




\* 2 0 2 2 2 8 \*

Official Filing Authority of Harris County  
Isabel Longoria  
Elections Administrator

## Campaign Finance Report



  
Elections Administrator  
Harris County, TX

**FileNo:** 202228  
**Received By Clerk:** 01/13/2022  
**File Date:** January 13, 2022  
**Office:** District Clerk  
**Candidate:** Burgess, Marilyn  
**Treasurer:** Bachand-Halvorson, Jennifer  
**Category:** Contributions And Expenditures (COH/JCOH)  
**Delivered By:** Personal Appearance  
**Type:** COR

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1. Filer ID (Ethics Commission Filers)		2. Total pages filed: 45	
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	
		NICKNAME	Marilyn	LAST	SUFFIX
4	CANDIDATE/ OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE ZIP CODE
		PO Box 7235		Houston	TX 77248
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
			(713) 557-8975		
6	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	
		NICKNAME	Jennifer	LAST	SUFFIX
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT/SUITE #	CITY	STATE: ZIP CODE
		1013 W Ellaine Ave		Pasadena	TX 77506
8	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
			(713) 472-3136		
9	REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting limit <input type="checkbox"/> Final report (Attach- COH-FR)			
10	PERIOD COVERED	Month	Day	Year	THROUGH Month Day Year
			07/01/2021		12/31/2021
11	ELECTION	ELECTION DATE		ELECTION TYPE	
		Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
			3/1/2022		
12	OFFICE	OFFICE HELD (if any) Other Office: Harris County Di			13 OFFICE SOUGHT (if known) Other Office: Harris County Di
14	NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
		COMMITTEE TYPE		COMMITTEE NAME	
		<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC			
				COMMITTEE ADDRESS	
				COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Marilyn Burgess		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$1,089.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$24,169.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$1,341.87
	4	TOTAL POLITICAL EXPENDITURES	\$26,475.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$17,222.62
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

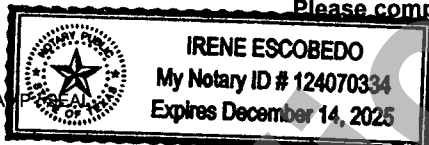
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Marilyn Burgess  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP



Sworn to and subscribed before me, by the said Marilyn Burgess this the 13<sup>th</sup> day of January 20 22 to certify which, witness my hand and seal of office.

Irene Escobedo Irene Escobedo Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 12/02/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melanie Bragg 6. Contributor address; City; State; ZIP Code 4801 Woodway Dr Ste 225W Houston, TX 77056-1823	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Misty Brown 6. Contributor address; City; State; ZIP Code 17807 Springtree Dr Humble, TX 77396-1639	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Misty Brown 6. Contributor address; City; State; ZIP Code 17807 Springtree Dr Humble, TX 77396-1639	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Misty Brown 6. Contributor address; City; State; ZIP Code 17807 Springtree Dr Humble, TX 77396-1639	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Misty Brown 6. Contributor address; City; State; ZIP Code 17807 Springtree Dr Humble, TX 77396-1639	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 12/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Misty Brown 6. Contributor address; City; State; ZIP Code 17807 Springtree Dr Humble, TX 77396-1639	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 07/05/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kabir Chopra 6. Contributor address; City; State; ZIP Code 7370 E Temeroso Pl Tucson, AZ 85750-6492	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 08/30/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Steve Clements 6. Contributor address; City; State; ZIP Code 2102 Misty River Trl Kingwood, TX 77345-2146	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/18/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Steve Clements 6. Contributor address; City; State; ZIP Code 2102 Misty River Trl Kingwood, TX 77345-2146	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Communication Workers of America - Local 6222 6. Contributor address; City; State; ZIP Code 10959 Ella Blvd Houston, TX 77067-4247	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 11/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marian Cones 6. Contributor address; City; State; ZIP Code 1326 Moorhead Dr Houston, TX 77055-4110	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Martha Cottingham 6. Contributor address; City; State; ZIP Code 1110 Golden Bear Ln Kingwood, TX 77339-3014	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 12/30/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sharon Cunningham 6. Contributor address; City; State; ZIP Code 3111 Sackett St Houston, TX 77098-2037	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/29/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael DOYLE 6. Contributor address; City; State; ZIP Code 3401 Allen Pkwy Ste 100 Houston, TX 77019-1857	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) doyle dennis llp
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael DOYLE 6. Contributor address; City; State; ZIP Code 3401 Allen Pkwy Ste 100 Houston, TX 77019-1857	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) doyle dennis llp

