083982
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4 Date 08/25/2024	5 Payee name Maharaja Restaurant
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6 Amount (\$) \$550.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3711 S hwy 6 Houston, TX 77082
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fagan Fundraiser
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Mcdonalds
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Amount (\$) \$64.49 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10513 W Grand Pkwy Richmond, TX 77407
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals for Block walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name Name Cheap.com
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Amount (\$) \$34.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3402 East University Phonix, AZ
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain name
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 24/25	2 FILER NAME FORT BEND UNITED	3 Filer ID (Ethics Commission Filers) 00083982
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4 Date 09/03/2024	5 Payee name PF Changs
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6 Amount (\$) \$169.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2120 Lone Star Dr Sugar Land, TX 77479
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donors Meeting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/26/2024	Payee name Party City
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Amount (\$) \$24.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5466 W Grand Pkwy S Richmond, TX 77407
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteers appreciations
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/03/2024	Payee name Red lion
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Amount (\$) \$83.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2316 S Shepherd Dr Houston, TX 77019
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donors meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 25/25	2 FILER NAME FORT BEND UNITED	3 Filer ID (Ethics Commission Filers) 00083982
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4 Date 07/02/2024	5 Payee name Russo's Pizzeria
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6 Amount (\$) \$26.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1708 Spring Green Blvd Katy, TX 77494
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteers meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/04/2024	Payee name Switch Board
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Amount (\$) \$947.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 33485 Washington DC, DC 20033
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Text	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name US Post Master
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Amount (\$) \$170.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2909 Roger dale Houston , TX 77042
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO BOX fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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