

Official Filing Authority of Harris County Beth Stevens Interim Elections Administrator

Campaign Finance Report



B. Spreno

Interim Elections Administrator Harris County, TX

FileNo:

2022414

Received By Clerk:

07/13/2022

File Date:

July 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:
CANDIDATE/ 3 OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Marilyn LAST Burgess	MI	OFFICE USE ONLY Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 7235	APT/SUITE# CITY HOUSTO		Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE		ONE NUMBER	EXTENSION	Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	FIRST Jennifer LAST Bachand-Halvorso	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO 1013 W Ellaine Ave	OX PLEASE): APT/SUITE	Pasadena TX	E: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE P (713) 472-3	HONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before election	Exceeded Modified Reporting limit	Final report (Attach- COH-FR)
10 PERIOD COVERED	Month Day Ye 02/20/2022	THI	ROUGH Mo	nth Day Year 06/30/2022
11 ELECTION	ELECTION DATE Month Day 1 1/08/22	Year ☐ ELECTION ☐ Primar ☐ Genera	y Runoff Special	Other
12 OFFICE	OFFICE HELD (if any) Other Office: Harris	County Di	13 OFFICE SO Other Of	UGHT (if known) fice: Harris County Di
14 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OF KNOWLEDGE OR CONSENT. CA	FICEHOLDER, THESE EXPENDI NDIDATES AND OFFICEHOLDE	TURES MAY HAVE BEEN MADE WIT	ES MADE BY POLITICAL COMMITTEES TO HOUT THE CANDIDATE'S OR OFFICEHOLDER'S SINFORMATION ONLY IF THEY RECEIVE NOTICE
additional pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME		
	SRECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN 1	REASURER NAME	
		COMMITTEE CAMPAIGN 1	REASURER 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 II	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICA OR GUARANTEES OF LOANS	AL CONTRIBUTIONS (OTHER THAN PL OR CONTRIBUTIONS MADE ELECTRO	LEDGES, LOANS, DNICALLY)	\$460.00
	2 TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LO)	ITIONS ANS, OR GUARANTEES OF LOANS)		\$16,070.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICA	AL EXPENDITURES		\$842.70
	4 TOTAL POLITICAL EXPENDIT	URES		\$15,864.85
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBU	JTIONS MAINTAINED AS OF THE LAST	DAY	\$15,049.49
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS OF	THE	\$5,207.41
18 SIGNATURE	I swear, or affirm, under penalty of pe	erjury, that the accomp any ing rep	ort is true and correct a	and includes all information
	required to be reported by me under	Title 15, Election Code.	` \(\rangle \)	
		. 20 20 X	1 Isinge	
		Signa	ture of Candidate of O	fficoholder
		Signa	ture or Carididate or O	menolider
	DI		_	
	Please cor	mplete either option below	:	
(1) A ridges (1)	DELIA MACIAS			
NI TARY STAND / DEA	Notary ID # 4629726			
OF THE EXP	res September 29, 2023	A second		
	M	Myr Burgess		(a-th
Sworn to and subscribed	before me, by the said	wide Holzezz	this the	1212
day of <u>July</u> 20 2	to certify which, witness my ha	and and seal of office.		
Delia N. A	Laclas De	. New	Notari	1
Signature of officer admir	istering oath Printed name	of officer administering oath	Title of officer ad	ministering 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)
		Signa	ture of Candidate/Offic	eholder (Declarant)
		Signa	iuse of Cariginale/Offic	onologi (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	\$14,970.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$1,100.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4.	SCHEDULE E: LOANS	\$5,207.41
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	\$5,735.12
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIE	SUTIONS \$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$4,874.50
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$5,255.23
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	SSS OF C/OH \$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RE TO FILER	SURNED \$0.00

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2. FILER NAMI Marilyn Burg			3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
03/19/2022	Plumbers Local Union # 68			\$1,000.00
	6. Contributor address; City; State	; ZIP Code		
	PO Box 8746 Houston, TX 77249-8746			
8. Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
04/14/2022	IBEW PAC Voluntary Fund			\$1,500.00
	6. Contributor address; City; State	; ZIP Code		
	1475 North Loop W Houston, TX 77008-1651			
8. Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
05/23/2022	Haynes & Boone, LLP			\$1,000.00
	6. Contributor address; City; State	ZIP Code		
	2323 Victory Avenue Ste 700 Dallas, TX 75219-767	2		
8. Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
05/23/2022	Susman Godfrey LLP			\$1,000.00
	6. Contributor address; City; State	; ZIP Code		
	1000 Louisiana St Ste 5100 Houston, TX 77002-5091			
8. Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
05/31/2022	Bracewell PAC			\$500.00
	6. Contributor address; City; State	; ZIP Code		
	711 Louisiana St Ste 2300 Houston, TX 77002-2770			
8. Principal occ	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	

SCHEDULE A1

The In	struction Guide explains how to complete this for	m.	Total pages Schedule A1: not available	
2. FILER NAME Marilyn Burges		and the state of t	3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
06/16/2022	Vinson & Elkins Political Action Committee			\$1,000.00
	6. Contributor address; City; State;	ZIP Code		
	1001 Fannin St Ste 2500 Houston, TX 77002-6710			
8. Principal occu	upation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
06/05/2022	Jan and Bob Adam			\$150.00
	6. Contributor address; City; State;	ZIP Code		
	1807 Sand Hollow Ln Katy, TX 77450-5224			
8. Principal occu	upation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
06/07/2022	Karen Adam			\$150.00
	6. Contributor address; City; State;	ZIP Code		
	1022 Nicholson St Houston, TX 77008-6752			
8. Principal occu	upation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
06/07/2022	Karen Adam			\$150.00
	6. Contributor address; City; State;	ZIP Code		
	1022 Nicholson St Houston, TX 77008-6752			
8. Principal occu	upation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
03/04/2022	DENISE BROWN			\$150.00
	6. Contributor address; City; State;	ZIP Code		
	1300 Mcgowen St Ste 250 Houston, TX 77004-1141			
8. Principal occu	upation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		rm.	Total pages Schedule A1: not available		
2. FILER NAM Marilyn Burg				3. Filer ID (Ethics Commission File	ers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
03/08/2022	Misty Brown				\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	17807 Springtree Dr Humble, TX 77	396-1639			
8. Principal oc	cupation / Job title (See Instructions)		9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
04/08/2022	Misty Brown				\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	17807 Springtree Dr Humble, TX 77	396-1639			
8. Principal oc	cupation / Job title (See Instructions)		9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
05/08/2022	Misty Brown			*	\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	17807 Springtree Dr Humble, TX 77	396-1639			
8. Principal oc	cupation / Job title (See Instructions)		9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC _		7. Amount of contribution (\$)	
06/08/2022	Misty Brown				\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	17807 Springtree Dr Humble, TX 77	396-1639			
8. Principal oc	cupation / Job title (See Instructions)	>	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
06/09/2022	Misty Brown				\$60.00
	6. Contributor address;	City; State;	ZIP Code		
	17807 Springtree Dr Humble, TX 77	396-1639			
8. Principal oc	cupation / Job title (See Instructions)		9 Employ	er (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		m.	Total pages Schedule A1: not available	
2. FILER NAME Marilyn Burgess	3		3. Filer ID (Ethics Commission Filer	rs)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
06/02/2022	Burford Perry LLP			\$150.00
	6. Contributor address; City; State;	ZIP Code		
	909 Fannin St Ste 2630 Houston, TX 77010-1003			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
06/09/2022	George Celniker			\$200.00
	6. Contributor address; City; State;	ZIP Code		
	1400 Hermann Dr Unit 10G Houston, TX 77004-7137			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
04/30/2022	Marian Cones			\$250.00
	6. Contributor address; City; State;	ZIP Code		
	1326 Moorhead Dr Houston, TX 77055-4110	A The Control of the		
8. Principal occup Retired	pation / Job title (See Instructions)	av.	yer (See Instructions) etired	
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
05/31/2022	Marian Cones			\$250.00
	6. Contributor address; City; State;	ZIP Code		
	1326 Moorhead Dr Houston, TX 77055-4110			
8. Principal occup Retired	pation / Job title (See Instructions)	· · ·	yer (See Instructions) etired	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
06/09/2022	Moritza Day			\$150.00
	6. Contributor address; City; State;	ZIP Code		
	1400 Hermann Dr Unit 5D Houston, TX 77004-7136			
8. Principal occup	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2. FILER NAME Marilyn Burgess	,		3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
03/01/2022	Angie Dozier		3	550.00
	6. Contributor address; City; State;	ZIP Code		
	1939 Acaciawood Way Houston, TX 77051-0007			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
06/09/2022	Angie Dozier			\$50.00
	6. Contributor address; City; State;	ZIP Code		
	1939 Acaciawood Way Houston, TX 77051-0007	(
8. Principal occup	pation / Job title (See Instructions)	9 Employ	er (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
06/02/2022	Marc Ellison		\$5	500.00
	6. Contributor address; City; State;	ZIP Code		
	2211 Norfolk St Houston, TX 77098-4096			
8. Principal occup Attorney	pation / Job title (See Instructions)	, , -	rer (See Instructions) otz Ellison & Totz, P.C.	
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	•
02/23/2022	Reagan Flowers		\$1	150.00
	6. Contributor address; City; State;	ZIP Code		
	2418 Elgin St Houston, TX 77004-3122			
8. Principal occur	pation / Job title (See Instructions)	9 Employ	rer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
05/09/2022	Michelle Gaines		\$1	50.00
	6. Contributor address; City; State;	ZIP Code		