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 10/18/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Marc Grossberg 6. Contributor address; City; State; ZIP Code 300 St Joseph Pkwy Houston, TX 77002-8598	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Holland & Knight
4. Date 10/18/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Marc Grossberg 6. Contributor address; City; State; ZIP Code 300 St Joseph Pkwy Houston, TX 77002-8598	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Holland & Knight
4. Date 10/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wendy Heger 6. Contributor address; City; State; ZIP Code 9715 Riddlewood Ln Houston, TX 77025-5006	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Daniel Horowitz 6. Contributor address; City; State; ZIP Code 2100 Travis St Ste 280 Houston, TX 77002-8769	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/05/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lee Kaplan 6. Contributor address; City; State; ZIP Code 717 Texas St Ste 2800 Houston, TX 77002-2809	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 07/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Steve Kherkher 6. Contributor address; City; State; ZIP Code 2925 Richmond Ave Ste 1560 Houston, TX 77098-3145	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Kherkher Garcia LLP
4. Date 08/17/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linebarger Groggan Blair & Simpson, LLP 6. Contributor address; City; State; ZIP Code 405 Main St Houston, TX 77002-1837	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rita Lucido 6. Contributor address; City; State; ZIP Code 3401 Allen Pkwy Ste 100 Houston, TX 77019-1857	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/06/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ian Marsac 6. Contributor address; City; State; ZIP Code 3940 W Alabama St Apt 2 Houston, TX 77027-5157	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alma Martinez 6. Contributor address; City; State; ZIP Code 2250 Ann St Houston, TX 77003-1147	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A1: not available	
2. FILER NAME Marilyn Burgess				3. Filer ID (Ethics Commission Filers)	
4. Date 07/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Matthiesen			7. Amount of contribution (\$) \$1,000.00	
6. Contributor address; City; State; ZIP Code 511 Lovett Blvd Houston, TX 77006-4020					
8. Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Matthiesen & Associates		
4. Date 07/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wes McCoy			7. Amount of contribution (\$) \$200.00	
6. Contributor address; City; State; ZIP Code 3816 Lake View Dr Pearland, TX 77581-8785					
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
4. Date 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wes McCoy			7. Amount of contribution (\$) \$50.00	
6. Contributor address; City; State; ZIP Code 3816 Lake View Dr Pearland, TX 77581-8785					
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Avinash Mehta			7. Amount of contribution (\$) \$250.00	
6. Contributor address; City; State; ZIP Code 1515 Poydras St Ste 1875 New Orleans, LA 70112-3738					
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
4. Date 10/25/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carly Milner			7. Amount of contribution (\$) \$250.00	
6. Contributor address; City; State; ZIP Code 532 W 23rd St Houston, TX 77008-1940					
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>			1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess			3. Filer ID (Ethics Commission Filers)
4. Date 11/16/2021	5. Full name of contributor Ben Montalbano <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code 5100 Scotland St Houston, TX 77007-7239	7. Amount of contribution (\$) \$150.00	
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)
4. Date 07/08/2021	5. Full name of contributor Sylvia O'Campo <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code 9703 Shadowglade Ct Houston, TX 77064-3846	7. Amount of contribution (\$) \$100.00	
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)
4. Date 11/11/2021	5. Full name of contributor Sylvia O'Campo <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code 9703 Shadowglade Ct Houston, TX 77064-3846	7. Amount of contribution (\$) \$90.00	
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)
4. Date 11/23/2021	5. Full name of contributor Robin O'Neil <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code 1125 Adele St Houston, TX 77009-2413	7. Amount of contribution (\$) \$200.00	
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)
4. Date 07/08/2021	5. Full name of contributor Carl Shaw <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code 5203 Dumfries Dr Houston, TX 77096-5104	7. Amount of contribution (\$) \$100.00	
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 11/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bobby V Singh 6. Contributor address; City; State; ZIP Code 10448 Westoffice Dr Houston, TX 77042-5309	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Isani Consultants, LP
4. Date 07/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Judith Snively 6. Contributor address; City; State; ZIP Code 2480 Times Blvd Ste 201 Houston, TX 77005-3233	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Harris County District Clerk
4. Date 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Judith Snively 6. Contributor address; City; State; ZIP Code 2480 Times Blvd Ste 201 Houston, TX 77005-3233	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Harris County District Clerk
4. Date 07/07/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Elizabeth Stern 6. Contributor address; City; State; ZIP Code 3211 Rambling Creek Dr Kingwood, TX 77345-2426	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Elizabeth Stern 6. Contributor address; City; State; ZIP Code 3211 Rambling Creek Dr Kingwood, TX 77345-2426	7. Amount of contribution (\$) \$40.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)
4. Date 12/30/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Stern 6. Contributor address; City; State; ZIP Code 3211 Rambling Creek Dr Kingwood, TX 77345-2426	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 12/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cecilia Thayer 6. Contributor address; City; State; ZIP Code 10 Altic St Houston, TX 77011-3208	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/17/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Totz Ellison & Totz, PC 6. Contributor address; City; State; ZIP Code 2211 Norfolk St Houston, TX 77098-4096	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 07/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chris Tritico 6. Contributor address; City; State; ZIP Code 523 Yale St Houston, TX 77007-2531	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/14/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rita C Vallet 6. Contributor address; City; State; ZIP Code 5605 Lacy St Houston, TX 77007-7145	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A1: not available	
