

Official Filing Authority of Harris County Isabel Longoria Elections Administrator

Campaign Finance Report

2021218

Elections Administrator Harris County, TX

Received By Clerk: 7/15/2021

FileNo:

Candidate:

File Date: July 15, 2021

Office: District Clerk

Treasurer: Bachand-Halvorson, Jennifer

Category: Contributions And Expenditures

Burgess, Marilyn

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 C	Guide explains how to comp	lete this form.		2 Total pages filed:36
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Marilyn	MI	OFFICE USE ONLY Date Received
	NICKNAME	LAST Burgess	SUFFIX	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT PO Box 7235	「/SUITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
Change of Address	Houston, TX: ファ スト	t <i>8</i>		Date Processed Date Imaged
CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Jennifer	MI	
	NICKNAME	LAST Bachand-Halvorson	SUFFIX	•••••••••••••••••••••••••••••••••••••••
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO	D BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE Pasadena TX 7
CAMPAIGN TREASURER PHONE	AREA CODE PHO	NE NUMBER EXTENSION	N .	
REPORT TYPE	January 15 X July 15	30th day before election	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
PERIOD COVERED	Month Day Year 01/01/2021	THROUGH	Month Day 06/30/202	Year L
DELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other
OFFICE	OFFICE HELD (If any) District Clerk Harris		12 OFFICE SOUGHT	(if known)
700 2 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIALS			2 of 36		
13 C / OH NAME	Burgess, Marilyn		14 Filer ID			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	it the candidate's or officeho	older's knowledge or		
Additional Pages	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS	20			
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS			
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS (OTHER TH. EES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 288.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 3,068.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00			
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 7,207.80		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 8,207.87		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	S OF THE LAST DAY	\$ 0.00		
	DELIA MACIAS My Notary ID # 4629726 Expires September 29, 20	Signature of Signa	of Candidate or Officeholde	be reported by me		
of <u>July</u>	, 20_2_, to c	ertify which, witness my hand and seal of office.		-		