	14329 YELLOW BEGONIA Dr Cypress, TX 77433			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2. FILER NAME Marilyn Burge			3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
02/21/2022	Bill Jonson		\$100.00	
	6. Contributor address; City; State;	ZIP Code		
	12702 Huntington Field Dr Houston, TX 77099-2913			
8. Principal occ	upation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
05/18/2022	Bill Jonson		\$150.00	
	6. Contributor address; City; State;	ZIP Code		
	12702 Huntington Field Dr Houston, TX 77099-2913	4		
8. Principal occ	upation / Job title (See Instructions)	9 Employ	er (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
06/09/2022	Linebarger Groggan Blair & Simpson, LLP		\$500.00	
	6. Contributor address; City; State;	ZIP Code		
	405 Main St Houston, TX 77002-1837			
8. Principal occ	upation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
05/24/2022	Neal Manne		\$1,000.00	
	6. Contributor address; City; State;	ZIP Code		
	1000 Louisiana St Ste 5100 Houston, TX 77002-5091			
	upation / Job title (See Instructions)	1	ver (See Instructions)	
lawyer 4. Date	5. Full name of contributor	St	nsman Godfrey LLP 7. Amount of contribution (\$)	
06/09/2022	5. Full name of contributorout-of-state PAC _ Linda Morales	· · · · · · · · · · · · · · · · · · ·		
5 5. 5 7 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. Contributor address; City; State;	ZIP Code	\$100.00	
	2 AVENUE OF OAKS St Houston, TX 77009	Zn Oud		
8 Principal occ	upation / Job title (See Instructions)	9 Employ	/er (See Instructions)	
jo. i illioipai occ	aparton, 1000 title (000 mondono)	[Employ	(St. (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
FILER NAME Marilyn Burgess			3. Filer ID (Ethics Commission Filer	rs)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
05/22/2022	Michele P Mullin			\$150.00
	6. Contributor address; City; State; Z	IP Code		
	6910 Yellowstone Way Dr Houston, TX 77054-2531			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
06/09/2022	Carmen Nuncio			\$500.00
	6. Contributor address; City; State; Z	IP Code		
	4716 Hain St Houston, TX 77009-3326			
8. Principal occup Retired	pation / Job title (See Instructions)	46.20	er (See Instructions) etired	
4. Date	5. Full name of contributor Out-of-state PAC		7. Amount of contribution (\$)	
05/18/2022	Kay Shepard			\$100.00
	6. Contributor address; City; State; Z	IP Code		
	1022 Saulnier St Houston, TX 77019-4732			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor. Out-of-state PAC		7. Amount of contribution (\$)	
06/22/2022	Lenora Sorola-Pohlman			\$100.00
	6. Contributor address, City, State; Z	ZIP Code		
	2314 Tannehill Dr Houston, TX 77008-3049			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
05/18/2022	Elizabeth Stern			\$150.00
	6. Contributor address; City; State; Z	ZIP Code		
	3211 Rambling Creek Dr Kingwood, TX 77345-2426			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
2. FILER NAN Marilyn Bur				3. Filer ID (Ethics Commiss	ion Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$	6)
06/09/2022	Mustafa Tameez 6. Contributor address; 2727 Allen Pkwy Ste 1300 Houston,	City; State;	ZIP Code		\$2,500.00
8. Principal od Self Empl	ccupation / Job title (See Instructions) oyed		, ,	yer (See Instructions) elf Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$	6)
05/23/2022	Ware, Jackson, Lee, O'Neill, Smith & 6. Contributor address; 2929 Allen Pkwy Fl 39 Houston, TX	City; State;	ZIP Code		\$500.00
8. Principal oc	ccupation / Job title (See Instructions)		9 Employ	yer (See Instructions)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The I	nstruction Guide explains how to complete t	his form.	Total pages Schedule A2: not available
2. FILER NAM Marilyn Bur			3. Filer ID (Ethics Commission Filers)
4. TOTAL OF U	UNITEMIZED IN-KIND POLITICAL CONTRIBUT	TIONS	\$0.00
5 Date	6 Full name of contributor out-	of-state PAC	8 Amount of 9 In-Kind contribution description
06/09/2022	MG's Catering Services		
00/09/2022	7 Contributor address; City; State; Zip Code		\$800.00 Catering for fundraiser
	PO Box 1429 Cypress, TX 77429		
			Check if travel outside of Texas, complete Schedule T
10 Principal occup	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	R NON-JUDICIAL) (See Instructions)
12 Contributor's p	rincipal occupation (FOR JUDICIAL)	13 Contributor's job	b title (FOR JUDICIAL) (See Instructions)
14 Contributor's e	mployer/law firm (FOR JUDICIAL)	15 Law firm of conf	tributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is	a child, law firm of parents (if any) (FOR JUDICIAL)		
5 Date	6 Full name of contributorout-	of-state PAC	8 Amount of 9 In-Kind contribution contribution (\$) description
06/09/2022	Flash Shockley		
06/09/2022	7 Contributor address; City; State; Zip Code		\$300.00 Entertainment
	15206 Windy Cove Dr Houston, TX 77095-1914		\$200,000
			Check if travel outside of Texas, complete Schedule T
	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	R NON-JUDICIAL) (See Instructions)
	rincipal occupation (FOR JUDICIAL)		b title (FOR JUDICIAL) (See Instructions)
	mployer/law firm (FOR JUDICIAL)	15 Law firm of cont	tributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is	a child, law firm of parents (if any) (FOR JUDICIAL)		