2. FILER NAME Marilyn Burgess				3. Filer ID (Ethics Commission Filers)	
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rita C Vallet			7. Amount of contribution (\$) \$250.00	
6. Contributor address; City; State; ZIP Code 5605 Lacy St Houston, TX 77007-7145					
8. Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) Retired		
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rita C Vallet			7. Amount of contribution (\$) \$25.00	
6. Contributor address; City; State; ZIP Code 5605 Lacy St Houston, TX 77007-7145					
8. Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) Retired		
4. Date 07/14/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Van Ness			7. Amount of contribution (\$) \$500.00	
6. Contributor address; City; State; ZIP Code 3355 W Alabama St Ste 600 Houston, TX 77098-1875					
8. Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Lilly & Van Ness, LLP		
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Van Ness			7. Amount of contribution (\$) \$500.00	
6. Contributor address; City; State; ZIP Code 3355 W Alabama St Ste 600 Houston, TX 77098-1875					
8. Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Lilly & Van Ness, LLP		
4. Date 11/15/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ware, Jackson, Lee, O'Neill, Smith & Barrow, LLP			7. Amount of contribution (\$) \$500.00	
6. Contributor address; City; State; ZIP Code 2929 Allen Pkwy Fl 39 Houston, TX 77019-7100					
8. Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date 08/23/2021	5 Payee name Acres of Angels	
6 Amount \$250.00	7 Payee address;      City;      State:      Zip Code PO Box 38027 Houston, TX 77238-8027	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Gala sponsorship
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 12/17/2021	5 Payee name Marilyn Burgess	
6 Amount \$283.32	7 Payee address;      City;      State:      Zip Code 1240 W 22nd St Houston, TX 77008-1808	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Reimbursement for expenses paid with personal
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 07/01/2021	5 Payee name Cardmember Services	
6 Amount \$462.93	7 Payee address;      City;      State:      Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Payment of previously recorded credit card ex
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date 07/28/2021	5 Payee name Cardmember Services	
6 Amount \$2,146.05	7 Payee address; City: State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description Payment of previously recorded CC expenses
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 08/01/2021	5 Payee name Cardmember Services	
6 Amount \$203.10	7 Payee address; City: State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description Payment of prior CC expenses
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 08/27/2021	5 Payee name Cardmember Services	
6 Amount \$2,430.06	7 Payee address; City: State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description Payment of previously recorded credit card ex
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1. Total pages Schedule F1:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date 09/30/2021	5 Payee name Cardmember Services	
6 Amount \$1,721.89	7 Payee address; City: State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description Payment of previously recorded CC expenditure
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 10/29/2021	5 Payee name Cardmember Services	
6 Amount \$679.65	7 Payee address; City: State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description Payment of prior credit card charges
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 11/20/2021	5 Payee name Cardmember Services	
6 Amount \$2,777.59	7 Payee address; City: State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description Payment of previously recorded credit card ch
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date 12/17/2021	5 Payee name Cardmember Services	
6 Amount \$1,059.03	7 Payee address; City: State: Zip Code PO Box 6294 Carol Stream, IL 60197-6294	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 09/14/2021	5 Payee name Harris County Democratic Party	
6 Amount \$15.00	7 Payee address; City: State: Zip Code 4719 Lyons Ave Houston, TX 77020-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Sustaining Membership
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 12/03/2021	5 Payee name Harris County Democratic Party	
6 Amount \$1,250.00	7 Payee address; City: State: Zip Code 4719 Lyons Ave Houston, TX 77020-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Ballot filing fee
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4 Date 11/20/2021		5 Payee name Houston Bar Association			
6 Amount \$65.00		7 Payee address; City: State: Zip Code 1111 Bagby Street FLB, Suite 200 Houston, TX 77002-2592			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Event fee	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 08/06/2021		5 Payee name 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 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Website Design	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 11/11/2021		5 Payee name Office Depot			
6 Amount \$324.70		7 Payee address; City: State: Zip Code 1401 North Loop W Houston, TX 77008-1647			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Printing	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4 Date 07/02/2021		5 Payee name Paragon Paymnet Solutions			
6 Amount \$53.14		7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description CC Processing Fees	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 08/02/2021		5 Payee name Paragon Paymnet Solutions			
6 Amount \$139.45		7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description CC processing fees	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 09/14/2021		5 Payee name Paragon Paymnet Solutions			
6 Amount \$26.25		7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description CC Processing Fees	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4 Date 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 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Processing fees	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
		9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
4 Date 11/10/2021		5 Payee name Paragon Paymnet Solutions			
6 Amount \$63.88		7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description CC processing fees	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
		9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
4 Date 12/02/2021		5 Payee name Paragon Paymnet Solutions			
6 Amount \$107.46		7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Merchant Fees for Nov	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
		9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 Labor

