



Official Filing Authority of Harris County
Clifford Tatum
Elections Administrator

Campaign Finance Report

FileNo:	202342	  Elections Administrator Harris County, TX
Received By Clerk:	01/17/2023	
File Date:	January 17, 2023	
Office:	District Clerk	
Candidate:	Burgess, Marilyn	
Treasurer:	Bachand-Halvorson, Jennifer	
Category:	Contributions And Expenditures (COH / JCOH)	
Delivered By:	Personal Appearance	
Type:	COR	

Harris County No Fee

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: 15					
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST Marilyn	MI	OFFICE USE ONLY				
	NICKNAME	LAST Burgess	SUFFIX					
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX:	APT/SUITE #	CITY		STATE:	ZIP CODE		
	P.O. Box 7235		Houston		TX	77248		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
		(713) 557-8975						
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Jennifer	MI					
	NICKNAME	LAST Bachand-Halvorson	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT/SUITE #			CITY	STATE:	ZIP CODE
	1013 W Ellaine Ave					Pasadena	TX	77506
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
		(713) 472-3136						
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- COH-FR)							
	10 PERIOD COVERED Month Day Year 10/30/2022 THROUGH Month Day Year 12/31/2022							
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		
			11/8/2022	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)				
	Other Office: Harris County District Clerk			Other Office: Harris County District Clerk				
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 <input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS					
			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	Marilyn Burgess	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)	\$200.00
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$940.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$243.60
	4 TOTAL POLITICAL EXPENDITURES	\$14,710.87
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$5,403.57
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$5,207.41

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.

Marilyn Burgess

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP /

Sworn to and subscribed before me, by the said Marilyn Burgess this the 17th day of January 20 23 to certify which, witness my hand and seal of office.

Irene Escobedo
Signature of officer administering oath

Irene Escobedo
Printed name of officer administering oath

Notary
Title of officer/administering oath

OR

(2) Unsworn Declaration

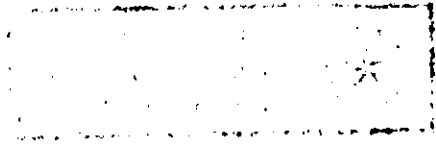
My name is _____, and my date of birth is _____

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

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

Signature of Candidate/Officeholder (Declarant)

Unofficial Copy



SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19. FILER NAME Marilyn Burgess	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$940.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$12,699.92
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$2,000.95
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$10.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 11/22/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cy-Fair Area Democratic Club 6. Contributor address; City; State; ZIP Code 14119 Hillvale Dr Houston, TX 77077-1408	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 12/29/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jan Adam 6. Contributor address; City; State; ZIP Code 1807 Sand Hollow Ln Katy, TX 77450-5224	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 12/20/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mary Benton 6. Contributor address; City; State; ZIP Code 3230 Holly Hall St Houston, TX 77054-4162	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Misty Brown 6. Contributor address; City; State; ZIP Code 17807 Springtree Dr Humble, TX 77396-1639	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 12/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Misty Brown 6. Contributor address; City; State; ZIP Code 17807 Springtree Dr Humble, TX 77396-1639	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 11/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Angellia Dozier 6. Contributor address; City; State; ZIP Code 939 ACACIAWOOD Way Houston, TX 77051	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 11/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Irene Escobedo 6. Contributor address; City; State; ZIP Code 226 E Oak St Deer Park, TX 77536-4104	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 11/09/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Roselyn Flannigan 6. Contributor address; City; State; ZIP Code 4330 Cedar Ridge Trl Houston, TX 77059-3114	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 11/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nancy Friedman 6. Contributor address; City; State; ZIP Code 1313 Pine Chase Dr Houston, TX 77055-6721	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 12/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nancy Friedman 6. Contributor address; City; State; ZIP Code 1313 Pine Chase Dr Houston, TX 77055-6721	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date 11/19/2022	5 Payee name Aceves Communications, LLC	
6 Amount \$8,000.00	7 Payee address; City; State: Zip Code PO Box 6514 Houston, TX 77265-6514	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 11/25/2022	5 Payee name Cardmember Services	
6 Amount \$3,628.61	7 Payee address; City; State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 12/19/2022	5 Payee name Cardmember Services	
6 Amount \$966.74	7 Payee address; City; State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date 11/21/2022	5 Payee name Paragon Payment Solutions	
6 Amount \$97.58	7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$236.61	
5 Date 12/17/2022	6 Payee name Costco	
7 Amount \$177.74 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 21802 Townsen Blvd W Humble, TX 77338-1594	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 12/31/2022	6 Payee name Harold's Tap Room	
7 Amount \$272.99 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 350 W 19th St Houston, TX 77008-3971	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$236.61
5 Date 12/14/2022	6 Payee name Harris County Democratic Party		
7 Amount \$15.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: 4719 Lyons Ave Houston, TX 77020-4306	City:	State: Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
5 Date 11/07/2022	6 Payee name HCCLA		
7 Amount \$175.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: PO Box 924523 Houston, TX 77292-4523	City:	State: Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$236.61
5 Date 11/19/2022	6 Payee name HEB	
7 Amount \$75.39 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 2300 N Shepherd Dr Houston, TX 77008-1956	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 12/16/2022	6 Payee name HEB	
7 Amount \$147.22 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 2300 N Shepherd Dr Houston, TX 77008-1956	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$236.61
5 Date 11/05/2022	6 Payee name Kroger	
7 Amount \$70.22 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: 1035 N Shepherd Dr Houston, TX 77008-6528	City: State: Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 11/20/2022	6 Payee name Kroger	
7 Amount \$16.86 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: 1035 N Shepherd Dr Houston, TX 77008-6528	City: State: Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$236.61	
5 Date 11/01/2022	6 Payee name NGPVAN, Inc.	
7 Amount \$266.50 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 12/01/2022	6 Payee name NGPVAN, Inc.	
7 Amount \$266.50 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$236.61	
5 Date 11/22/2022	6 Payee name Office Depot	
7 Amount \$90.92 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: 1401 North Loop W Houston, TX 77008-1647	City: State: Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 11/27/2022	6 Payee name Planned Parenthood Gulf Coast	
7 Amount \$20.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: 4600 Gulf Fwy Houston, TX 77023-3533	City: State: Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$236.61	
5 Date 12/27/2022	6 Payee name Planned Parenthood Gulf Coast	
7 Amount \$20.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 4600 Gulf Fwy Houston, TX 77023-3533	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 11/20/2022	6 Payee name The Union Kitchen	
7 Amount \$150.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 23918 Highway 59 N Kingwood, TX 77339-1534	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)	
4 Date 11/02/2022	5 Payee name PREMIER PARKING - TX W		
6 Amount \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 400 Main St Houston, TX 77002-1802	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED