

Official Filing Authority of Harris County Isabel Longoria Elections Administrator

Campaign Finance Report

202228

Received By Clerk:

01/13/2022

File Date:

January 13, 2022

Office:

FileNo:

District Clerk

Candidate:

Burgess, Marilyn

Treasurer:

Bachand-Halvorson, Jennifer

Category:

Contributions And Expenditures (COH/JCOH)

Elections Administrator Harris County, TX

Delivered By:

Personal Appearance

Type:

COR

**Harris County No Fee** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

Т	The C/OH Instruction Guide explains how to complete this fo			1. Filer ID (Ethics Commission Filers)		2. Total pages filed:	
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Marilyn LAST Burgess		MI SUFFIX	OFFICE USE ONLY  Date Received	
4	CANDIDATE/ OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS /PO BOX: /PO Box 7235	APT/SUITE # CITY Houston	STATE <sup>.</sup> TX	ZIP CODE 77248	Date Hand-delivered or Date Postmarked	
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHO (713) 557-8	DNE NUMBER 1975	EXTENSIO	NO	Receipt # Amount \$	
6	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Jennifer LAST Bachand-Halvorson		SUFFIX	Date Processed  Date Imaged	
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO	OX PLEASE). APT/SUITE #	CITY Pasadena	STATE: TX	ZIP CODE 77506	
8	CAMPAIGN TREASURER PHONE	AREA CODE P (713) 472-3	HONE NUMBER	EXTENSIO	DN		
	REPORT TYPE	✓ January 15 ☐ July 15	30th day before election	B	unoff cceeded Modified eporting limit	15th day after campaign tresurer appointment (officeholder only) Final report (Attach- COH-FR)	
10	PERIOD COVERED	Month Day Ye 07/01/2021	THE	ROUGH	Month	Day Year 12/31/2021	
11	ELECTION	ELECTION DATE Month Day 3/1/2022	Year ELECTION Primary Genera	, D	Special	Other	
12	OFFICE "	OFFICE HELD (if any) Other Office: Harris	County Di	1	Office Sough Other Office:	T (If known) : Harris County Di	
14	NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OF KNOWLEDGE OR CONSENT CA OF SUCH EXPENDITURES	FICEHOLDER THESE EXPENDI INDIDATES AND OFFICEHOLDER	TURES MAY HAVE	BEEN MADE WITHOU	IADE BY POLITICAL COMMITTEES TO TITHE CANDIDATE'S OR OFFICEHOLDER'S CORMATION ONLY IF THEY RECEIVE NOTICE	
	additional pages	GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS				
			COMMITTEE CAMPAIGN T	REASURER NAI	ME	- 104 104 1	
			COMMITTEE CAMPAIGN T	REASURER ADI	DRESS	76.14.14.14.14.14.14.14.14.14.14.14.14.14.	
	GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

	MANUE REI ORI		COV	ER SHEET PG 2
15 C/OH NAME	Marilyn Burgess		16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL C OR GUARANTEES OF LOANS OR	CONTRIBUTIONS (OTHER THAN PI CONTRIBUTIONS MADE ELECTR	LEDGES, LOANS, ONICALLY)	\$1,089.00
	2 TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS,			\$24,169.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL E	EXPENDITURES		\$1,341.87
	4 TOTAL POLITICAL EXPENDITURE	S		\$26,475.00
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST	DAY	\$17,222.62
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING P		THE	\$0.00
(1) Affidavit	Please comp IRENE ESCOBEDO My Notary ID # 124070334 Expires December 14, 2025	lete either option below	r:	
Sworn to and subscribed		In Busgess	this the	, 13th
day of January 20 2		, ,		
Signature of officer admir		Scobedo fficer administering oath	Notas (	administering oath
(2) Unsworn Declaration		OR		
My name is		, and my date	of birth is	
My address is		,,,		<del></del>
iviy audicos is	(street)	(city)	(state)	(zip code) (country)
Executed in	County, State of	on the	day of	20
		Signa	(month) ature of Candidate/Of	) (year)  fficeholder (Declarant)

# **SUBTOTALS - COH**

### FORM C/OH COVER SHEET PG 3

19.	FILER NAME Marilyn Burgess	20. FILER ID (Eth	nics Commission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTALS AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$24,169.00
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 CONTRIBU	ITIONS	\$17,366.43
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	BUTIONS	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$9,108.57
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS R TO FILER	ETURNED	\$0.00

# SCHEDULE A1

		1. Total pages Schedule A1:
The In	struction Guide explains how to complete this form.	not available
2. FILER NAME Marilyn Burges	SS	3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/14/2021	Vinson & Elkins Political Action Committee	\$1,000.00
	6. Contributor address; City; State; ZIP Co	ode
	1001 Fannin St Ste 2500 Houston, TX 77002-6710	
8. Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
11/23/2021	Bracewell PAC	\$500.00
	6. Contributor address; City; State; ZIP Co	ode
	711 Louisiana St Ste 2300 Houston, TX 77002-2770	
8. Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
11/23/2021	Haynes & Boone, LLP	\$1,000.00
	6. Contributor address; City; State; ZIP Co	ode
	2323 Victory Avenue Ste 700 Dallas, TX 75219-7672	
8. Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)
4. Date	Full name of contributor     Out-of-state PAC	7. Amount of contribution (\$)
12/08/2021	Orrick Texas PAC	\$1,000.00
	6. Contributor address; City; State; ZIP Co	ode
	609 Main St Fl 40 Houston, TX 77002-3167	
8. Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
12/31/2021	Karen Adams	\$100.00
	6. Contributor address; City; State; ZIP Co	ode
	1022 Nicholson St Houston, TX 77008-6752	
8. Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)

# SCHEDULE A1

The Ins	truction Guide explains how to complete this for	m.	Total pages Schedule A1:     not available
2. FILER NAME Marilyn Burgess	3		3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)
11/11/2021	Aman Ahluwalia		\$100.00
	6. Contributor address; City; State;	ZIP Code	
	15802 Waybridge Glen Ln Houston, TX 77095-2539		
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
08/17/2021	Ahmad, Zavitsanos, Anaipakos, Alavi & Mensing P.C.		\$1,000.00
	6. Contributor address; City; State;	ZIP Code	
	1221 Mckinney St Ste 2500 Houston, TX 77010-2021		
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/12/2021	Robert Ammons		\$1,000.00
	6. Contributor address; City; State;	ZIP Code	
	3700 Montrose Blvd Houston, TX 77006-4624		
8. Principal occup Attorney	pation / Job title (See Instructions)	1 ' '	yer (See Instructions) elf Employed
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
07/04/2021	Aditya Arun		\$250.00
	6. Contributor address; City; State;	ZIP Code	
	1535 Bellevue Ave Apt 927 Seattle, WA 98122-6823		
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC	<del></del>	7. Amount of contribution (\$)
08/16/2021	John Bartos		\$150.00
	6. Contributor address; City; State;	ZIP Code	
	2040 North Loop W Ste 8 Houston, TX 77018-8114		
8. Principal occup	pation / Job title (See Instructions)	yer (See Instructions)	

# SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1:     not available	
2. FILER NAM Marilyn Bur				3. Filer ID (Ethics Commissio	n Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/02/2021	Melanie Bragg				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	4801 Woodway Dr Ste 225W Ho	ouston, TX 77056-182	3		
8. Principal oc	ccupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
07/16/2021	Misty Brown				\$25.00
	6. Contributor address;	City; State;	ZIP Code		·
	17807 Springtree Dr Humble, TX	X 77396-1639			
8. Principal oc	ccupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/08/2021	Misty Brown				\$25.00
	6. Contributor address;	City; State;	ZIP Code	,	
	17807 Springtree Dr Humble, TX	X 77396-1639			
8. Principal oc	ccupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Misty Brown				\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	17807 Springtree Dr Humble, TX	X 77396-1639			
8. Principal od	ccupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/09/2021	Misty Brown				\$50.00
	6. Contributor address;	City; State;	ZIP Code		
	17807 Springtree Dr Humble, TX	X 77396-1639			
8. Principal oc	ccupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	

# SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	Total pages Schedule A1:     not available
2. FILER NAMI Marilyn Burg		3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
12/08/2021	Misty Brown	\$25.00
	6. Contributor address; City; State; ZIP (	Code
	17807 Springtree Dr Humble, TX 77396-1639	
8. Principal occ	cupation / Job title (See Instructions) 9	Employer (See Instructions)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
07/05/2021	Kabir Chopra	\$250.00
<b>1</b>	6. Contributor address; City; State; ZIP 6	Code
	7370 E Temeroso Pl Tucson, AZ 85750-6492	
8. Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
08/30/2021	Steve Clements	\$100.00
	6. Contributor address; City; State; ZIP	Code
	2102 Misty River Trl Kingwood, TX 77345-2146	
8. Principal occ	cupation / Job title (See Instructions) 9	Employer (See Instructions)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
10/18/2021	Steve Clements	\$250.00
	6. Contributor address; City; State; ZIP	Code
	2102 Misty River Trl Kingwood, TX 77345-2146	
8. Principal occ	cupation / Job title (See Instructions) 9	Employer (See Instructions)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
11/16/2021	Communication Workers of America - Local 6222	\$2,500.00
	6. Contributor address; City; State; ZIP	Code
	10959 Ella Blvd Houston, TX 77067-4247	
8. Principal occ	cupation / Job title (See Instructions) 9	Employer (See Instructions)

# SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	Total pages Schedule A1:     not available		
2. FILER NAME Marilyn Burges	S		3. Filer ID (Ethics Commission Fi	lers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Marian Cones			\$250.00
	6. Contributor address; City; State; Z	IP Code		
	1326 Moorhead Dr Houston, TX 77055-4110			
8. Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/16/2021	Martha Cottingham			\$100.00
	6. Contributor address; City; State; Z	IP Code		
	1110 Golden Bear Ln Kingwood, TX 77339-3014			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
12/30/2021	Sharon Cunningham			\$100.00
	6. Contributor address; City; State; Z	IP Code		
	3111 Sackett St Houston, TX 77098-2037			
8. Principal occu	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
07/29/2021	Michael DOYLE			\$500.00
j	6. Contributor address; City; State; Z	IP Code		
	3401 Allen Pkwy Ste 100 Houston, TX 77019-1857			
1 .	pation / Job title (See Instructions)	1	yer (See Instructions)	
lawyer 4. Date	5. Full name of contributor	<u>a</u>	oyle dennis llp  7. Amount of contribution (\$)	
11/16/2021	Michael DOYLE		7. Amount of contribution (\psi)	
		IP Code		\$250.00
	3401 Allen Pkwy Ste 100 Houston, TX 77019-1857	0000		
8. Principal occur	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	
lawyer		1 '	oyle dennis llp	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	Total pages Schedule A1:     not available		
2. FILER NAM Marilyn Burg			3. Filer ID (Ethics Commission F	ilers)
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
07/08/2021	Fogler, Brar, O'Neill & Gray			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	2 Houston Center 909 Fannin St Ste 1640 Houston, TX	77010		
8. Principal oc	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/30/2021	Roland Garcia			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	46 E Rivercrest Dr Houston, TX 77042-2501			
8. Principal oc Attorney	cupation / Job title (See Instructions)		yer (See Instructions) ireenberg Traurig LLP	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/20/2021	Robin Gibbs			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	1100 Louisiana St Ste 5300 Houston, TX 77002-5215			
8. Principal oc Attorney	cupation / Job title (See Instructions)		yer (See Instructions) ribbs & Bruns LLP	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
07/03/2021	Karen Gilbert			\$100.00
	6. Contributor address; City; State;	ZIP Code	)	
	9137 Old Garden Ave Baton Rouge, LA 70809-1967			
8. Principal oc	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
07/06/2021	Karen Gilbert			\$150.00
	6. Contributor address; City; State;	ZIP Code		
_	9137 Old Garden Ave Baton Rouge, LA 70809-1967			
8. Principal oc	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	
		1		

# SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1:     not available		
2. FILER NAM Marilyn Burg				3. Filer ID (Ethics Commission	Filers)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
10/18/2021	Marc Grossberg				\$250.00	
	6. Contributor address;	City; State;	ZIP Code			
	300 St Joseph Pkwy Houston, TX	₹ 77002-8598				
8. Principal oc Attorney	cupation / Job title (See Instruction	ns)		yer (See Instructions) olland & Knight		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
10/18/2021	Marc Grossberg				\$250.00	
	6. Contributor address;	City; State;	ZIP Code			
	300 St Joseph Pkwy Houston, T2	K 77002-8598				
8. Principal oc Attorney	cupation / Job title (See Instruction	ns)		yer (See Instructions) olland & Knight	1	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
10/27/2021	Wendy Heger				\$150.00	
	6. Contributor address;	City; State;	ZIP Code			
	9715 Riddlewood Ln Houston, T	X 77025-5006				
8. Principal oc	cupation / Job title (See Instruction	ns)	9 Employ	yer (See Instructions)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
11/16/2021	Daniel Horowitz				\$250.00	
	6. Contributor address;	City; State;	ZIP Code			
	2100 Travis St Ste 280 Houston,	TX 77002-8769				
8. Principal oc	cupation / Job title (See Instruction	ns)	9 Employ	yer (See Instructions)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	***************************************	
11/05/2021	Lee Kaplan				\$200.00	
	6. Contributor address;	City; State;	ZIP Code			
	717 Texas St Ste 2800 Houston,	TX 77002-2809				
8. Principal oc	cupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	-	
			ĺ			

# SCHEDULE A1

The	Instruction Guide explains how to complete this form.	Total pages Schedule A1:     not available
2. FILER NAM Marilyn Bur		3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
07/27/2021	Steve Kherkher	\$1,000.00
	6. Contributor address; City; State; ZIP	Code
	2925 Richmond Ave Ste 1560 Houston, TX 77098-3145	
8. Principal od Attorney	ccupation / Job title (See Instructions)	Employer (See Instructions) Kherkher Garcia LLP
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
08/17/2021	Linebarger Groggan Blair & Simpson, LLP	\$500.00
	6. Contributor address; City; State; ZIP	Code
	405 Main St Houston, TX 77002-1837	
8. Principal od	ccupation / Job title (See Instructions)	Employer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
11/16/2021	Rita Lucido	\$200.00
	6. Contributor address; City; State; ZIP	Code
	3401 Allen Pkwy Ste 100 Houston, TX 77019-1857	
8. Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions)
4. Date	5. Full name of contributor out-of-state PAC	7. Amount of contribution (\$)
07/06/2021	Ian Marsac	\$150.00
i	6. Contributor address; City; State; ZIP	Code
	3940 W Alabama St Apt 2 Houston, TX 77027-5157	
8. Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
07/08/2021	Alma Martinez	\$100.00
	6. Contributor address; City; State; ZIP	Code
	2250 Ann St Houston, TX 77003-1147	
8. Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)

### SCHEDULE A1

The Instruction Guide explains how to complete this form.			orm.	Total pages Schedule A1:     not available	
2. FILER NAME Marilyn Burge				3. Filer ID (Ethics Commission	n Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
07/16/2021	David Matthiesen				\$1,000.00
	6. Contributor address;	City; State;	ZIP Code		
	511 Lovett Blvd Houston, TX 77	006-4020			
8. Principal occi Attorney	upation / Job title (See Instruction	ns)	1	yer (See Instructions) Matthiesen & Associates	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
07/08/2021	Wes McCoy				\$200.00
	6. Contributor address;	City; State;	ZIP Code		
	3816 Lake View Dr Pearland, TX	¥ 77581-8785			
8. Principal occi	upation / Job title (See Instruction	is)	9 Employ	yer (See Instructions)	,
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/11/2021	Wes McCoy				\$50.00
	6. Contributor address;	City; State;	ZIP Code		
	3816 Lake View Dr Pearland, TX	X 77581-8785			
8. Principal occi	upation / Job title (See Instruction	ns)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/16/2021	Avinash Mehta				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	1515 Poydras St Ste 1875 New C	rleans, LA 70112-37	38		
8. Principal occi	upation / Job title (See Instruction	ns)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/25/2021	Carly Milner				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	532 W 23rd St Houston, TX 7700	08-1940			
8. Principal occi	upation / Job title (See Instruction	ıs)	9 Employ	yer (See Instructions)	

# SCHEDULE A1

The Ins	struction Guide explains how to complete this form	1.	Total pages Schedule A1:     not available	
2. FILER NAME Marilyn Burgess	S		3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
07/08/2021	David Mitcham			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	1966 W Mckinney St Apt C Houston, TX 77019-2629			
8. Principal occup Attorney	pation / Job title (See Instructions)		ver (See Instructions) arris County DA	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/24/2021	David Mitcham			\$150.00
	6. Contributor address; City; State;	ZIP Code		
	1966 W Mckinney St Apt C Houston, TX 77019-2629			
1	pation / Job title (See Instructions)		/er (See Instructions)	
Attorney	5 5 8	Н	arris County DA	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/11/2021	David Mitcham			\$200.00
	6. Contributor address; City; State;	ZIP Code		
	1966 W Mckinney St Apt C Houston, TX 77019-2629			
8. Principal occup Attorney	pation / Job title (See Instructions)		/er (See Instructions) arris County DA	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Susannah Mitcham			\$150.00
	6. Contributor address; City; State;	ZIP Code		
	2480 Times Blvd Ste 201 Houston, TX 77005-3233			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	**
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
07/08/2021	Ben Montalbano			\$250.00
	6. Contributor address; City; State;	ZIP Code		
	5100 Scotland St Houston, TX 77007-7239			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		Total pages Schedule A1:     not available	
2. FILER NAME Marilyn Burge			3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/16/2021	Ben Montalbano		\$150.00
	6. Contributor address; City; State; Z	IP Code	
	5100 Scotland St Houston, TX 77007-7239		
8. Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
07/08/2021	Sylvia O'Campo		\$100.00
	6. Contributor address; City; State; Z	IP Code	
	9703 Shadowglade Ct Houston, TX 77064-3846		
8. Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/11/2021	Sylvia O'Campo		\$90.00
	6. Contributor address; City; State; Z	IP Code	
	9703 Shadowglade Ct Houston, TX 77064-3846		
8. Principal occu	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/23/2021	Robin ONeil		\$200.00
	6. Contributor address; City; State; Z	IP Code	
	1125 Adele St Houston, TX 77009-2413		
8. Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
07/08/2021	Carl Shaw		\$100.00
	6. Contributor address; City; State; Z	IP Code	
	5203 Dumfries Dr Houston, TX 77096-5104		
8. Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)

# SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	Total pages Schedule A1:     not available
2. FILER NAM Marilyn Burg			3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/03/2021	Bobby V Singh		\$500.00
	6. Contributor address; City; State;	ZIP Code	
	10448 Westoffice Dr Houston, TX 77042-5309		
8. Principal oc Consultant	cupation / Job title (See Instructions)		yer (See Instructions) ani Consultants, LP
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
07/08/2021	Judith Snively		\$500.00
	6. Contributor address; City; State;	ZIP Code	333333
	2480 Times Blvd Ste 201 Houston, TX 77005-3233		
8. Principal oc Attorney	cupation / Job title (See Instructions)		yer (See Instructions) arris County District Clerk
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/11/2021	Judith Snively		\$100.00
	6. Contributor address; City; State;	ZIP Code	
	2480 Times Blvd Ste 201 Houston, TX 77005-3233		
8. Principal oc Attorney	cupation / Job title (See Instructions)		yer (See Instructions) arris County District Clerk
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
07/07/2021	Elizabeth Stern		\$50.00
	6. Contributor address; City; State;	ZIP Code	
	3211 Rambling Creek Dr Kingwood, TX 77345-2426		
8. Principal oc	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/11/2021	Elizabeth Stern		\$40.00
	6. Contributor address; City; State;	ZIP Code	
	3211 Rambling Creek Dr Kingwood, TX 77345-2426		
8. Principal oc	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)

# SCHEDULE A1

The In:	struction Guide explains how to complete this	form.	Total pages Schedule A1:     not available
2. FILER NAME Marilyn Burges	s	1	3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAG	>	7. Amount of contribution (\$)
12/30/2021	Elizabeth Stern		\$25.00
	6. Contributor address; City; State	e; ZIP Code	
	3211 Rambling Creek Dr Kingwood, TX 77345-242	6	
8. Principal occu	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAG		7. Amount of contribution (\$)
12/09/2021	Cecilia Thayer		\$100.00
	6. Contributor address; City; State	e; ZIP Code	
	10 Altic St Houston, TX 77011-3208		
8. Principal occu	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAG		7. Amount of contribution (\$)
08/17/2021	Totz Ellison & Totz, PC		\$500.00
	6. Contributor address; City; State	e; ZIP Code	
	2211 Norfolk St Houston, TX 77098-4096		
8. Principal occu	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAG		7. Amount of contribution (\$)
07/08/2021	Chris Tritico		\$150.00
	6. Contributor address; City; State	e; ZIP Code	
	523 Yale St Houston, TX 77007-2531		
8. Principal occu	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAG	·	7. Amount of contribution (\$)
10/14/2021	Rita C Vallet		\$250.00
	6. Contributor address; City; State	e; ZIP Code	
	5605 Lacy St Houston, TX 77007-7145		
8. Principal occu Retired	pation / Job title (See Instructions)		oyer (See Instructions) Retired

# SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	Total pages Schedule A1:     not available
2. FILER NAME Marilyn Burges	s	3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
11/09/2021	Rita C Vallet	\$250,00
	6. Contributor address; City; State; ZIP	Code
	5605 Lacy St Houston, TX 77007-7145	
8. Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
11/09/2021	Rita C Vallet	. \$25.00
	6. Contributor address; City; State; ZIP	Code
	5605 Lacy St Houston, TX 77007-7145	
Principal occu     Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
07/14/2021	John Van Ness	\$500.00
	6. Contributor address; City; State; ZIP	Code
	3355 W Alabama St Ste 600 Houston, TX 77098-1875	
8. Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions) Lilly & Van Ness, LLP
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
11/16/2021	John Van Ness	\$500.00
	6. Contributor address; City; State; ZIP	Code
	3355 W Alabama St Ste 600 Houston, TX 77098-1875	
8. Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions) Lilly & Van Ness, LLP
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
11/15/2021	Ware, Jackson, Lee, O'Neill, Smith & Barrow, LLP	\$500.00
	6. Contributor address; City; State; ZIF	Code
	2929 Allen Pkwy Fl 39 Houston, TX 77019-7100	
8. Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

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 Office Over Fees Polling E Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explain	Expense Wages/Contract Labor	Expense Travel In District Travel Out of Dis Other (enter a ca	quipment & Related
1. Total pages Schedule F1:		3.	. Filer ID (Ethics Co	ommission Filers)
	Marilyn Burgess			
4 Date 08/23/2021	5 Payee name Acres of Angels			
6 Amount	7 Payee address; City;	Sta	te:	Zip Code
\$250.00	PO Box 38027 Houston, TX 77238-802			<u> </u>
8	(a) Category (See categories listed at the top of	of this schedule) (b) De	scription	
PURPOSE OF	Contributions/Donations Made By	Gala s	sponsorship	
EXPENDITURE	Candidate/Officeholder/Political Committee  Check if travel outside of Texas, complete Sch.	edule T	Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office se		Office held
4 Date	5 Payee name	701		
12/17/2021	Marilyn Burgess			
6 Amount \$283.32	7 Payee address; City; 1240 W 22nd St Houston, TX 77008-18	Sta	te:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed at the top of Loan Repayment/Reimbursement		escription bursement for expenses p	paid with personal
EXPENDITURE	Check if travel outside of Texas, complete Sch	edule T	Check if Austin, TX, office	holder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ought	Office held
4 Date 07/01/2021	5 Payee name Cardmember Services			
6 Amount \$462.93	7 Payee address; City; PO Box 6294 Carol Stream, IL 60197-6	Sta 294	te:	Zip Code
PURPOSE OF	(a) Category (See categories listed at the top of Accounting/Banking		escription ent of previously record	ed credit card ex
EXPENDITURE	Check if travel outside of Texas, complete Sch	edule T	Check if Austin, TX, office	holder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED	