LOANS SCHEDULE E

The Ins	struction Guide explains ho	w to complete this fo	orm. 1. Total	pages Schedule I available	≣:
2. FILER NAME Marilyn Burges	SS		3. Filer l	D (Ethics Commis	ssion Filers)
4. TOTAL OF U	INITEMIZED LOANS				\$0.00
5. Date of loan 06/30/2022	7. Name of lender Marilyn Burgess	out-of-state PAC		(9. Loan Amount \$5,207.41
6 Is lender a financial Institution? ☐ Y ✓ N	8. Lender address; 1240 W 22nd St Houston, TX 7	City; Stat 7008-1808	te; ZIP Code	0	10. Interest rate 0.00% 11. Maturity date 12/31/2022
12. Principal occ District Clerk	upation / Job title (See Instruc	ctions)	13 Employer (See Instr Harris Coun		
14. Description o	f Collateral		15 Check if personal fur	nds were deposite	ed into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Am	ount Guaranteed (\$)
not applicable	18 Guarantor address;	City; Sta	te; ZIP Côde		
20 Principal Occ	upation (See Instructions)		21 Employer (See	Instructions)	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense				
Total pages Schedule F1:	2. FILER NAME		iler ID (Ethics Commission Filers)	
	Marilyn Burgess			
4 Date	5 Payee name			
06/18/2022	Karen Adam			
6 Amount \$150.00	7 Payee address; City; 1022 Nicholson St Houston, TX 77008-6752	State:	Zip Code	
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	iption	
PURPOSE	OTHER (enter a category not listed above)	San Distance Street,	duplicate contribution	
OF EXPENDITURE	OTTIER (enter a category not inseed above)			
EXI ENDITORE	Check if travel outside of Texas, complete Schedule T	Chec	ck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	ht Office held	
4 Date	5 Payee name	p!		
03/30/2022	Cardmember Services			
6 Amount \$1,101.08	7 Payee address; City; PO Box 6294 Carol Stream, IL 60197-6294	State:	Zip Code	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Descri	iption	
OF EXPENDITURE	Cival Cara Total			
	Check if travel outside of Texas, complete Schedule T	Chec	ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sougl	ht Office held	
4 Date	5 Payee name			
04/25/2022	Cardmember Services			
6 Amount \$1,271.18	7 Payee address; City; PO Box 6294 Carol Stream, IL 60197-6294	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Descri	iption	
EXPENDITURE		. -		
	Check if travel outside of Texas, complete Schedule T		ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	ht Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS	S NEEDED	

	EXPENDIT	URE CATEGORIES F	OK BOX 6)(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	Lahor		ndraising Expense Equipment & Related
Candidate/Officeholder/Political Committee	Legal Services	Calalios, Magos, Comingo		Travel Out of D	
Credit Card Payment	The Instruction Gui	de explains how to com	plete this t	1	3.7 ,
Total pages Schedule F1:	2. FILER NAME Marilyn Burgess		3. Fil	er ID (Ethics C	Commission Filers)
4 Date	5 Payee name				
06/16/2022	Cardmember Services				
6 Amount	7 Payee address;	City;	State:		Zip Code
\$2,192.48	PO Box 6294 Carol Stream, IL	60197-6294			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption	
PURPOSE OF	Credit Card Total				
EXPENDITURE	Check if travel outside of Texas, co	- 100 C	<u></u>		ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		ffice sough	it	Office held
4 Date	5 Payee name				
06/09/2022	Charles Falk				
6 Amount \$60.00	7 Payee address; 2007 Little Cedar Dr Kingwood	City; d, TX: 77339-1712	State:		Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Advertising Expense				
EXPENDITURE					
9 Complete ONLY if direct	Check if travel outside of Texas, co	****	office sough		Office held
expenditure to benefit C/OH	Candidate/Oniceriolder name	O	ince sough		Office field
4 Date	5 Payee name				
05/25/2022	Jessica Ann Artistry				
6 Amount \$250.00	7 Payee address;	City;	State:		Zip Code
\$230.00	4314 Gibson St Unit C Houston	TV 77007 6465			
	4514 Glosoff St Offit C Houston	ii, 17 77007 - 0 - 05			
8	(-) O-t		(L) D		
PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	otion	
OF	Fees				
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	k if Austin, TX, offic	ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	0	ffice sough	it	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULE AS	NEEDED	