Forms provided by Texas Ethics Commission

Signature of officer administering

www.ethics.state.tx.us

Version V1.1.83d66148

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 19 Filer ID 18 FILER NAME Burgess, Marilyn 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X 3,068.00 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 7,207.80 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MQN	ETARY F		SCHEDULE A1				
The Ins	truction Gu	ide explains hov	v to complete this f	orm.	1 Total pages Sch: 1/8 R		
2 FILER NA Burgess			; •	,	3 Filer ID		
4 Date 06/25/20		ame of contributor is, Karen	out-of-state PAC (ID#_		7 Amount of C	Contribution (\$)	\$25.00
	ł	butor address; City; S Nicholson St					
		ton, TX 77008					
8 Principal Retired	occupation / Jo	b title (See Instruction	s) 	Employer (See Instruction: Retired	s)		
Daté 04/22/20	l l	ame of contributor Ingrid	out-of-state PAC (ID#_		Amount of C	Contribution (\$)	\$25.00
		outor address; City; S	tate; Zıp Code		1	,	
	2504	Del Monte					
	Houst	ton, TX 77019					
Principal Retired	occupation / Jo	b title (See Instruction	s)	Employer (See Instruction: Retired	s)		
Date	Full na	ame of contributor	out-of-state PAC (ID#.		Amount of C	Contribution (\$)	7
06/17/20		ley, Kım					\$100.00
	1	butor address; City; S Amberwood St	tate; Zip Code				
Dringmal		gdale, TX 72762 b title (See Instruction		Frankrier (Con Instruction			
Retired	occupation / Joi	o title (See Instruction		Employer (See Instruction: Retired	S)		
Date 02/01/20	1	ame of contributor	out-of-state PAC (ID#:_		Amount of C	Contribution (\$)	¢25.00
02/01/20		n, Misty outor address; City; S	tate: 7ip Code	***************************************			\$25.00
		7 Springtree Dr					
	Humb	ole, TX 77396					
Principal Retired	occupation / Jol	b title (See Instruction	6)	Employer (See Instructions Retired	s)		
Date	Full na	ime of contributor	out-of-state PAC (ID#:_)	Amount of C	Contribution (\$)	
04/22/20	21 Brown	n, Misty	<u></u>				\$25.00
Contributor address; City; State; Zip Code 17807 Springtree Dr							
	1/80/	Springtree Dr					
	Humb						
Principal Retired	occupation / Jol	o title (See Instruction	Employer (See Instructions Retired	s)			
							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/8 Rpt: 5/36 2 FILER NAME 3 Filer ID Burgess, Marilyn 5 Full name of contributor Date 7 Amount of Contribution (\$) out-of-state PAC (ID#. 05/21/2021 Brown, Misty \$25.00 6 Contributor address; City; State; Zip Code 17807 Springtree Dr Humble, TX 77396 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/22/2021 Brown, Mistv \$25.00 Contributor address; City; State; Zip Code 17807 Springtree Dr Humble, TX 77396 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#1 Amount of Contribution (\$) 06/25/2021 Brown, Misty \$20.00 Contributor address; City; State; Zip Code 17807 Springtree Dr Humble, TX 77396 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 06/29/2021 Chalfin, Stephanie \$100.00 Contributor address; City; State; Zip Code 2921 Wildflower Ln Baton Rouge, LA 70809 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID#'_ Amount of Contribution (\$) 06/20/2021 Chopra, Gurkabir \$250.00 Contributor address; City; State; Zip Code 1115 E Gail Dr. Chandler, AZ 85225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/8 Rpt: 6/36 2 FILER NAME 3 Filer ID Burgess, Marilyn Date 5 Full name of contributor out-of-state PAC (ID#. 7 Amount of Contribution (\$) 06/29/2021 Coffey, Don \$100.00 6 Contributor address; City; State; Zip Code 4009 Stoneybrook Dr Baytown, TX 77521 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 06/30/2021 \$250.00 Cones, Marian Contributor address; City; State; Zip Code 1326 Moorhead Drive Houston, TX 77055 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2021 Council, Ken \$35.00 Contributor address; City; State; Zip Code 1609 Woodhead St Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID# Amount of Contribution (\$) 04/22/2021 DeHart, Dalton \$25.00 Contributor address; City; State; Zip Code 2829 Timmons Ln #201 Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2021 DeHart, Dalton \$20.00 Contributor address; City; State; Zip Code 2829 Timmons Ln #201 Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/8 Rpt: 7/36 2 FILER NAME 3 Filer ID Burgess, Marilyn 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#. 04/28/2021 Friedrich, Mary Anne \$25.00 6 Contributor address; City; State; Zip Code 5430 Hummingbird Street Houston, TX 77096 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/24/2021 Friedrich, Mary Anne \$25.00 Contributor address; City; State; Zip Code 5430 Hummingbird Street Houston, TX 77096 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#. Amount of Contribution (\$) 06/22/2021 Harris, Edna \$25.00 Contributor address; City; State; Zip Code 5646 Abundant Life Ln Houston, TX 77048 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 04/23/2021 Heger, Wendy \$100.00 Contributor address; City; State; Zip Code 9715 Riddlewood Ln Houston, TX 77025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID# Amount of Contribution (\$) 06/16/2021 Heger, Wendy \$100.00 Contributor address; City; State; Zip Code 9715 Riddlewood Ln Houston, TX 77025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/8 Rpt: 8/36 FILER NAME Filer ID Burgess, Marilyn 5 Full name of contributor Date 7 Amount of Contribution (\$) out-of-state PAC (ID#: 06/29/2021 Hester, Tina \$150.00 6 Contributor address; City; State; Zip Code 8425 La Plata Loop Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/24/2021 Huebel, Martha \$30.00 Contributor address; City; State; Zip Code 5830 McKnight St. Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#. Amount of Contribution (\$) Kamish, Marsha 04/22/2021 \$25.00 Contributor address; City; State; Zip Code 21731 Park Brook Drive Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#. Amount of Contribution (\$) 06/29/2021 Landry, Marjorie \$25.00 Contributor address; City; State; Zip Code 2701 Bellefontaine A-3 Houston, TX 77025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 04/24/2021 Miller, Johnathan \$25.00 Contributor address; City; State; Zip Code 4004 Montrose Blvd 19D Houston, TX 77006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/8 Rpt: 9/36 2 FILER NAME 3 Filer ID Burgess, Marilyn 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 06/23/2021 Mowery, Deborah \$100.00 6 Contributor address; City; State; Zip Code 3414 Kingsway Ct Humble, TX 77336 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#. Amount of Contribution (\$) 06/22/2021 Mullin, Michele \$100.00 Contributor address; City; State; Zip Code 6910 Yellowstone Way Dr Houston, TX 77054 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 06/29/2021 Natarajan, Rufi \$25.00 Contributor address; City; State; Zip Code 5201 Memorial Dr Houston, TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) O'Campo, Sylvia 06/28/2021 \$50.00 Contributor address; City; State; Zip Code 9703 Shadowglade Ct Houston, TX 77064 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#. Amount of Contribution (\$) 06/29/2021 O'Campo, Sylvia \$10.00 Contributor address; City; State; Zip Code 9703 Shadowglade Ct Houston, TX 77064 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/8 Rpt: 10/36 FILER NAME 3 Filer ID Burgess, Marilyn 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 06/30/2021 Reiland, Pam \$50.00 6 Contributor address; City; State; Zip Code 2400 Mechanic St Apt 303 Galveston, TX 77550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 05/07/2021 \$500.00 Snively, Judith Contributor address; City; State; Zip Code 2480 Times Blvd Ste 201 Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#. Amount of Contribution (\$) 06/22/2021 Snively, Judith \$40.00 Contributor address; City; State; Zip Code 2480 Times Blvd Ste 201 Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 06/15/2021 Sorola-Pohlman, Lenora \$50.00 Contributor address; City; State; Zip Code 2314 Tannehill Dr Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#. Amount of Contribution (\$) 06/29/2021 Spivey, Pam \$25.00 Contributor address; City; State; Zip Code 3607 Sweetgum Hill Ln Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 8/8 Rpt: 11/36	····	
2	FILER NAME Burgess, Ma	ırılyn	3	Filer ID		
4	Date 01/08/2021	 Full name of contributor out-of-state PAC (ID#_Trautman, Diane Contributor address; City; State; Zip Code PO Box 6067 Kingwood, TX 77325 		Amount of Contribution (\$)	\$150.00	
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired			
	Date 06/14/2021	Full name of contributor out-of-state PAC (ID# _ Weatherford, Wanda Contributor address; City; State; Zip Code 18299 Hollyberry Ct, Porter, TX 77365		Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired			
	Date 06/18/2021	Full name of contributor out-of-state PAC (ID#_Wells, Stephanie Contributor address; City; State; Zip Code 201 Main St Unit 7H Houston, TX 77002		Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired			
		•			ľ	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage 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) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 1/25 Rpt: 12/36 Burgess, Marilyn 4 Date Payee name 06/11/2021 24 Waterway LLC 6 Amount (\$) Payee address; City; State; Zip Code \$4.00 24 Waterway The Woodlands, TX 77380 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2021 Act Blue Amount (\$) Payee address; City; State; Zip Code \$9.89 PO Box 441146 Sommerville, MA 02144 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2021 Adan Figuero Amount (\$) Payee address; City; State; Zip Code \$24.25 14618 MCNAIR ST Houston, TX 77015 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense printing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
	Total pages Schedule F1: Sch: 2/25 Rpt: 13/36	Burgess, Marilyn
	Date 01/29/2021	5 Payee name Amegy
8	Amount (\$) \$2.00 PURPOSE	7 Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77248 (a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense bank fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date 02/28/2021	Payee name Amegy
1	Amount (\$) \$2.00	Payee address; City; State; Zlp Code P.O. Box 27459 Houston, TX 77248
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 03/31/2021	Payee name Amegy
	Amount (\$) \$2.00	Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77248
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees
_	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	d Committee	Food/Beverage Expense Gift/Awards/Memorials E. Legal Services The Instruction Guid	Expense P S		se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 3/25 Rpt: 14/36	1	AME , Marilyn				3 Filer ID	
_		<u> </u>						
	04/30/2021	5 Payee na Amegy	une					
6	Amount (\$)	7 Payee ad	Idress; City;	State: 2	Zip Code			
	\$2.00	P.O. Box	•		,			
		Houston	TY 77240					
8	PURPOSE		ı, TX 77248		70.3	Descripti		
ľ	OF	(a) Category Fees	(See Categories listed at the	e top of this schedu	ule) (D)	Description Check if travel	ol outside of Texas Complete Schedule T.	
ĺ	EXPENDITURE	, 553				Check if Austi	in, TX, officeholder living expense	
						bank fees	7	
9	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Offi	fice sought		Office held	
	Date	Payee na	me					
	05/28/2021	Amegy		_ 6		<u> </u>		
	Amount (\$)	Payee ad		State; 2	Zip Code			
	\$2.00	P.O. Box	x 27459	1				
		Houston	, TX 77248			<u> </u>		
	PURPOSE OF	(a) Category	(See Categories listed at the	top of this schedu	ule) (b)	Description	Country of Toyon Co	
	EXPENDITURE	Fees	6			=	el outside of Texas. Complete Schedule T in, TX, officeholder living expense	
			67			bank fees		
	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Offi	fice sought		Office held	
	Date	Payee na	me	 				
	06/30/2021	Amegy						
	Amount (\$)	Payee ad	·	State;	Zıp Code			
	\$2.00	P.O. Bo)	¥2/459					
			TV 77046					
	DUDDOOS		, TX 77248			_	·	
	OF	(a) Category Fees	(See Categories listed at the	top of this schedu	ule) (b)	Description Check if travel	el outside of Texas, Complete Schedule T.	
	EXPENDITURE	⊢ces				Check if Austii	in, TX, officeholder living expense	
						bank fees		
	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Offi	fice sought	 	Office held	
	TAPONARIO TO DEHERIL C/OF	-						
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Manes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	il Co	•	al Services e Instruction Guide expl		-	s/Contract Labor ete this form.	отн	ER (enter a category not listed abov	e)
1	Total pages Schedule F1:	2	FILER NAME				3	File	r ID	
	Sch: 4/25 Rpt: 15/36	L	Burgess, Marily	′n						
4	Date	5	Payee name							
L	05/17/2021		Area 5 Democr	ats						
6	Amount (\$)	7	Payee address;	City; S	State; Zip C	ode				-
	\$20.00		3800 Spencer I	Hwy Ste L						i
			Pasadena, TX	77504						
8	PURPOSE OF	(a)		tegories listed at the top of th	his schedule)	(b)	Description			
	EXPENDITURE			onations Made By ceholder/Political Co	ommittae				Texas Complete Schedule T. holder living expense	
			Callulateronic	enoluen-contical Co	Jimmuee		annual member		Holder Hvilly expense	
					**			•		
9			Candidate/Officeho	older name	Office sou	ught		-	Office held	
L	expenditure to benefit C/OI	н								
	Date	Γ	Payee name							
	01/07/2021	_	Biden Inaugura	I Committee			7			
Г	Amount (\$)	Γ	Payee address;	City;	State; Zip Ci	ode				
ł	\$10.00	1	430 South Capi	itol Street SE		,				
	,									
			Washington, Do	2 20003						
	PURPOSE	(a)	Category (See Ca	tegories listed at the top of the	his schedule)	(b)	Description			
	OF EXPENDITURE			onations Made By					Texas. Complete Schedule T.	
	ı		Candidate/Offic	ceholder/Political Co	ommittee		donation	(, office	holder living expense	
	I						uonanon			
 	Complete ONLY if direct	Ц,	Candidate/Officeho	older name	Office sou	 uaht			Office held	
	expenditure to benefit C/OI					- 3				
F	Date		Payee name							
	06/03/2021		Botanga	/						ļ
	Amount (\$)		Payee address;	City; S	State; Zip Co	ode				
	\$39.14		900 Congress	 ,						İ
			7.							
			Houston, TX 77	'002						ļ
<u> </u>	PURPOSE	(a)		tegories listed at the top of th	his sabadula)	T(b)	Description			
	OF		Food/Beverage		115 Scriedule)	"		side of T	Texas Complete Schedule T.	J
	EXPENDITURE		_	•				(, office	holder living expense	
	I						Team meeting			
<u> </u>		L_								
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeho	older name	Office sou	ught			Office held	
L	-									
ł										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 5/25 Rpt: 16/36	Burgess, Marilyn
4	Date	5 Payee name
	06/09/2021	Downtown Rotary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	500 Texas Ave
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas Complete Schedule T.
	EX CIDITORE	Candidate/Officeholder/Political Committee
		Luncheon Fee
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/22/2021	El Big Bad
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.67	419 Travis
	1	
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
	!	Team meeting food
	·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to solicite 5.5.	
	Date	Payee name
	06/15/2021	Franks Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	417 Travis
		Houston, TX 77002
-	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas Complete Schedule T
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food & Beverage
	Complete ONLY If direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	'
-		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract of Contract (Contract of Contract of Contract of Contract of Contract of Contract of Con

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 6/25 Rpt: 17/36	Burgess, Marilyn
4	Date	5 Payee name
	06/30/2021	Go Daddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.17	14455 Hayden Road
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense domain renewal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	05/12/2021	HCDLA
Т	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	3401 Allen Pkwy #100
	i	
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas Complete Schedule T.
		Candidate/Officeholder/Political Committee
		петьегопр
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/17/2021	HCDLA
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3401 Allen Pkwy #100
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee Clarence Devreus Spannesses
		Clarence Darrow Sponosorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 7/25 Rpt: 18/36 Burgess, Marilyn Date Payee name 03/24/2021 HEB Amount (\$) Payee address; City; State; Zip Code \$128.44 2300 N Shepherd Dr Houston, TX 77008 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Complete Schedule T Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee JRR watch party refreshments Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/17/2021 HEB Amount (\$) Payee address; City; State; Zip Code \$88.92 2300 N Shepherd Dr Houston, TX 77008 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T **EXPENDITURE** Check if Austin, TX, officeholder living expense staff appreciation Party food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/14/2021 Harris Co. Democratic Party Amount (\$) Payee address; State; Zip Code \$15.00 4719 Lyons Ave Houston, TX 77020 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee sustaining membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee
Total pages Schedule F1:	2	FILER
Sch: 8/25 Rpt: 19/36		Burg

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide expl.	Printing Salarie	-	/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	ILER NAME			3	Filer ID	
	Sch: 8/25 Rpt: 19/36	<u> </u>	Burgess, Marilyn					İ
4	Date	5	Payee name					
	01/29/2021		larris Co. Democratic Party					
6	Amount (\$)	7	Payee address; City; S	state; Zip (Code			
	\$10.00		719 Lyons Ave					
			louston, TX 77020					
8	PURPOSE		Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By				side of Texas Complete Schedule T K, officeholder living expense	
		l	Candidate/Officeholder/Political Co	mmillee		Valentine's fund	-	
						V direct		
9	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Office s	<u> </u>		Office held	
	expenditure to benefit C/OI				-			
	Date		Payee name					
	02/14/2021		larris Co. Democratic Party					
	Amount (\$)		Payee address; City; S	state; Zıp (Code			
	\$15.00		719 Lyons Ave					
			Houston, TX 77020					
	PURPOSE	(a)	Category (See Categories listed at the top of th	ıs schedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By				side of Texas Complete Schedule T.	
		}	Candidate/Officeholder/Political Co	mmittee	1	sustaining men	K, officeholder living expense	
					İ	Subtaining men	is cromp	
	Complete ONLY if direct	C	andidate/Officeholder name	Office s	 ouaht		Office held	—
	expenditure to benefit C/OI	H 						
	Date		Payee name					
	03/02/2021		larris Co. Democratic Party					
	Amount (\$)		Payee address; City; S	state; Zip (Code			
	\$1,000.00		719 Lyons Ave					
			louston, TX 77020					•
_	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check if travel out	side of Texas. Complete Schedule T	
	LAPLINDITORE		Candidate/Officeholder/Political Co	mmittee			K, officeholder living expense	
					1	JRR Sponsorsh	пр	
_	Operation Object Co.	بِــا	3'.1.10" 1.11	0.00				
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office so	ought		Office held	
_						······································		_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 9/25 Rpt: 20/36 Burgess, Marilyn Date Payee name 03/14/2021 Harris Co. Democratic Party 6 Amount (\$) Payee address; State: Zip Code City; \$15.00 4719 Lyons Ave Houston, TX 77020 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee sustaining membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/08/2021 Harris Co. Democratic Party Amount (\$) Payee address; City; State; Zip Code \$100.00 4719 Lyons Ave Houston, TX 77020 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense HCDP's Second Annual Iftar sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/13/2021 Harris Co. Democratic Party Amount (\$) Payee address; City; State; Zip Code \$500.00 4719 Lyons Ave Houston, TX 77020 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas Complete Schedule T Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense We Run the World sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing Exp nmittee Legal Services Salaries/Wa The Instruction Guide explains how to com	iges/Contra		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID
	Sch: 10/25 Rpt: 21/36		Burgess, Marilyn			
4	Date	5	Payee name			
	04/14/2021		Harrıs Co. Democratic Party			
6	Amount (\$)	7	Payee address; City; State; Zip Cod	le		
	\$15.00		4719 Lyons Ave			
	,					
			Houston, TX 77020			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	b) Desc	cription	
	OF EXPENDITURE		Contributions/Donations Made By			de of Texas Complete Schedule T.
			Candidate/Officeholder/Political Committee			officeholder living expense
				Sust	aining memb	serauh
_						
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	ht		Office held
	Date		Payee name			
	05/14/2021		Harris Co. Democratic Party			
	Amount (\$)		Payee address; City; State; Zip Cod	le		
	\$15.00		4719 Lyons Ave			
			Houston, TX 77020			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	b) Desc	cription	
	OF EXPENDITURE		Contributions/Donations Made By	Ct	heck if travel outsic	le of Texas. Complete Schedule T
	EM CHOHOKE		Candidate/Officeholder/Political Committee			officeholder living expense
				susta	aining memb	persnip
		<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	ht		Office held
		-				
	Date		Payee name			
	05/21/2021		Harris Co. Democratic Party			
	Amount (\$)		Payee address; City; State; Zip Cod	е		
	\$5.00		4719 Lyons Ave			
			Houston, TX 77020			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	b) Desc	ription	
	OF EXPENDITURE		Contributions/Donations Made By			e of Texas. Complete Schedule T.
	_, E,DITORE		Candidate/Officeholder/Political Committee	_		officeholder living expense
				2021	L Bid on Blue	: IICKET
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name Office sough	ht		Office held
	experience to benefit C/OF					
						,