	EVDENDITURE CATECORIES	EOD BOY	)(a)
	EXPENDITURE CATEGORIES	FOR BOX 8	i(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Legal Services  The Instruction Guide explains how to contract the service of the	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1. Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)
1. Total pages conceded 11.	Marilyn Burgess	0. 11.	or is (Earles Commission in theirs)
4 Date	5 Payee name		
07/28/2021	Cardmember Services		
6 Amount \$2,146.05	7 Payee address; City;	State:	Zip Code
	PO Box 6294 Carol Stream, IL 60197-6294		
8	(a) Category (See categories listed at the top of this schedule)	(b) Descrip	otion
PURPOSE	Credit Card Total		f previously recorded CC expenses
OF EXPENDITURE	Cicuit Cata Itial		
EXPENDITORE	Check if travel outside of Texas, complete Schedule T	Check	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	t Office held
4 Date	5 Payee name		
08/01/2021	Cardmember Services		
6 Amount	7 Payee address; City;	State:	Zıp Code
\$203.10	PO Box 6294 Carol Stream, IL 60197-6294		
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Credit Card Total	Payment of	f prior CC expenses
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	t Office held
4 Date	5 Payee name		
08/27/2021	Cardmember Services		
6 Amount	7 Payee address; City;	State:	Zip Code
\$2,430.06	PO Box 6294 Carol Stream, IL 60197-6294		
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Credit Card Total	Payment o	f previously recorded credit card ex
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS	NEEDED

	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 Office Overhead/Renta Fees Polling Expense Food/Beverage Expense Printing Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to compare the service of the service o	act Labor	Expense Travel In District Travel Out of Dist Other (enter a cat	uipment & Related	
1. Total pages Schedule F1:	2. FILER NAME	3. F	iler ID (Ethics Cor	mmission Filers)	
	Marilyn Burgess				
4 Date	5 Payee name				
09/30/2021	Cardmember Services	21.7			
6 Amount \$1,721.89	7 Payee address; City; PO Box 6294 Carol Stream, IL 60197-6294	State:		Zip Code	
8	(a) Category (See categories listed at the top of this schedule)	(b) Descr	rintion		
PURPOSE	Credit Card Total	1, ,	of previously recorded	d CC expenditure	
OF EXPENDITURE	Cicuit Caid Total				
	Check if travel outside of Texas, complete Schedule T		eck if Austin, TX, officeh	older living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office soug	ght	Office held	
4 Date	5 Payee name				
10/29/2021	Cardmember Services				
6 Amount \$679.65	7 Payee address; City: PO Box 6294 Carol Stream, IL 60197-6294	State:	;	Zip Code	
8	(a) Category (See categories listed at the top of this schedule)	(b) Desci	ription		
PURPOSE	Credit Card Total	1, ,	of prior credit card ch	arges	
OF EXPENDITURE	Cicuit Calu Total				
EXI ENDITORE	Check if travel outside of Texas, complete Schedule T	Che	eck if Austin, TX, officeh	older living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office soug	ght	Office held	
4 Date	5 Payee name				
11/20/2021	Cardmember Services				
6 Amount	7 Payee address; City;	State:		Zip Code	
\$2,777.59	PO Box 6294 Carol Stream, IL 60197-6294				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Desci	•		
OF	Credit Card Total	Payment	of previously recorded	d credit card ch	
EXPENDITURE					
9 Complete ONLY if direct	Check if travel outside of Texas, complete Schedule T  Candidate/Officeholder name	Office soug	eck if Austin, TX, officeh	Office held	
expenditure to benefit C/OH	Oandrate/Onicendide Hallie	Omos soug		Silico neid	
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE A	S NEEDED		

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 Office Overhead/Rental Fees Polling Expense Printing Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Legal Services  The Instruction Guide explains how to com	Travel Out of District Other (enter a category not listed above)	)		
1. Total pages Schedule F1:	2. FILER NAME	3. Filer ID (Ethics Commission Filers)			
	Marilyn Burgess				
4 Date	5 Payee name				
12/17/2021	Cardmember Services				
6 Amount \$1,059.03	7 Payee address; City; PO Box 6294 Carol Stream, IL 60197-6294	State: Zip Code			
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  Credit Card Total	(b) Description			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
4 Date	5 Payee name				
09/14/2021	Harris County Democratic Party				
6 Amount \$15.00	7 Payee address; City; 4719 Lyons Ave Houston, TX 77020-4306	State: Zip Code			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description			
OF	Contributions/Donations Made By	Sustaining Membership			
EXPENDITURE	Candidate/Officeholder/Political Committee  Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held			
4 Date 12/03/2021	5 Payee name Harris County Democratic Party				
6 Amount \$1,250.00	7 Payee address; City; 4719 Lyons Ave Houston, TX 77020-4306	State: Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Ballot filing fee			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check of Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	-	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete the complete t	Travel Out of District Other (enter a category not listed above)			
1. Total pages Schedule F1:		3. Filer ID (Ethics Commission Filers)			
	Marilyn Burgess				
4 Date	5 Payee name				
11/20/2021	Houston Bar Association				
6 Amount \$65.00	7 Payee address; City; 1111 Bagby Street FLB, Suite 200 Houston, TX 77002-	State: Zip Code			
	1111 Bagoy Street PLB, Suite 200 Houston, 1X //002-	2.592			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description			
OF	Event Expense	Event fee			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	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	5 Payee name				
08/06/2021	Human Age Digital				
6 Amount \$1,250.00	7 Payee address; City;	State: Zip Code			
	2700 Post Oak Blvd Fl 21 Houston, TX 77056-5798				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Consulting Expense	Website Design			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	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	5 Payee name				
11/11/2021	Office Depot				
6 Amount	7 Payee address; City;	State: Zip Code			
\$324.70	1401 North Loop W Houston, TX 77008-1647				
8	(a) Category :-	(b) Description			
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Printing Expense	Printing			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	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 SCHE	EDULE AS NEEDED			

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 Office Overhead/Rental Fees Polling Expense Printing Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Legal Services  The Instruction Guide explains how to compare the second services	Labor .	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out of District Other (enter a category not listed above)  orm.		
Total pages Schedule F1:	2. FILER NAME  Marilyn Burgess	3. File	r ID (Ethics Commission Filers)		
4 Date 07/02/2021	5 Payee name Paragon Paymnet Solutions				
6 Amount \$53.14	7 Payee address; City; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State:	Zip Code		
8 PURPOSE OF EXPENDITURE	Fees	(b) Descrip	ng Fees		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	ffice sought	If Austin, TX, officeholder living expense Office held		
4 Date 08/02/2021	5 Payee name Paragon Paymnet Solutions				
6 Amount \$139.45	7 Payee address; City: 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State:	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Descrip CC processi			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check	ıf Austın, TX, officeholder lıvıng expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name O	ffice sought	Office held		
4 Date 09/14/2021	5 Payee name Paragon Paymnet Solutions				
6 Amount \$26.25	7 Payee address; City; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State:	Zip Code		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  Fees	(b) Descrip CC Processi			
9 Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas, complete Schedule T  Candidate/Officeholder name  O	Check	of Austin, TX, officeholder living expense Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEI	DULE AS	NEEDED		

	EXPENDIT	URE CATEGORIES	FOR BOX 8	3(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense / Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor	ct Labor	Transportation E Expense Travel In District Travel Out of Dis Other (enter a ca	
Total pages Schedule F1:		de axbiailis flow to coi			ommission Filers)
11. Total pages Schedule F1:	Marilyn Burgess		3. FII	er ID (Ethics Co	ommission Filers)
4 Date 10/13/2021	5 Payee name Paragon Paymnet Solutions		·		
6 Amount \$114.75	7 Payee address;	City;	State:		Zip Code
	2141 E Broadway Rd Ste 202	Tempe, AZ 85282-1895			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF	Fees		Processing	; fees	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Chec	k if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt	Office held
4 Date	5 Payee name	AVIUI			
11/10/2021	Paragon Paymnet Solutions				
6 Amount \$63.88	7 Payee address; 2141 E Broadway Rd Ste 202	City;	State:		Zip Code
			Ta. 5		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	•	
OF	Fees		CC process	sing ices	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Chec	k if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt	Office held
4 Date	5 Payee name				
12/02/2021	Paragon Paymnet Solutions				
6 Amount	7 Payee address;	City;	State:		Zip Code
\$107.46					
	2141 E Broadway Rd Ste 202	Tempe, AZ 85282-1895			
8 DURDOCE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE	Fees		Merchant I	Fees for Nov	
EXPENDITURE	Charles (Assessed and Assessed and Tanana				
9 Complete ONLY if direct	Candidate/Officeholder name	·	Office sough		eholder living expense Office held
expenditure to benefit C/OH					
,	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	EDULE AS	NEEDED	

	EXPENDIT	URE CATEGORIES I	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 y Gift/Awards/Memorials Expense Legal Services  The Instruction Guid	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contraction	ot Labor	Transportation I Expense Travel In Distric Travel Out of Di Other (enter a co		
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics C	ommission Filers)	
	Marilyn Burgess					
4 Date	5 Payee name					
07/01/2021	Sprint 2 Print	•			·	
6 Amount \$368.05	7 Payee address; 8748 Clay Rd Ste 300 Houston	City; , TX 77080-8106	State:	)	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Printing Expense	at the top of this schedule)	(b) Descrip 2 banners	otion		
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	c if Austin, TX, office	eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t	Office held	
4 Date	5 Payee name		·			
12/02/2021	THE CORINTHIAN					
6 Amount \$1,541.25	7 Payee address; 202 Fannin St Houston, TX 770	City; 002-1917	State:		Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Event Expense	at the top of this schedule)	(b) Descrip 11/16/21 ev	otion vent expense		
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	c if Austin, TX, office	eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t	Office held	

	EXPENDIT	URE CATEGORIES FOR BO	X 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Expense Travel In District Travel Out of District Other (enter a category not listed ab	
Total pages Schodule C4.	The Instruction Gu 2. FILER NAME	ide explains how to complete	this form.  Filer ID (Ethics Commission Filers)	
Total pages Schedule F4:	Marilyn Burgess	3.	The TD (Eurics Commission Filers)	
1. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD		\$1,307.99
5 Date	6 Payee name			
10/09/2021	Annie's List			
7 Amount \$750.00	8 Payee address:	City: State	e: Zip Code	
Expenditure from Corporate Funds	PO Box 303277 Austin, TX 787	03-0055		
TYPE OF EXPENDITURE	✓ Political	Non-Political Not A	Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Con	Spanson	cription ship	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T Chec	k if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ught Office held	
Date	6 Payee name			
11/18/2021	Dropbox			
7 Amount \$127.79	8 Payee address:	City: State	e: Zıp Code	
Expenditure from Corporate Funds	1800 Owens St Ste 200 San Fran	ncisco, CA 94158-2533		
TYPE OF EXPENDITURE	Political	Non-Political Not	Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a Advertising Expense	at the top of this schedule) (b) Des	cription	
EXPENDITURE	(c) Check if travel outside of Texas, co	emplete Schedule T	k if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ught Office held	

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	EXPENDIT	JRE CATEGORIES FOR	R 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/Reimbur Office Overhead/Rental Ex Polling Expense Printing Expense Salaries/Wages/Contract L	rpense Transportation   Expense Travel In District Travel Out of District Travel Out	Equipment & Related
		ide explains how to com	plete this form.	
Total pages Schedule F4:	2. FILER NAME		3. Filer ID (Ethics C	Commission Filers)
	Marilyn Burgess			<u></u>
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD		\$1,307.99
5 Date	6 Payee name			
07/08/2021	El Big Bad			
7 Amount \$1,624.42	8 Payee address:	City:	State:	Zıp Code
Expenditure from Corporate Funds	419 Travis St Houston, TX 7700	02-1807		
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	Not Applicable for Form	DCE
PURPOSE OF	(a) Category (See categories listed a Food/Beverage Expense		) Description vent Food & Beverage	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	Check if Austin, TX, officeho	older living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offic	ce sought	Office held
5 Date 07/19/2021	6 Payee name Go Daddy			
7 Amount	8 Payee address:	City:	State:	Zip Code
\$50.91  Expenditure from Corporate Funds	14455 N Hayden Rd Scottsdale,	AZ 85260-6993		
9 TYPE OF EXPENDITURE	Political	Non-Political	Not Applicable for Form	DCE
PURPOSE OF	(a) Category (See categories listed a Office Overhead/Rental Expense	, , , , , ,	) Description ebsite Backup - 2 years	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	Check if Austin, TX, officeho	older living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offic	ce sought	Office held

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# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense

Polling Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense

Travel In District Travel Out of District

Candidate/Officeholder/Political Committee	Legal Services Salaries/Wages/Conf	ntract Labor Travel Out of District Other (enter a category not lis	ted above)
	The Instruction Guide explains how to	o complete this form.	
Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission F	-ilers)
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO A CREDIT CARD	D	\$1,307.99
5 Date	6 Payee name		
07/19/2021	Go Daddy		
7 Amount \$230.00	8 Payee address: City:	State: Zip Code	
Expenditure from Corporate Funds	14455 N Hayden Rd Scottsdale, AZ 85260-6993		
9 TYPE OF EXPENDITURE	☑Political	Not Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Linux Hosting - 2yrs	
EXPENDITURE	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expen	se
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office he	eld
5 Date 07/14/2021	6 Payee name Harris County Democratic Party		
7 Amount	8 Payee address: City:	State: Zıp Code	
\$15.00 Expenditure from Corporate Funds	4719 Lyons Ave Houston, TX 77020-4306		
9 TYPE OF EXPENDITURE	Political Non-Political	Not Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Sustaining membership	
EXPENDITURE	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expen	se
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office he	eld

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	EXPENDITU	JRE CATEGORIES FOR BOX	( 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services		t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. F	Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD	\$1,307	.99
5 Date 08/14/2021	6 Payee name Harris County Democratic Party			
7 Amount \$15.00  Expenditure from Corporate Funds	8 Payee address: 4719 Lyons Ave Houston, TX 7	City: State	Zip Code	
9 TYPE OF EXPENDITURE	✓ Political	Non-Political Not A	pplicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officcholder/Political Com	t the top of this schedule) (b) Desc Sustaining	ription g Membership	
EXPENDITORE	(C) Check if travel outside of Texas, cor	mplete Schedule T Check	if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght Office held	
5 <b>Date</b> 10/14/2021	6 Payee name Harris County Democratic Party			
7 Amount \$15.00 Expenditure from Corporate Funds	8 Payee address: 4719 Lyons Ave Houston, TX 7	City: State 7020-4306	: Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political Not A	pplicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Com	t the top of this schedule) (b) Desc sumittee Sustaining	cription g membership	
EXPENDITURE	(c) Check if travel outside of Texas, cor	mplete Schedule T	ıf Austın, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght Office held	

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# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Travel Out of District Legal Services Salaries/Wages/Contract Labor Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1. Total pages Schedule F4: 2. FILER NAME 3. Filer ID (Ethics Commission Filers) Marilyn Burgess 4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$1,307.99 5 Date 6 Payee name 10/18/2021 Harris County Democratic Party 7 Amount 8 Payee address: City: State: Zıp Code \$100.00 Expenditure from Corporate Funds 4719 Lyons Ave Houston, TX 77020-4306 TYPE OF **EXPENDITURE ✓** Political Non-Political Not Applicable for Form DCE 10 (b) Description (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By **PURPOSE** Event fee Candidate/Officeholder/Political Committee **OF EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 5 Date 6 Payee name 11/14/2021 Harris County Democratic Party City: State: Zip Code 7 Amount 8 Payee address: \$15.00 □ Expenditure from Corporate Funds 4719 Lyons Ave Houston, TX 77020-4306 TYPE OF **EXPENDITURE** ✓ Political ■ Non-Political Not Applicable for Form DCE 10 (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By (b) Description PURPOSE Sustaining Membership andidate/Officeholder/Political Committee **QF EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

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	EXPENDIT	JRE CATEGORIES FO	OR BOX	B(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Loan Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	Expense	Transportation E Expense Travel In District Travel Out of Dis Other (enter a ca	quipment & Relate	
		ide explains how to co				
Total pages Schedule F4:			3. Fil	er ID (Ethics C	ommission Filers	)
	Marilyn Burgess				<u> </u>	
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD				\$1,307.99
5 Date	6 Payee name					
12/14/2021	Harris County Democratic Party					
7 Amount	8 Payee address:	City:	State:		Zip Code	
\$15.00  Expenditure from Corporate Funds	4719 Lyons Ave Houston, TX 7	7020-4306				
9 TYPE OF EXPENDITURE	☑ Political ☐	Non-Political	Not App	olicable for Form [	DCE	
10 PURPOSE OF	(a) Category /See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Com		(b) Descri Sustaining i	ption membership		
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	Check if	Austin, TX, officehol	der living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	0	ffice sough	nt	Office held	
5 Date	6 Payee name					
10/31/2021	Houston Bar Association					
7 Amount	8 Payee address:	City:	State:		Zip Code	
\$312.00  Expenditure from Corporate Funds	1111 Bagby Street FLB, Suite 2	00 Houston, TX 77002-2	2592			
TYPE OF EXPENDITURE	✓ Political	Non-Political	Not App	olicable for Form [	DCE	
PURPOSE OF	(a) Category /See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Com	at the top of this schedule)	(b) Descri Harvest Cel	ption lebration ticket		
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	Check if	Austin, TX, officehol	der living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	O.	ffice sough	nt	Office held	

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**Event Expense** 

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Polling Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related

Expense Travel In District Travel Out of District

Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F4:	<u>,                                    </u>	3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO A CREDIT CARD	\$1,3	307.99
5 Date 09/20/2021	6 Payee name Houston Black American Democrats		
7 Amount \$50.00  Expenditure from Corporate Funds	8 Payee address: City: PO Box 21163 Houston, TX 77226-1163	State: Zıp Code	
9 TYPE OF EXPENDITURE	✓ Political Non-Political	Not Applicable for Form DCE	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (c) Check if travel outside of Texas, complete Schedule T	(b) Description Annual membership  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 10/19/2021	6 Payee name Houston Black American Democrats		
7 Amount \$250.00  Expenditure from Corporate Funds	8 Payee address: City: PO Box 21163 Houston, TX 77226-1163	State: Zıp Code	
9 TYPE OF EXPENDITURE	✓ Political Non-Political	Not Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Sponsorship of Fall Fundraiser	
EXPENDITURE	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

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# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Printing Expense Legal Services

Polling Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related

Expense Travel In District Travel Out of District

Committee		Other (enter a category not listed	above)
	The Instruction Guide explains how to	complete this form.	
1. Total pages Schedule F4:	2. FILER NAME	3. Filer ID (Ethics Commission File	rs)
	Marilyn Burgess		
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date	6 Payee name		
07/01/2021	NGPVAN, Inc.		
7 Amount \$159.90	8 Payee address: City:	State: Zıp Code	
Expenditure from Corporate Funds	1445 New York Ave NW Ste 200 Washington, DC 20	005-2158	
9 TYPE OF EXPENDITURE	☑ Political Non-Political	Not Applicable for Form DCE	
10 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database management	
EXPENDITURE	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	6 Payee name		
08/01/2021	NGPVAN, Inc.		
7 Amount \$159.90	8 Payee address: City:	State: Zip Code	
Expenditure from Corporate Funds	1445 New York Ave NW Ste 200 Washington, DC 20	005-2158	
9 TYPE OF EXPENDITURE	✓ Political Non-Political	Not Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database Management	
EXPENDITURE	C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

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**Event Expense** 

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Fees Food/Beverage Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Polling Expense

Food/Beverage Expense
Gift/Awards/Memorials Expense
Printing Expense
Salarias/Magas/Contract Labo

Expense Travel In District
Travel Out of District

Committee	Legal Services Salaries/wages/Contra	Other (enter a category not listed	above)
	The Instruction Guide explains how to c	complete this form.	
1. Total pages Schedule F4:	2. FILER NAME	3. Filer ID (Ethics Commission File	ers)
-	Marilyn Burgess		
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date	6 Payee name		
09/01/2021	NGPVAN, Inc.		
7 Amount \$159.90	8 Payee address: City.	State: Zıp Code	
Expenditure from Corporate Funds	1445 New York Ave NW Ste 200 Washington, DC 200	005-2158	
9 TYPE OF EXPENDITURE	☑Political	Not Applicable for Form DCE	
10 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description Database management	
EXPENDITURE	(C) Check if travel outside of Texas, complete Schedule T	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	6 Payee name		
10/01/2021	NGPVAN, Inc.		
7 Amount \$159.90	8 Payee address: City:	State: Zip Code	
Expenditure from Corporate Funds	1445 New York Ave NW Ste 200 Washington, DC 200	005-2158	
9 TYPE OF EXPENDITURE	☑Political □Non-Political	Not Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description Database Managment	
EXPENDITURE	C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

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## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**Event Expense** Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Printing Expense Legal Services

Polling Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related

Expense Travel In District Travel Out of District

Committee		Other (enter a category not listed above)				
	The Instruction Guide explains how to	complete this form.				
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	\$1,307.99				
5 Date	6 Payee name					
11/01/2021	NGPVAN, Inc.					
7 Amount \$159.90	8 Payee address: City:	State: Zip Code				
Expenditure from Corporate Funds	1445 New York Ave NW Ste 200 Washington, DC 20	0005-2158				
9 TYPE OF EXPENDITURE	☑ Political	Not Applicable for Form DCE				
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description Database Management				
EXPENDITURE	EXPENDITURE  (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expensions.					
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				
5 Date 12/01/2021	6 Payee name NGPVAN, Inc.					
7 Amount \$159.90	8 Payee address: City:	State: Zip Code				
Expenditure from Corporate Funds	1445 New York Ave NW Ste 200 Washington, DC 20	0005-2158				
9 TYPE OF EXPENDITURE	✓ Political Non-Political	Not Applicable for Form DCE				
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description Database management				
EXPENDITURE	C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				

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# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Printing Expense Legal Services

Polling Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related

Expense Travel In District Travel Out of District

Other (enter a category n								
	The Instruction Guide explains how to	complete this form.						
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	\$1,	307.99					
5 Date	6 Payee name							
07/01/2021	Office Depot							
7 Amount \$11.56	8 Payee address: City:	State: Zip Code						
Expenditure from Corporate Funds	1401 North Loop W Houston, TX 77008-1647							
9 TYPE OF EXPENDITURE	☑Political □Non-Political	Not Applicable for Form DCE						
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printing						
EXPENDITURE	(C) Check if travel outside of Texas, complete Schedule T	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	6 Payee name							
08/14/2021	Office Depot							
7 Amount \$143.75	8 Payee address: City:	State: Zıp Code						
Expenditure from Corporate Funds	1401 North Loop W Houston, TX 77008-1647							
9 TYPE OF EXPENDITURE	Political Non-Political	Not Applicable for Form DCE						
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office Supplies - ink & postage						
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense						
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						

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	EXPENDITU	JRE CATEGORIES FOR BO	X 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Loan Repayment/Reimburseme Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor	e Transportation Ed Expense Travel In District Travel Out of Dist Other (enter a cat	quipment & Related
4 T-4-1 O-11-1 E-4	<del></del>	ide explains how to complete		manipulan Filana
Total pages Schedule F4:		3.	Filer ID (Ethics Co	ommission Filers)
4. TOTAL OF UNITEMIZED	Marilyn Burgess  EXPENDITURES CHARGED T	O A CREDIT CARD		\$1,307.99
5 Date	6 Payee name			
10/28/2021	Office Depot			
7 Amount	8 Payee address:	City: Stat	e:	Zip Code
\$104.34  Expenditure from Corporate Funds	1401 North Loop W Houston, T.	X 77008-1647		
9 TYPE OF EXPENDITURE	✓ Political □	Non-Political Not	Applicable for Form D	CE
PURPOSE OF	(a) Category (see categories listed a Office Overhead/Rental Expense	t the top of this schedule) (b) Des Office s	scription upplies	
EXPENDITURE	(C) Check if travel outside of Texas, cor	mplete Schedule T	ck if Austin, TX, officehold	der living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ught	Office held
5 Date	6 Payee name		_	
07/27/2021	Planned Parenthood Gulf Coast			
7 Amount	8 Payee address:	City: Stat	e:	Zıp Code
\$20.00  Expenditure from Corporate Funds	4600 Gulf Fwy Houston, TX 770	023-3533		
9 TYPE OF EXPENDITURE	✓ Political □	Non-Political Not	Applicable for Form D	OCE
PURPOSE OF	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Com	S4-1-1	scription ng Membership	
EXPENDITURE	(c) Check if travel outside of Texas, cor	mplete Schedule T	k if Austin, TX, officehold	der living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ught	Office held
	<u> </u>		-	

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	EXPENDIT	URE CATEGORIES FOR BO	X 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/Reimbursem Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor	se Transportation Equipment Expense Travel In District	& Related
		uide explains how to complet		
1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3.	Filer ID (Ethics Commission	in Filers)
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD		\$1,307.99
5 Date	6 Payee name			
08/27/2021	Planned Parenthood Gulf Coast			
7 Amount \$20.00 Expenditure from Corporate Funds	8 Payee address: 4600 Gulf Fwy Houston, TX 77	City: Sta	te: Zip Code	
9 TYPE OF EXPENDITURE		Non-Political Not	Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Con	Guatan.	scription ing membership	
EXPENDITURE	(C) Check if travel outside of Texas, co	emplete Schedule T	ck if Austin, TX, officeholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ought Office	e held
5 Date	6 Payee name			
09/27/2021	Planned Parenthood Gulf Coast			
7 Amount \$20.00 Expenditure from Corporate Funds	8 Payee address: 4600 Gulf Fwy Houston, TX 77	City: Sta	te: Zip Code	
9 TYPE OF EXPENDITURE	☑ Political □	Non-Political Not	Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Con	Sustain	scription ing membership	
EXPENDITURE	(C) Check if travel outside of Texas, co	omplete Schedule T	ck if Austin, TX, officeholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ought Offic	e held

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ATTACH ADDITIONAL	COPIES OF THIS	SCHEDNIE	AS NEEDED

	EXPENDIT	JRE CATEGORIES FO	R 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/Reimbur Office Overhead/Rental E. Polling Expense Printing Expense Salaries/Wages/Contract	xpense Transportation Expense Travel In Distr Labor Travel Out of	n Equipment & Related	·)
		ide explains how to con	•		
1. Total pages Schedule F4:			3. Filer ID (Ethics	Commission Filers)	
	Marilyn Burgess				
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD		\$1,3	307.99
5 Date	6 Payee name				
10/27/2021	Planned Parenthood Gulf Coast				
7 Amount \$20.00	8 Payee address:	City:	State:	Zip Code	
Expenditure from Corporate Funds	4600 Gulf Fwy Houston, TX 77	023-3533			
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	Not Applicable for For	m DCE	
PURPOSE OF	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Con	ımıttee	b) Description ustaining Membership		
EXPENDITURE	(C) Check if travel outside of Texas, co	mpleté Schedule T	Check if Austin, TX, office	holder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offi	ice sought	Office held	
5 Date	6 Payee name				
11/27/2021	Planned Parenthood Gulf Coast				
7 Amount	8 Payee address:	City:	State:	Zıp Code	
\$20.00  Expenditure from Corporate Funds	4600 Gulf Fwy Houston, TX 77	023-3533			
9 TYPE OF EXPENDITURE	Political	Non-Political	Not Applicable for For	m DCE	
PURPOSE OF	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Con	at the top of this schedule) (b	b) Description Contribution		
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	Check if Austin, TX, office	cholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offi	ice sought	Office held	

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	EXPENDIT	URE CATEGORIES FOR E	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Lab	nse Transportation Equip Expense Travel In District Travel Out of District Other (enter a catego	ment & Related
Total pages Schedule F4:		uide explains how to compl		viceles Filers)
1. Total pages Schedule F4:	Marilyn Burgess		3. Filer ID (Ethics Comm	hission Filers)
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD	7	\$1,307.99
5 Date	6 Payee name			
12/27/2021	Planned Parenthood Gulf Coast			
7 Amount \$20.00	8 Payee address:		tate: Zip	Code
Expenditure from Corporate Funds	4600 Gulf Fwy Houston, TX 77	023-3533		
9 TYPE OF EXPENDITURE	✓ Political	Non-Political N	ot Applicable for Form DCE	
PURPOSE OF	(a) Category /See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Con	Surt.	escription uning membership	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	neck if Austin, TX, officeholder liv	ring expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held
5 Date	6 Payee name			
08/11/2021	PostNet			
7 Amount \$168.87	8 Payee address:	City: S	tate: Zip	Code
Expenditure from	1337 W 43rd St Houston, TX 77	7018-4202		
Corporate Funds	1357 W STA DOTTOUSION, TX 7	.010 1202		
9 TYPE OF EXPENDITURE	✓ Political	Non-Political N	ot Applicable for Form DCE	
10 PURPOSE	(a) Category (See categories listed a	at the top of this schedule) (b) D	escription	
OF		Invita	tion printing	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	neck if Austin, TX, officeholder liv	ring expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held

	EXPENDIT	JRE CATEGORIES FOR BOX	( 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Loan Repayment/Reimbursemer Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & R Expense Travel in District Travel Out of District Other (enter a category not lis	elated
1. Total names Cahadula E4.		ide explains how to complete		::I\
Total pages Schedule F4:	Marilyn Burgess	3. 1	Filer ID (Ethics Commission F	-liers)
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD		\$1,307.99
5 Date	6 Payee name			
07/04/2021	RPC Global Printing & Design			
7 Amount \$275.00	8 Payee address:	City: State	: Zıp Code	
Expenditure from Corporate Funds	4110 Majestic St Houston, TX 7	7026-4324		
TYPE OF EXPENDITURE	✓ Political □	Non-Political Not A	pplicable for Form DCE	
10 PURPOSE OF	(a) Category (See categories listed a Printing Expense	that the top of this schedule) (b) Desc Printing of	cription of 2500 push cards	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T Check	if Austin, TX, officeholder living expens	se
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght Office he	eld
5 Date 10/19/2021	6 Payee name Texas Democratic Party			
7 Amount \$258.33	8 Payee address:	City: State	: Zıp Code	
Expenditure from Corporate Funds	PO Box 15707 Austin, TX 7876	1-5707		
TYPE OF EXPENDITURE	✓ Political	Non-Political Not A	pplicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a Solicitation/Fundraising Expense	t the top of this schedule) (b) Desc Subscript	cription ion to VAN	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T Check	ıf Austın, TX, officeholder living expens	se
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght Office he	eld

ATTACH ADDITIONAL	COPIES	<b>OF THIS</b>	SCHEDULE	AS NEEDED
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	EXPENDIT	URE CATEGORIES FOR BO	X 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/Reimburseme Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor		& Related
		uide explains how to complete	this form.	
Total pages Schedule F4:	2. FILER NAME  Marilyn Burgess	3.	Filer ID (Ethics Commission	on Filers)
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD		\$1,307.99
5 Date	6 Payee name			
11/12/2021	Texas Democratic Party			
7 Amount \$258.33	8 Payee address:	City: State	Zip Code	е
Expenditure from Corporate Funds	PO Box 15707 Austin, TX 7876	51-5707		
9 TYPE OF EXPENDITURE	✓ Political	Non-Political Not	Applicable for Form DCE	
10 PURPOSE OF	(a) Category (See categories listed a Solicitation/Fundraising Expense	at the top of this schedule) (b) Des VAN sui	cription oscription	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T Chec	k if Austin, TX, officeholder living ex	kpense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ught Offic	e held
Date	6 Payee name			-
12/12/2021	Texas Democratic Party			
7 Amount \$258.33	8 Payee address:	City: State	e: Zip Code	е
Expenditure from Corporate Funds	PO Box 15707 Austin, TX 7876	51-5707		
TYPE OF EXPENDITURE	✓ Political □	Non-Political Not A	Applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a Solicitation/Fundraising Expense		cription	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	c if Austin, TX, officeholder living ex	(pense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ught Offic	e held
			w.	

ATTACH ADDITIONAL	COPIES	<b>OF THIS</b>	<b>SCHEDULE</b>	<b>AS NEEDED</b>
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	EXPENDIT	JRE CATEGORIES FOR	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Loan Repayment/Reimburs Office Overhead/Rental Ex Polling Expense Printing Expense Salaries/Wages/Contract L	rense Transportation Expense Expense Travel In District Travel Out of Discount Other (enter a care)	Equipment & Related
1. Total pages Schedule F4:			3. Filer ID (Ethics C	ommission Filers)
	Marilyn Burgess		0. 1 (2	, , , , , , , , , , , , , , , , , , , ,
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD		\$1,307.99
5 Date	6 Payee name			
07/11/2021	Texas Democratic Women of Ha	arris County		
7 Amount	8 Payee address:	City:	State:	Zip Code
\$300.00  Expenditure from Corporate Funds	2230 Hialeah Dr Houston, TX 7	7018-4614		
9 TYPE OF EXPENDITURE	✓ Political □	Non-Political	Not Applicable for Form I	DCE
PURPOSE OF	(a) Category /See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Com	T .	Description Incheon sponsorship	10-10-10-10-10-10-10-10-10-10-10-10-10-1
EXPENDITURE	(C) Check if travel outside of Texas, con	mplete Schedule T	Check if Austin, TX, officeho	lder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offic	ce sought	Office held
5 Date	6 Payee name		· · · · · ·	
09/06/2021	Texas Gulf Coast ALF, AFL-CI	0		
7 Amount	8 Payee address:	City:	State:	Zip Code
\$250.00				
Expenditure from Corporate Funds	2506 Sutherland St Houston, TX	.77023-5305		
9 TYPE OF EXPENDITURE	✓ Political □	Non-Political	Not Applicable for Form I	DCE
10 PURPOSE	(a) Category (See categories listed a Contributions/Donations Made By	t the top of this schedule) (b)	Description	
PURPOSE OF	Candidate/Officeholder/Political Com	mittee	omen of Labor sponsorship	
EXPENDITURE	(C) Check if travel outside of Texas, col	•	Check if Austin, TX, officeho	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offic	e sought	Office held

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### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Office Overhead/Rental Expense Transportation Equipment & Related Fees Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political **Travel Out of District** Salaries/Wages/Contract Labor Legal Services Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1. Total pages Schedule F4: 2. FILER NAME 3. Filer ID (Ethics Commission Filers) Marilyn Burgess 4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$1,307.99 5 Date 6 Payee name 08/11/2021 THE CORINTHIAN 7 Amount State: Zip Code 8 Pavee address: City: \$1,000.00 Expenditure from 202 Fannin St Houston, TX 77002-1917 Corporate Funds TYPE OF **EXPENDITURE** ✓ Political Non-Political Not Applicable for Form DCE 10 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Deposit for 9/16 event OF **EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 5 Date 6 Payee name 07/15/2021 USPS 7 Amount City: State: Zıp Code 8 Payee address: \$59.00 Expenditure from Corporate Funds 1300 W 19th St Houston, TX 77008-1689 TYPE OF **EXPENDITURE** ✓ Political Non-Political Not Applicable for Form DCE 10 (a) Category (See categories listed at the top of this schedule) Office Overhead Rental Expense (b) Description **PURPOSE** PO Box rental **QF EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office sought Candidate/Officeholder name Office held expenditure to benefit C/OH

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**Event Expense** 

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense

Expense Travel In District

Legal Services S	alaries/Wages/Contract		a category not listed above)
The Instruction Guid	e explains how to cor	mplete this form.	
2. FILER NAME		3. Filer ID (Ethic	s Commission Filers)
Marilyn Burgess			
EXPENDITURES CHARGED TO	A CREDIT CARD		\$1,307.99
6 Payee name			
USPS			
8 Payee address:	City:	State:	Zip Code
1300 W 19th St Houston, TX 7700	98-1689		
☑ Political	on-Political	Not Applicable for Fo	orm DCE
(a) Category (See categories listed at the Office Overhead/Rental Expense		-	
(C) Check if travel outside of Texas, comp	lete Schedule T	Check if Austin, TX, office	ceholder living expense
Candidate/Officeholder name	Off	fice sought	Office held
6 Payee name			
USPS			
8 Payee address:	City:	State:	Zip Code
1300 W 19th St Houston, TX 7700	18-1689		
1300 Wilstin Striousicia, 171 7700	1007		
✓ Political N	on-Political	Not Applicable for Fo	orm DCE
(a) Category (See categories listed at t Office Overhead/Rental Expense	, , , , , ,	•	
(C) Check if travel outside of Texas, comp	lete Schedule T	Check if Austin, TX, office	ceholder living expense
Candidate/Officeholder name	Off	fice sought	Office held
	The Instruction Guid  2. FILER NAME Marilyn Burgess  EXPENDITURES CHARGED TO  6 Payee name USPS  8 Payee address:  1300 W 19th St Houston, TX 7700  Political No  (a) Category (See categories listed at the Office Overhead/Rental Expense)  Candidate/Officeholder name  6 Payee name USPS  8 Payee address:  1300 W 19th St Houston, TX 7700  Political No  (a) Category (See categories listed at the Office Overhead/Rental Expense)  (b) Political No  (c) Category (See categories listed at the Office Overhead/Rental Expense)	The Instruction Guide explains how to con  2. FILER NAME Marilyn Burgess  EXPENDITURES CHARGED TO A CREDIT CARD  6 Payee name USPS  8 Payee address: City:  1300 W 19th St Houston, TX 77008-1689  Political Non-Political  (a) Category See categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas, complete Schedule T  Candidate/Officeholder name  Of  6 Payee name USPS  8 Payee address: City:  1300 W 19th St Houston, TX 77008-1689  Political Non-Political  (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas, complete Schedule T	Other (enter  The Instruction Guide explains how to complete this form.  2. FILER NAME Marilyn Burgess  EXPENDITURES CHARGED TO A CREDIT CARD  6 Payee name USPS  8 Payee address: City: State:  1300 W 19th St Houston, TX 77008-1689    Political

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