	EXPENDITUR	E CATEGORIES FOR E	3OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Fees Poli	ice Overhead/Rental ling Expense nting Expense aries/Wages/Contract Labo	Transportation E Expense or Travel In Distric Travel Out of Di	
Credit Card Payment	The Instruction Guide e	xplains how to complete	1	
Total pages Schedule F1:	2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name			
04/12/2022	Jim Kovach			
6 Amount \$125.00	7 Payee address;	City; S	tate:	Zip Code
	5100 Scotland St Houston, TX 770	07-7239		
8 PURPOSE	(a) Category (See categories listed at the	e top of this schedule) (b)	escription	****
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
	Check if travel outside of Texas, complet	AGR 288	Check if Austin, TX, office	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	ŝought	Office held
4 Date	5 Payee name			
06/09/2022	Morales Radio Hall		-	
6 Amount \$400.00	7 Payee address; 111 N Ennis St Houston, TX 77003		tate:	Zip Code
8 PURPOSE	(a) Category (See categories listed at the	e top of this schedule) (b) D	escription	
OF	Office Overhead/Rental Expense			
EXPENDITURE	Check if travel outside of Texas, complete	te Schedule T	Check if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held
4 Date	5 Payee name			****
03/02/2022	Paragon Paymnet Solutions			
6 Amount	7 Payee address;	City; S	tate:	Zip Code
\$51.74	2141 E Broadway Rd Ste 202 Tem	ma A7 95191 1905		
	2141 E Bioadway Ru Ste 202 Tem	pe, AZ 63262-1693		
8	(a) Category (See categories listed at the	- to office and the line of the D	Description	
PURPOSE OF	Fees	e top or this schedule)	vescription	
EXPENDITURE	Check if travel outside of Texas, complet	te Schedule T	Check if Austin, TX, office	eholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	<u> </u>	sought	Office held
		· · · · · · · · · · · · · · · · · · ·		and the second s
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDUL	E AS NEEDED	

	EXPENDIT	TURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract L	Transpo Expense abor Travel II Travel C	ion/Fundraising Expense ortation Equipment & Related e n District Out of District enter a category not listed above)
Credit Card Payment	The Instruction Gui	de explains how to comp	lete this form.	
1. Total pages Schedule F1:	2. FILER NAME		3. Filer ID (E	thics Commission Filers)
	Marilyn Burgess			
4 Date 04/04/2022	5 Payee name Paragon Paymnet Solutions			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$20.00	2141 E Broadway Rd Ste 2027			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)) Description	
OF	Fees			. ,
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Off	icė sought	Office held
4 Date	5 Payee name		•	
05/04/2022	Paragon Paymnet Solutions			
6 Amount \$20.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Fempe, AZ 85282-1895	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed	at the top of this schedule) (k	o) Description	
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Off	ice sought	Office held
4 Date	5 Payee name			
06/03/2022	Paragon Paymnet Solutions			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$63.88	0141 F.D. D.I.G. 2025	F 47 05000 1005		
	2141 E Broadway Rd Ste 202	Tempe, AZ 85282-1895		
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)) Description	
EXPENDITURE	Check if travel outside of Texas, co	emplete Schedule T	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		ice sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHED	ULE AS NEED	ED

Advertising Expense

Accounting/Banking

Consulting Expense

Committee

5 Date

03/21/2022

Amount

Contributions/Donations Made By

Candidate/Officeholder/Political

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Office Overhead/Rental Expense Transportation Equipment & Related Fees Food/Beverage Expense Polling Expense Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3. Filer ID (Ethics Commission Filers) 1. Total pages Schedule F4: 2. FILER NAME Marilyn Burgess \$812.94 4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name Black Heritage Society City: State: Zip Code 8 Pavee address:

\$200.00 Expenditure from Corporate Funds	363 N Sam Houston Pkwy E Ste 1100 Houston, TX 7	7060-2413	
9 TYPE OF EXPENDITURE	Political Non-Political	Not Applicable for Forn	1 DCE
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By, Candidate/Officeholder/Political Committee	(b) Description	
EXPENDITURE	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officel	nolder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
5 Date	6 Payee name		
04/05/2022	Cardmember Services		
7 Amount	8 Payee address: City:	State:	Zip Code
\$145.83 Expenditure from Corporate Funds	PO Box 6294 Carol Stream, IL 60197-6294		
9 TYPE OF EXPENDITURE	Political Non-Political	Not Applicable for Form	n DCE
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officer	nolder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE F4