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 11/25 Rpt: 22/36 Burgess, Marilyn Date Pavee name 06/04/2021 Harris Co. Democratic Party Amount (\$) Pavee address: Citv: State: Zip Code \$40.44 4719 Lyons Ave Houston, TX 77020 PURPOSE R (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas Complete Schedule T Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Road to 2022 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/14/2021 Harris Co. Democratic Party Amount (\$) Payee address; City; State; Zip Code \$15.00 4719 Lyons Ave Houston, TX 77020 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Complete Schedule T Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense sustaining membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2021 Holman Draft Hall Payee address; Amount (\$) City; State; Zip Code \$13.99 820 Holman St Houston, TX 77002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense checking out locn for event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Legal Services The Instruction G	Expense		se s/Contract Labor	Travel Out of District OTHER (enter a category not	listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	
	Sch: 12/25 Rpt: 23/36	Burgess, N						
4	Date	5 Payee name	9					
	06/24/2021	Hotel Zsa	Zsa					
6	Amount (\$)	7 Payee addr	ess; City;	State	Zip Code	· · · · · · · · · · · · · · · · · · ·		
	\$14.00	5701 Main	St					
		Houston, 1	X 77005					
8	PURPOSE	(a) Category (See Categories listed at t	the top of this sch	_{edule)} (b)	Description		·
	OF EXPENDITURE	Event Exp					l outside of Texas. Complete Schedu	ile T
	2/11 2/13/7/01/2						n, TX, officeholder living expense	
						HCDLA Clar	ence Darrow parking	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name		Office sought		Office held	
	Date	Payee name	9					
	02/02/2021	Houston G	LBT Political Ca	ucus		7		
	Amount (\$)	Payee addr	ess; City;	State	Zip Code			
	\$40.00	P.O. Box 6	•					
		Houston, T	X 77266					
	PURPOSE	(a) Category (s	See Categories listed at t	he top of this sch	edule) (b)	Description		
	OF EXPENDITURE		ns/Donations Ma			=	l outside of Texas. Complete Schedu	le T
		Candidate/	Officeholder/Pol	itical Comm	ittee	لبيا	n, TX, officeholder living expense	
				*		membership)*	
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	C	Office sought		Office held	
	Date	Payee name	9					
	05/21/2021	Houston G	LBT Political Car	ucus				
	Amount (\$)	Payee addre	ess; City;	State:	Zip Code			
	\$100.00	P.O. Box 6	•	,	1			
		Houston, T	V 77266					
	DUDESSE							
	PURPOSE OF		See Categories listed at t		edule) (b)	Description		
	EXPENDITURE		ns/Donations Ma Officeholder/Poli		ittoo		l outside of Texas. Complete Schedu n, TX, officeholder living expense	le T.
		Candidate	Oniceriolaei/Foli	nicai Comm	illee	Summer Flin		
							.	
	Complete ONLY if direct	Candidate/Of	ficeholder name		Office sought		Office held	
	expenditure to benefit C/OI				oo oougiit		Office field	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complet	te this form.
1	Total pages Schedule F1: Sch: 13/25 Rpt: 24/36	2 FILER NAME Burgess, Marilyn	3 Filer ID
4	Date 04/25/2021	Payee name Houston Young Professionals	
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 2425 Capitol Houston, TX 77003	
8	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 20 YPO'S Networking Mixer at The Houston Club
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/17/2021	Payee name Human Age Digital	
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 2700 Post Oak Blvd 21st Floor Houston, TX 77056	٥
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check If travel outside of Texas. Complete Schedule T Check If Austin, TX, officeholder living expense Website design
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2021	Payee name Irma's	
	Amount (\$) \$69.62	Payee address; City; State; Zip Code 1475 Texas Ave Houston, TX 77002	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with supporter
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 14/25 Rpt: 25/36	Burgess, Marilyn
4	Date	5 Payee name
	02/03/2021	Jane Due's Process
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 685137
	1	
		Austin, TX 78768
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Condidate/Officeholder/Political Contributions Condidate/Officeholder/Political Contribution Condidate/Officeholder/Political Contribution Condidate/Officeholder/Political Contribution
	!	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining membership
		Sustaining membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/03/2021	Jane Due's Process
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 685137
	!	
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense
		candidate/Officenoider/Political Committee
		Sastanning membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	04/03/2021	Jane Due's Process
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 685137
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		sustaining membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	٠

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memoresal Services The Instructio			Expens Wages	se s/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	trict category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID		
	Sch: 15/25 Rpt: 26/36		Burgess, Ma								
4	Date	5	Payee name								
	05/12/2021		Lindsey We	ntzel							
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ate; Zıp C	ode				
	\$150.00		130 Pıke Mi	ll Pl							
	;		Montgomery	v. TX 77316							
8	PURPOSE	(a)	Category (Se				(b)	Description			
_	OF	``'	Office Overl			scnedule)	("/	Check if travel outs	ide of Texas. Comp	olete Schedule T.	
	EXPENDITURE						П	Check if Austin, TX	-	expense	
							`	Photography fee	9		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder nam	e	Office so	ught		Office he	ld	
	Date		Payee name	· · · · · · · · · · · · · · · · · · ·							·
	01/01/2021		Mail Chimp					-			
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Ci	ode			· · · · · · · · · · · · · · · · · · ·	
	\$67.15		675 Ponce	de Leon Ave	NE # 5000						
			Atlanta, GA	30308				.'			
	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Office Overl	nead/Rental	Expense			Check if travel outs			
								Check if Austin, TX	, officeholder living	expense	
								email nost			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder nam	е	Office sou	ıght		Office he	ld	
-	Date	T	Dayss name								
	02/02/2021		Payee name Mail Chimp								
	Amount (\$)		Payee address	ss; City;	Cto	ite; Zip Ci					
	\$67.15		675 Ponce	-		ite, zip Ci	Jue				
	Q07.13		075 T Office (IC LCON AVE	NL # 3000						
			Atlanta, GA	20200							
	DUDDOOL	(1)		···			1	 			
	PURPOSE OF	(a)	Category (Se			schedule)	(b)	Description Check if travel outsi	de of Texas, Comp	ulata Schadula T	
	EXPENDITURE		Office Overh	ieau/Remai	Expense			Check if Austin, TX,			
								email host	_		
	Complete ONLY if direct		Candidate/Offic	ceholder name	9	Office sou	ght		Office he	ld	
	expenditure to benefit C/OF	1									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: 2 FILER

Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to c	omple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID				
	Sch: 16/25 Rpt: 27/36	Burgess, Marilyn						
4		5 Payee name						
	03/01/2021	Mail Chimp						
6	Amount (\$)	7 Payee address; City; State; Zip C	ode					
	\$67.15	675 Ponce de Leon Ave NE # 5000						
		Atlanta, GA 30308						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense				
				email host				
			ŀ					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held				
H	Date	2						
	04/02/2021	Payee name Mail Chimp						
⊢	Amount (\$)	Payee address; City; State; Zip C	odo					
	\$67.15	675 Ponce de Leon Ave NE # 5000	oue					
	4 5 = 5	575 / 5775 do 25577/115 / 112 //						
		Atlanta, GA 30308						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense				
ĺ			.	email host				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held				
	experialitire to beliefit c/Oi							
	Date	Payee name						
	05/01/2021	Mail Chimp						
	Amount (\$)	Payee address; City; State; Zip C	ode					
	\$67.15	675 Ponce de Leon Ave NE # 5000						
		Atlanta, GA 30308						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense				
				email host				
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held				
	expenditure to benefit C/OI	1						
		•						