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date 07/01/2021	5 Payee name Sprint 2 Print	
6 Amount \$368.05	7 Payee address; City; State: Zip Code 8748 Clay Rd Ste 300 Houston, TX 77080-8106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description 2 banners
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 12/02/2021	5 Payee name THE CORINTHIAN	
6 Amount \$1,541.25	7 Payee address; City; State: Zip Code 202 Fannin St Houston, TX 77002-1917	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description 11/16/21 event expense
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$1,307.99	
5 Date 10/09/2021		6 Payee name Annie's List			
7 Amount \$750.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code PO Box 303277 Austin, TX 78703-0055			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
5 Date 11/18/2021		6 Payee name Dropbox			
7 Amount \$127.79 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 1800 Owens St Ste 200 San Francisco, CA 94158-2533			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F4:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$1,307.99	
5 Date 07/08/2021		6 Payee name El Big Bad			
7 Amount \$1,624.42 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 419 Travis St Houston, TX 77002-1807			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Event Food & Beverage	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
5 Date 07/19/2021		6 Payee name Go Daddy			
7 Amount \$50.91 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260-6993			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Backup - 2 years	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			

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

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$1,307.99	
5 Date 07/19/2021		6 Payee name Go Daddy			
7 Amount \$230.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260-6993			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Linux Hosting - 2yrs	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
5 Date 07/14/2021		6 Payee name Harris County Democratic Party			
7 Amount \$15.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 4719 Lyons Ave Houston, TX 77020-4306			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sustaining membership	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political  
CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related  
Expense  
Travel In District  
Travel Out of District  
Other (enter a category not listed above)**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule 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 08/14/2021	6 Payee name Harris County Democratic Party	
7 Amount \$15.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 4719 Lyons Ave Houston, TX 77020-4306	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Sustaining Membership
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 10/14/2021	6 Payee name Harris County Democratic Party	
7 Amount \$15.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 4719 Lyons Ave Houston, TX 77020-4306	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date 10/18/2021	6 Payee name Harris County Democratic Party	
7 Amount \$100.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 4719 Lyons Ave Houston, TX 77020-4306	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Event fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 11/14/2021	6 Payee name Harris County Democratic Party	
7 Amount \$15.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 4719 Lyons Ave Houston, TX 77020-4306	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Sustaining Membership
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date 12/14/2021	6 Payee name Harris County Democratic Party	
7 Amount \$15.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 4719 Lyons Ave Houston, TX 77020-4306	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 10/31/2021	6 Payee name Houston Bar Association	
7 Amount \$312.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1111 Bagby Street FLB, Suite 200 Houston, TX 77002-2592	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Harvest Celebration ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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



**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F4:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$1,307.99	
5 Date 09/20/2021		6 Payee name Houston Black American Democrats			
7 Amount \$50.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code PO Box 21163 Houston, TX 77226-1163			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Annual membership	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
5 Date 10/19/2021		6 Payee name Houston Black American Democrats			
7 Amount \$250.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code PO Box 21163 Houston, TX 77226-1163			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sponsorship of Fall Fundraiser	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			