	EXPENDIT	URE CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract La	Transportation Equ Expense Travel In District Travel Out of District Other (enter a cate	uipment & Related
4. T. L. L O. L L. L		uide explains how to comp		- Citana
Total pages Schedule F4:	2. FILER NAME		3. Filer ID (Ethics Cor	nmission Filers)
	Marilyn Burgess			
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED	TO A CREDIT CARD	7	\$812.94
5 Date	6 Payee name			
06/05/2022	Cardmember Services			
7 Amount \$45.50	8 Payee address:	City:	State: Z	ip Code
Expenditure from Corporate Funds	PO Box 6294 Carol Stream, IL	60197-6294		
9 TYPE OF EXPENDITURE	✓ Political]Non-Political	Not Applicable for Form DC	E
PURPOSE OF	(a) Category (See categories listed Accounting/Banking	at the top of this schedule) (b)	Description	
EXPENDITURE	(C) Check if travel outside of Texas, or	omplete Schedule T	Check if Austin, TX, officeholde	r living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	e sought	Office held
5 Date	6 Payee name)		
06/05/2022	Costco	0.1	3	2:- O - I -
7 Amount \$176.17	8 Payee address:	City:	State: Z	ip Code
Expenditure from Corporate Funds	21802 Townsen Blvd W Humb	le, TX 77338-1594		
9 TYPE OF EXPENDITURE	☑ Political □]Non-Political	Not Applicable for Form DC	E
PURPOSE OF	(a) Category (See categories listed Expense	at the top of this schedule) (b)	Description	
EXPENDITURE	(C) Check if travel outside of Texas, or	omplete Schedule T	Check if Austin, TX, officeholde	r living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	e sought	Office held
		•	<u> </u>	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense **Event Expense** Transportation Equipment & Related Accounting/Banking Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Travel Out of District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1. Total pages Schedule F4: 2. FILER NAME 3. Filer ID (Ethics Commission Filers) Marilyn Burgess TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$812.94 5 Date 6 Pavee name 04/27/2022 El Tiempo City: State: Zip Code 7 Amount 8 Payee address: \$112.91 2814 Navigation Blvd Houston, TX 77003-1236 Expenditure from Corporate Funds TYPE OF **✓** Political Non-Political **EXPENDITURE** Not Applicable for Form DCE 10 (b) Description (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense **PURPOSE** OF **EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held 11 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH 5 Date 6 Payee name 06/26/2022 Enterprise Rent a Car State: Zip Code 7 Amount 8 Payee address: City: \$203.11 17300 Palmetto Pnes Houston, TX 77032-6516 Expenditure from Corporate Funds TYPE OF 9 ✓ Political Non-Political **EXPENDITURE** Not Applicable for Form DCE 10 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

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Office sought

11 Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office held

SCHEDULE F4

	EXPENDITU	JRE CATEGORIES FOR BO	K 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ide explains how to complete	e Transportation Equipme Expense Travel In District Travel Out of District Other (enter a category	nt & Related
1. Total pages Schedule F4:	2. FILER NAME	3.	Filer ID (Ethics Commis	sion Filers)
	Marilyn Burgess			
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO	O A CREDIT CARD		\$812.94
5 Date	6 Payee name			
06/28/2022	Go Daddy			
7 Amount \$100.85 Expenditure from Corporate Funds	8 Payee address: 14455 N Hayden Rd Scottsdale,	City: State AZ 85260-6993	zip Co	ode
9 TYPE OF EXPENDITURE	☑ Political ☐	Non-Political Not A	applicable for Form DCE	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Fees (c) Check if travel outside of Texas, cor		cription	, , , , , , , , , , , , , , , , , , ,
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou		fice held
5 Date 04/12/2022	6 Payee name League of Women Voters of Hot			
7 Amount \$130.97 Expenditure from Corporate Funds	8 Payee address: PO Box 270269 Houston, TX 77	City: State 9277-0269	e: Zip Co	ode
9 TYPE OF EXPENDITURE	✓ Political		applicable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Com	t the top of this schedule) (b) Des	cription	
EXPENDITURE	(C) Check if travel outside of Texas, cor	nplete Schedule T	if Austin, TX, officeholder living	j expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ight Of	fice held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense **Event Expense** Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Legal Services Travel Out of District Salaries/Wages/Contract Labor Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1. Total pages Schedule F4: 2. FILER NAME 3. Filer ID (Ethics Commission Filers) Marilyn Burgess 4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$812.94 5 Date 6 Payee name 06/18/2022 League of Women Voters of Houston 7 Amount 8 Payee address: City: State: Zip Code \$70.00 Expenditure from Corporate Funds PO Box 270269 Houston, TX 77277-0269 TYPE OF ☐Non-Political **EXPENDITURE ✓** Political Not Applicable for Form DCE 10 (b) Description (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By **PURPOSE** Candidate/Officeholder/Political Committee OF **EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office sought Candidate/Officeholder name Office held expenditure to benefit C/OH 5 Date 6 Payee name 03/01/2022 Midtown Bar & Grill Amount 8 Payee address: City: State: Zip Code \$230.52 415 W Gray St Houston, TX 77019-4442 Expenditure from Corporate Funds TYPE OF 9 **EXPENDITURE** ✓ Political Non-Political Not Applicable for Form DCE 10 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F4

	EXPEN	DITURE CATEGORIES	FOR BOX	8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Loan Repayment/Reir Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contr	al Expense	Transportation Expense Travel In Distric Travel Out of Di Other (enter a c	Equipment & Related	
4. T-4-1 C-1		Guide explains now to			Complesion Filore	
1. Total pages Schedule F4:	Marilyn Burgess		J. FI	ier ib (Ethics C	Commission Filers)	
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGE	D TO A CREDIT CARD		O		\$812.94
5 Date	6 Payee name					
03/01/2022	NGPVAN, Inc.		nii.			
7 Amount \$159.90	8 Payee address:	City:	State:		Zip Code	
Expenditure from Corporate Funds	1445 New York Ave NW St	e 200 Washington, DC 20	005-2758			
9 TYPE OF EXPENDITURE	✓ Political	□Non-Political	Not App	plicable for Form	DCE	
PURPOSE OF	(a) Category (See categories lis	ted at the top of this schedule)	(b) Descri	iption		
EXPENDITURE	(c) Check if travel outside of Texa	s, complete Schedule T	Check if	Austin, TX, officeho	older living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	e	Office sough	nt	Office held	
5 Date 04/01/2022	6 Payee name NGPVAN, Inc.					
7 Amount	8 Payee address:	City:	State:		Zip Code	
\$266.50 Expenditure from Corporate Funds	1445 New York Ave NW St	e 200 Washington, DC 20	005-2158			
9 TYPE OF EXPENDITURE	Political	☐Non-Political	Not App	plicable for Form	DCE	
PURPOSE OF	(a) Category (See categories lis	ted at the top of this schedule)	(b) Descri	iption		
EXPENDITURE	(C) Check if travel outside of Texa	s, complete Schedule T	Check if	Austin, TX, officeho	older living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	е	Office sougl	ht	Office held	

SCHEDULE F4

	EXPENDIT	URE CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Loan Repayment/Reimburs Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La	Expense Travel In District Travel Out of District Other (enter a categor	ment & Related
1. Total pages Schedule F4:	2. FILER NAME Marilyn Burgess		3. Filer ID (Ethics Comn	nission Filers)
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED T	O A CREDIT CARD		\$812.94
5 Date 04/04/2022	6 Payee name NGPVAN, Inc.			
7 Amount \$106.60 Expenditure from Corporate Funds	8 Payee address: 1445 New York Ave NW Ste 20			Code
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	Not Applicable for Form DCE	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed a		Description Check if Austin, TX, officeholder liv	ving expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	e sought	Office held
5 Date 06/11/2022	6 Payee name NGPVAN, Inc.	·		•
7 Amount \$266.50 Expenditure from Corporate Funds	8 Payee address: 1445 New York Ave NW Ste 20	•	·	Code
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	Not Applicable for Form DCE	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Fccs		Description	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	•	Check if Austin, TX, officeholder lives sought	Office held

SCHEDULE F4

	EXPENDIT	URE CATEGORIES FO	OR BOX 8	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/Reimbt Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract	Expense t Labor	Solicitation/Fundraisin Transportation Equipm Expense Travel In District Travel Out of District Other (enter a categor	nent & Related
	The Instruction G	uide explains how to co	mplete thi	is form.	
1. Total pages Schedule F4:	2. FILER NAME		3. File	er ID (Ethics Commi	ssion Filers)
- TAME	Marilyn Burgess	······································			
4. TOTAL OF UNITEMIZED	EXPENDITURES CHARGED 1	O A CREDIT CARD			\$812.94
5 Date	6 Payee name				
04/30/2022	Omni Hotel				
7 Amount \$245.71	8 Payee address:	City:	State:	Zip C	Code
Expenditure from Corporate Funds	555 S Lamar St Dallas, TX 752	02-1961			
9 TYPE OF EXPENDITURE	☑ Political □	Non-Political	Not App	olicable for Form DCE	
10 PURPOSE OF	(a) Category (See categories listed a Travel Out Of District	at the top of this schedule) (t	b) Descrip	ption	
EXPENDITURE	(C) Check if travel outside of Texas, co	mplete Schedule T	Check if A	Austin, TX, officeholder livir	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Off	fice sough	it C	Office held
5 Date	6 Payee name				
05/13/2022	Pride Houston				
7 Amount \$1,001.70	8 Payee address:	City:	State:	Zip C	Code
Expenditure from Corporate Funds	PO Box 540425 Houston, TX 7	7254-0425			
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	Not Appl	licable for Form DCE	
PURPOSE OF	(a) Category (See categories listed a	at the top of this schedule) (t	o) Descrip	otion	
EXPENDITURE	(C) Check if travel outside of Texas, co	molete Schedule T	Check if A	Austin TX officeholder livin	a expense