SCHEDULE F1

	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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Glif/Awards/Memorials Expense Printing Expense Travel Out of District								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID								
	Sch: 17/25 Rpt: 28/36	Burgess, Marilyn								
4	Date 06/02/2021	5 Payee name Mail Chimp								
6	Amount (\$) \$67.15	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE # 5000 Atlanta, GA 30308								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense email host								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	01/16/2021	Martin Luther King, Jr. Parade Foundation, Inc.								
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 5330 Griggs Road Ste #A119 Houston, TX 77021								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
	,	virtual parade entry fee								
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held								
	Date 05/24/2021	Payee name NGPVAN, Inc.								
	Amount (\$) \$159.90	Payee address; City; State; Zip Code 1445 New York Ave. NW, Suite 200 Washington, DC 20005								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Credit Card Payment **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense
Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 18/25 Rpt: 29/36 Burgess, Marilyn Date Payee name 02/26/2021 Office Depot 6 Amount (\$) Payee address: City; State; Zip Code \$88.75 1401 N Loop W. Houston, TX 77008 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/25/2021 Office Depot Amount (\$) Payee address; City; State; Zip Code \$21.64 1401 N Loop W. Houston, TX 77008 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/26/2021 Office Depot Amount (\$) Payee address; City; State; Zip Code \$84.42 1401 N Loop W. Houston, TX 77008 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Fees Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide	Salaries/\	Vages/Contr		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:					3	Filer ID	
	Sch: 19/25 Rpt: 30/36	Burgess, N	viariiyn 	- · · · · · · · · · · · · · · · · ·				
4	Date 06/17/2021	5 Payee nam Office Dep						
6	Amount (\$) \$23.27	7 Payee addr 1401 N Lo Houston, ⁻	op W,	State; Zıp Co	ode			
8	PURPOSE OF EXPENDITURE		See Categories listed at the to erhead/Rental Exper			Check if travel out	iside of Texas Comp X, officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sou	ght		Office he	eld
	Date	Payee nam	e					
	06/30/2021	Paypal						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de			
	\$7.74	2211 N. 1						
		San Jose,						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the tr	op of this schedule)	_	Check if travel out Check if Austin, T	side of Texas Comp X, officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ght		Office he	ld
	Date	Payee nam	е					
	01/27/2021	Planned P	arenthood Gulf Coa	st			,	
	Amount (\$) \$20.00	Payee addr 4600 Gulf Houston, 1	Fwy	State; Zip Co	ode			
	PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the to ons/Donations Made Officeholder/Politica	By		Check if travel out	side of Texas. Comp X, officeholder living nbership	
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sou	ght		Office he	ld

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 20/25 Rpt: 31/36	Burgess, Marilyn
4	Date	5 Payee name
<u> </u>	02/27/2021	Planned Parenthood Gulf Coast
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	4600 Gulf Fwy
		Houston, TX 77023
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
i	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	•	sustaining membership
_	Commission ONLY of the est	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	Data	
	Date 03/27/2021	Payee name Planned Parenthood Gulf Coast
-		
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 4600 Gulf Fwy
	Ψ20.00	- 4000 Guil I Wy
•		Houston, TX 77023
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas Complete Schedule T
	EXPENDITURE	Candidate/Officeholder/Political Committee
		sustaining membership
	Complete ONLY if direct	Condidate/Office ballan rame
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	
	05/27/2021	Payee name Planned Parenthood Gulf Coast
	Amount (\$)	
	\$20.00	Payee address; City; State; Zip Code 4600 Gulf Fwy
	\$25.55	1000 Cull I Wy
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
	ļ	sustaining membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	-	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Wards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	oft/Awards/Memoregal Services	rials Expense Guide explains		/ages/	/Contract Labor	Travel Out of District OTHER (enter a cate	gory not listed above)
1	Total pages Schedule F1:	2							Filer ID	
-	Sch: 21/25 Rpt: 32/36		Burgess, Ma	rilyn					THEFTE	
4	Date	5	Payee name							
	05/27/2021		Planned Par	enthood Gul	f Coast					
6	Amount (\$)	7	Payee address	s; City;	State	e; Zıp Co	de			
	\$20.00		4600 Gulf Fv	/y		•				
			Houston, TX	77023						
8	PURPOSE	(a)	Category (See	Categories listed	at the top of this so	chedule)	(b)	Description		
	OF EXPENDITURE		Contributions	/Donations	Made By				tside of Texas. Complete	
	EXI ENDITORE		Candidate/O	fficeholder/F	Political Com	mittee			X, officeholder living exp	ense
								sustaining men	nbersnip	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder name		Office sou	ght		Office held	
	Date		Payee name							
	06/27/2021		Planned Par	enthood Gul	f Coast					
	Amount (\$)		Payee addres	s; City;	State	e; Zıp Co	de			
	\$20.00		4600 Gulf Fv	/y						
				•						
			Houston, TX	77023						
	PURPOSE	(a)	Category (See	Categories listed	at the top of this so	chedule)	(b)	Description		
	OF EXPÉNDITURE		Contributions					=	tside of Texas Complete	
			Candidate/O	fficeholder/F	Political Com	mittee		_	X, officeholder living exp	ense
								sustaining men	nbersnip	
		L								
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	•	Office sou	ght		Office held	
	Date	Γ	Payee name							
	06/24/2021		Print N Sıgn							
	Amount (\$)		Payee address	s; City;	State	e; Zip Co	de			
	\$541.25		7350 Harwin			,				
			Houston, TX	77026						
									·-·.	
	PURPOSE OF	(a)	Category (See		at the top of this so	chedule)	(b)	Description		mark and the mark
	EXPENDITURE		Printing Expe	ense					iside of Texas. Complete X, officeholder living exp	
								100 campaign		
									-	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht		Office held	
	expenditure to benefit C/OI		Januale/Offic	onorder Haille	•	Onice Sou	gnt		Onice neid	
1										

