

Official Filing Authority of Harris County Isabel Longoria Elections Administrator

Campaign Finance Report

2022180

Received By Clerk:

01/20/2022

File Date:

FileNo:

January 18, 2022

Office:

Specific-Purpose Committee

Candidate:

Friends of Chris Daniel

Treasurer:

Edwards, Bobby

Category:

Specific-Purpose Committee CFR (SPAC)

Elections Administrator Harris County, TX

Delivered By:

U.S. Mail

Type:

COR

Harris County No Fee

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.	n Filers) 2 Total pages filed:				
3 COMMITTEE NAME	OFFICE USE ONLY				
Friends of Chris Daniel	Date Received				
4 COMMITTEE ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZI ADDRESS	P CODE				
Change of Address P.O. BOX 41622, Houston, TX, 77241	Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST M Bobby "Mikki" Edwards	Receipt # Amount \$ Date Processed				
NICKNAME LAST SI	Date Imaged				
6 CAMPAIGN TREASURER STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, 10201 Buffalo Speedway #5115	STATE, ZIP CODE				
Houston, TX, 77054					
7 CAMPAIGN TREASURER MAILING ADDRESS P.O. Box 41622, Houston, TX, 77241	STATE, ZIP CODE				
Change of Address					
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (832) 308-0536					
9 REPORT TYPE January 15	Exceeded Modified Reporting Limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination				
10 PERIOD COVERED Month Day Year 07 / 01 / 2021 THROUGH	Month Day Year 12 / 31 / 2021				
Month Day Year X Primary Runoff C	OTION TYPE Other Description				
GO TO PAGE 2					

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 OOMAN TEET VALLE			13 Filer ID (Ethics Commission Filers)	
Friends of Chris Daniel				
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	X CANDIDATE	Chris Daniel		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officen	older) L Clerk	
OPPOSE (Candidate or Measure)				
ASSIST	. MEASURE	BALLOT IDENTIFICATION / # Month	ELECTION DATE Day Year	
(Officeholder)		DESCRIPTION		
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY)	\$ 0.00	
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS	\$ 11,875.00	
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,393.18	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	\$ 12,264.00		
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL LAST DAY OF THE	AMOUNT OF ALL OUTSTANDING LOANS AS C EREPORTING PERIOD	\$ 25,000.00	
16 AFFIDAVIT	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to			
State o		be reported by me under Title 15, E	ark	
Signature of Campaign Treasurer				
AFFIX NOTARY STAMP/ SEALABOVE				
Sworn to and subscribed before me, by the said Bobbe EDWARDS, this the 1444 day of 1 aureu, 20 22, to certify which, witness my hand and seal of office.				
Grund 1)				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Com	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,875.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO	DRATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR	RORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 1393.18
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1. The Instruction Guide explains how to complete this form. 1 of 3 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of Chris Daniel 5 Full name of contributor 4 Date out-of-state PAC (ID#: 7 Amount of contribution (\$) Chris Daniel 11/18/21 25.00 6 Contributor address; City; Zip Code State: 8134 Caroline Ridge Dr Humble 77396 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Attorney Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Date Kristen Cobb 12/17/21 500.00 Contributor address; City; State; Zip Code 7942 Wooded Way Dr Spring TX 77389 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Self Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Date Holly Frost 5000.00 12/17/21 Contributor address; City; State: Zip Code 602 Pinehaven Houston 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date Marliese Stripling 1000.00 12/17/21 Contributor address; City; State: Zip Code 1355 Apache Dr Montgomery TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) business owner self ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Friends of Chris Daniel 5 Full name of contributor 4 Date out-of-state PAC (ID# 7 Amount of contribution (\$) Charlotte Lampe 500.00 12/17/21 6 Contributor address; City; State; Zip Code Houston TX 77066 12807 Haynes RD, Bldg H 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self **Business Owner** Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Date Friends of Kevin Roberts 12/17/21 250.00 Contributor address: Zip Code City: State: 8919 Leaning Hollow Ln Spring TX 77379 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A (SPAC) N/A Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Date Mark Lanier 500.00 12/17/21 Contributor address; City; State; Zip Code 13706 Falba Houston 77070 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Attorney** Lanier Law Firm Full name of contributor ut-of-state PAC (ID#__ Amount of contribution (\$) Date Hoover Slovacek LLP 1000.00 12/17/21 Contributor address; City; State; Zip Code 5051 Westheimer, STE 1200, Houston TX 77210 Principal occupation / Job title (See Instructions) Employer (See Instructions) Firm PAC N/A 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 Total pages Schedule A1: 3 of 3 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of Chris Daniel 5 Full name of contributor 4 Date out-of-state PAC (ID# 7 Amount of contribution (\$) Paul Coselli 12/28/21 1000.00 6 Contributor address; City; Zip Code State: 5311 Huisache Street BELLAIRE TX 77401 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney self Full name of contributor out-of-state PAC (ID#-Amount of contribution (\$) Date Rhonda Walls Kirby 1000.00 12/30/21 Contributor address; State; Zip Code 707 Salerno Street Sugar Land TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Date Mark Thiessen 1000.00 12/30/21 Contributor address: State: Zip Code 733 East 12th 1/2 Street Houston TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attornev The Thiessen Law Firm Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) Date Jason Fuller 12/31/21 100.00 Contributor address; City: State: Zip Code 1700 Main street, Unit 2B Houston TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Self

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee 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 F1	² FILER NAME Friends of Chris Daniel		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
11-22-21	Harris County Republican Party				
6 Amount (\$)	7 Payee address;	City;	State, Zip Code		
1,250.00	8588 Katy Freeway, Suite 445	Houston	TX 77024		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Fees	Filing Fee			
OF EXPENDITURE		· · · · · · · · · · · · · · · · · · ·	,		
EX ENDITORIE	(c) Check if travel outside of Texas Complete Schedule T	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12-31-21	Anedot				
12-31-21					
Amount (\$)	Payee address,	City;	State; Zıp Code		
143.18	1340 Poydras St., Suite 1770	New Orleans	LA 70112		
140.10					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Fees	Online Donation processing fees			
OF EXPENDITURE	1 663				
EXI ENDITORE					
	Check if travel outside of Texas Complete Schedule T	·····	ın, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address,	City;	State; Zıp Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		·			
OF EXPENDITURE					
CAT ENDITORE		<u> </u>			
	Check if travel outside of Texas Complete Schedule T	Check if Austi	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					
1					

RECEIVED

2022 JAN 20 PM 12: 25