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Office sought

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name

Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense **Event Expense** Transportation Equipment & Related Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1. Total pages Schedule F4: |2. FILER NAME 3. Filer ID (Ethics Commission Filers) Marilyn Burgess \$812.94 4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 05/13/2022 Roadwomen City: State: Zip Code 7 Amount 8 Payee address: \$150.00 Expenditure from PO Box 22678 Houston, TX 77227-2678 Corporate Funds TYPE OF Non-Political Political **EXPENDITURE** Not Applicable for Form DCE 10 (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By (b) Description **PURPOSE** Candidate/Officeholder/Political Committee OF **EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held 11 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH 6 Pavee name 5 Date Texas Gulf Coast ALF, AFL-CIO 03/17/2022 Zip Code 7 Amount 8 Payee address: City: State: \$250.00 2506 Sutherland St Houston, TX 77023-5305 Expenditure from Corporate Funds TYPE OF 9 Political **EXPENDITURE** Non-Political Not Applicable for Form DCE 10 (b) Description (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By **PURPOSE** Candidate/Officeholder/Political Committee OF **EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office held 11 Complete ONLY if direct Office sought Candidate/Officeholder name expenditure to benefit C/OF

Candidate/Officeholder name

SCHEDULE F4

Office held

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Accounting/Banking Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Expense Printing Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1. Total pages Schedule F4: 2. FILER NAME 3. Filer ID (Ethics Commission Filers) Marilyn Burgess \$812.94 4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 03/15/2022 Urban Eats City: State: Zip Code 7 Amount 8 Payee address: \$198.79 3414 Washington Ave Houston, TX 77007-5935 Expenditure from Corporate Funds TYPE OF ✓ Political Non-Political **EXPENDITURE** Not Applicable for Form DCE 10 (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense (b) Description **PURPOSE** OF **EXPENDITURE** (C) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

Office sought

11 Complete ONLY if direct

expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Committee Credit Card Payment

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

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense

Salaries/Wages/Contract Labor

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 G:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date 06/05/2022	5 Payee name Amazon	
6 Amount \$5.36 Reimbursement from political contributions intended	7 Payee address; City; 410 Terry Ave N Seattle, WA 98109-5210	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Office Overhead/Rental Expense (c) Check if travel outside of Texas, complete Schedule T	(b) Description Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/06/2022	5 Payee name Amazon	
6 Amount \$10.76 . Reimbursement from political contributions intended	7 Payee address; City: 410 Terry Ave N Seattle, WA 98109-5210	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Office Overhead/Rental Expense	(b) Description
	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political

Contributions/Donations Made By Committee Credit Card Payment

Event Expense Fees

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

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

Polling Expense

Salaries/Wages/Contract Labor

Expense

Travel In District Travel Out of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule G:	2. FILER NAME Marilyn Burgess	3. Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
06/09/2022	Misty Brown	
6 Amount	7 Payee address; City;	State; Zip Code
\$60.00 Reimbursement from political contributions intended	17807 Springtree Dr Humble, TX 77396-1639	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	
	C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date	5 Payee name	
03/01/2022	Cardmember Services	
6 Amount \$5,004.11 Reimbursement from political contributions intended	7 Payee address; City; PO Box 6294 Carol Stream, IL 60197-6294	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Credit Card Total	(b) Description
EXI ENOTIONE	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Printing Expense

Legal Services

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense

Salaries/Wages/Contract Labor

Transportation Equipment & Related

Expense Travel In District Travel Out of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule G:	2. FILER NAME	3. Filer ID (Ethics Commission Filers)
	Marilyn Burgess	
4 Date	5 Payee name	
05/25/2022	Charles Falk	
6 Amount	7 Payee address; City;	State; Zip Code
\$150.00		
	2007 Little Cedar Dr Kingwood, TX 77339-1712	
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	
	Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date	5 Payee name	
05/31/2022	Roadwomen	
6 Amount	7 Payee address, City;	State; Zip Code
\$25.00	PO Box 22678 Houston, TX 77227-2678	
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
expenditure to benefit C/OH		