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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/Politica									
	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID								
	Sch: 22/25 Rpt: 33/36	Burgess, Marilyn								
4	Date	5 Payee name								
	06/22/2021	TNT Shirt								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$649.50	2400 Taft								
	Ψ0+3,30	2400 Talt								
		Houston, TX 77006								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T								
	Z/II ZIVDITORE	Check if Austin, TX, officeholder living expense								
		75 t-shirts								
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought / Office held								
	experialitate to benefit c/OI									
	Date	Payee name								
	06/17/2021	Target								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$90.91 2580 Shearn									
		Houston, TX 77007								
	DUDDOCE									
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense								
		staff appreciation Party supplies								
		Standard and Supplies								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
_	Data									
	Date	Payee name								
	01/11/2021	Texas Freedom Network								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$100.00	PO Box 1624								
		Austin, TX 78767								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Contributions/Donations Made By Check if travel outside of Texas Complete Schedule T								
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense								
		donation								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel in District Contributions/ Donations Made By Gift/Awards/Memoriais Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 23/25 Rpt: 34/36 Burgess, Marilyn Date Payee name 06/12/2021 The Goose Acre Amount (\$) Payee address; City; State; Zip Code \$97.52 21 Waterway The Woodlands, TX 77380 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food & Beverage Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 03/20/2021 Total Wine & More Amount (\$) Pavee address: City; State; Zip Code \$36.78 2857 Katy Freeway, Suite100 Houston, TX 77007 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense JRR watch party refreshments Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/25/2021 U of H Friends of Women's Studies Amount (\$) Payee address; City; State; Zip Code \$100.00 624 Agnes Arnold Hall Houston, TX 77204 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/f Legal Service	Memorials Expens	е	Printing Exp Salaries/Wa	pense		Travel Out of Dis OTHER (enter a	strict category not listed above)	
	orealt card rayment			The Instru	ction Guide ex	plains h	ow to con	nple	te this form.			
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID		
	Sch: 24/25 Rpt: 35/36		Burgess, M	arilyn						4		
4	Date	5	Payee name									
	01/15/2021		USPS									
6	Amount (\$)	7	Payee addre	ss; Cit	ty;	State;	Zıp Cod	de				_
	\$46.00		1300 W. 19	th St								
			Houston, T	X 77008								
8	PURPOSE	(a)	Category (s	ee Categories	listed at the top o	f this sche	dule)	(b)	Description			_
	OF EXPENDITURE				ntal Expense				Check if travel outs	ide of Texas Com	plete Schedule T.	
	EXPENDITORE								Check if Austin, TX	, officeholder living	expense	
									PO box rental			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Off	iceholder r	name	0	ffice soug	ght		Office he	eld	
	experientare to benefit or or											
	Date		Payee name									
	06/03/2021		USPS						7			
	Amount (\$)		Payee addre	ss; Cit	ty;	State;	Zip Cod	de				_
	\$60.55		1300 W. 19	th St								
			Houston, T	X 77008								
	PURPOSE	(a)	Category (S	ee Categories	listed at the top o	f this sche	dule)	(b)	Description			-
	OF EXPENDITURE				ntal Expense		ĺ		Check if travel outs	ide of Texas. Com	plete Schedule T	
	EXI ENDITORE								Check if Austin, TX	, officeholder living	gexpense	
									postage			
	O		2 111 1 101									_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder r	name	O	ffice soug	ght		Office he	eld	
					/ 							_
	Date		Payee name									
	05/25/2021		Uber									
	Amount (\$)		Payee addre	ss; Cit	ty;	State;	Zip Coo	de	·			
	\$16.95		1515 3rd S	treet								
			San Francis	sco, CA 9	4158							
	PURPOSE	(a)	Category (S	ee Categories	listed at the ton o	f this sche	dute)	(b)	Description			_
	OF EXPENDITURE	7	Event Expe				,		Check if travel outs	de of Texas Com	plete Schedule T	
	LAPLINDITORE		•						Check if Austin, TX			
									trip to Houston \	Young Profe	ssionals	
												
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	iceholder n	ame	0	ffice soug	ht		Office he	eld	
	O/OI											
											·	_

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Ov Food/Beverage Expense Polling E. Gift/Awards/Memonals Expense Printing E	xpense Vages/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	3 Filer ID					
	Sch: 25/25 Rpt: 36/36		Burgess, Marılyn							
4	Date	5	Payee name							
	05/25/2021		Uber							
6	Amount (\$)	7	Payee address; City; State; Zip Ci	ode						
	\$14.19		1515 3rd Street San Francisco, CA 94158							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description						
ļ	EXPENDITURE		Event Expense		utside of Texas Complete Schedule T					
					FX, officeholder living expense 1 Young Professionals					
				tilp to Houston	Toding Froncisionals					
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ight	Office held					