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

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date 07/01/2021	6 Payee name NGPVAN, Inc.	
7 Amount \$159.90 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database management
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 08/01/2021	6 Payee name NGPVAN, Inc.	
7 Amount \$159.90 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database Management
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$1,307.99	
5 Date 09/01/2021		6 Payee name NGPVAN, Inc.			
7 Amount \$159.90 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Database management	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
5 Date 10/01/2021		6 Payee name NGPVAN, Inc.			
7 Amount \$159.90 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Database Managment	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date 11/01/2021	6 Payee name NGPVAN, Inc.	
7 Amount \$159.90 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Database Management
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 12/01/2021	6 Payee name NGPVAN, Inc.	
7 Amount \$159.90 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Database management
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$1,307.99	
5 Date 07/01/2021	6 Payee name Office Depot	
7 Amount \$11.56 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1401 North Loop W Houston, TX 77008-1647	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	
	(b) Description Printing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
5 Date 08/14/2021	6 Payee name Office Depot	
7 Amount \$143.75 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1401 North Loop W Houston, TX 77008-1647	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	
	(b) Description Office Supplies - ink & postage	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$1,307.99	
5 Date 10/28/2021		6 Payee name Office Depot			
7 Amount \$104.34 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 1401 North Loop W Houston, TX 77008-1647			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
5 Date 07/27/2021		6 Payee name Planned Parenthood Gulf Coast			
7 Amount \$20.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 4600 Gulf Fwy Houston, TX 77023-3533			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sustaining Membership	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$1,307.99	
5 Date 08/27/2021		6 Payee name Planned Parenthood Gulf Coast			
7 Amount \$20.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 4600 Gulf Fwy Houston, TX 77023-3533			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sustaining membership	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
5 Date 09/27/2021		6 Payee name Planned Parenthood Gulf Coast			
7 Amount \$20.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 4600 Gulf Fwy Houston, TX 77023-3533			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sustaining membership	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:		2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$1,307.99	
5 Date 10/27/2021		6 Payee name Planned Parenthood Gulf Coast			
7 Amount \$20.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 4600 Gulf Fwy Houston, TX 77023-3533			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sustaining Membership	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
5 Date 11/27/2021		6 Payee name Planned Parenthood Gulf Coast			
7 Amount \$20.00 <input type="checkbox"/> Expenditure from Corporate Funds		8 Payee address: City: State: Zip Code 4600 Gulf Fwy Houston, TX 77023-3533			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date 12/27/2021	6 Payee name Planned Parenthood Gulf Coast	
7 Amount \$20.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 4600 Gulf Fwy Houston, TX 77023-3533	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Sustaining membership
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 08/11/2021	6 Payee name PostNet	
7 Amount \$168.87 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1337 W 43rd St Houston, TX 77018-4202	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Invitation printing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date 07/04/2021	6 Payee name RPC Global Printing & Design	
7 Amount \$275.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 4110 Majestic St Houston, TX 77026-4324	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing of 2500 push cards
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 10/19/2021	6 Payee name Texas Democratic Party	
7 Amount \$258.33 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code PO Box 15707 Austin, TX 78761-5707	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Subscription to VAN
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date 11/12/2021	6 Payee name Texas Democratic Party	
7 Amount \$258.33 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code PO Box 15707 Austin, TX 78761-5707	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description VAN subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 12/12/2021	6 Payee name Texas Democratic Party	
7 Amount \$258.33 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code PO Box 15707 Austin, TX 78761-5707	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description VAN
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$1,307.99
5 Date 07/11/2021	6 Payee name Texas Democratic Women of Harris County	
7 Amount \$300.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 2230 Hialeah Dr Houston, TX 77018-4614	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Luncheon sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
5 Date 09/06/2021	6 Payee name Texas Gulf Coast ALF, AFL-CIO	
7 Amount \$250.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 2506 Sutherland St Houston, TX 77023-5305	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Women of Labor sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Loan Repayment/Reimbursement      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Office Overhead/Rental Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Polling Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Printing Expense      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Salaries/Wages/Contract Labor      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 Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$1,307.99	
5 Date 09/23/2021	6 Payee name USPS	
7 Amount \$5.55 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1300 W 19th St Houston, TX 77008-1689	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description postage (c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
5 Date 11/23/2021	6 Payee name USPS	
7 Amount \$58.00 <input type="checkbox"/> Expenditure from Corporate Funds	8 Payee address: City: State: Zip Code 1300 W 19th St Houston, TX 77008-1689	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Postage (c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED