1		FICEHOLDER ICE REPORT			ORM C/OH SHEET PG 1
The C/OH Instruction	n Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR	Virgini	a A	OFFIC	E USE ONLY
	NICKNAME	Elizona		Date Received .	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	9235 F	ox; APT / SUITE #; C Blankenship Dr	ITY: STATE: ZIP CODE		
Change of Address				٠	
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	998- 896	54		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	5 teve	МІ	Receipt #	Amount \$
NAME	NICKNAME	Vierra	SUFFIX	Date Processed Date Imaged	•
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SUI Butter-Fly La		STATE;	ZIP CODE 77079
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(7/3)	377-278	EXTENSION		
9 REPORT TYPE	January 15	30th day before elec	ction Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before electi	ion Exceeded Modified Reporting Limit	Final Repor	rt (Atlach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year / 2021	THROUGH $\overset{Month}{5}$	Day Year	02土
11 ELECTION	ELECTION D. Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) SBISD Boardo	- Trustee	2 5
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CENULUER. THESE EXPENDITIONS M.	CEPTED OR POLITICAL EXPENDITURES MAI TAY HAVE BEEN MADE WITHOUT THE CANDID D TO REPORT THIS INFORMATION ONLY IF THI	DE BY POLITICAL COM	MITTEES TO SUPPORT
(2)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME		
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		
		GO TO PA	AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

Please complete either option below: Please complete either option below: DIANE BICKENS 2408814 **NOTARY STAMP/SEAL Sworn to and subscribed before me by Virginia Elizando this the 15 day of July NOTARY STAMP/SEAL Sworn to and subscribed before me by Virginia Elizando this the 15 day of July To are Dickens The of officer administering oath Printed name of officer administering oath OB OB (Street) (city) (state) (zip code) (country)	CAMPAIG	N FINANCE REPO	RI	COVER SHEET PG 2
PLEDGES, LDANS, OR GUARANTERS OF LOANS, OR PLEDGES, LDANS, OR GUARANTERS OF LOANS, OR CONTENSUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informative required to be reported by me under Title 15, Election Code. Please complete either option below: Please of trace of the report of	15 C/OH NAME V	irginia Elizo	indo	16 Filer ID (Ethics Commission Filers)
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. ID 1180.12 CONTRIBUTION BALANCE OF REPORTING PENIOD OF REPORTING PENIOD OF REPORTING PENIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPLA AMOUNT OF ALL CUTSTANDING LOANS AS OF THE LAST DAY OUTSTANDING LOAN TOTALS 1 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 Tallo 15, Election Code. Please complete either option below: SIGNATURE SIGNATURE 1 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 Tallo 15, Election Code. Please complete either option below: SIGNATURE OF TRANSPORTED TRANSPOR		PLEDGES, LOANS, OR O	GUARANTEES OF LOANS, OR	\$ 150.80
TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informative required to be reported by me under Title 15, Election Code. Please complete either option below: Signature of Candidate or Officeholder Please complete either option below: FERLIARY 7, 2024 NOTARY STAMP/SEAL Swom to and subscribed before me by VICQINIC. Elizondo this the 15 day of July NOTARY STAMP/SEAL Swom to and subscribed before me by VICQINIC. Elizondo this the 15 day of July 20 21 to certify which, witness my hand and seal of office. Dignature of officer administering oath Printed name of officer administering oath Title of officer administering oath On the day of month) (year) (street) (city) (state) (zip code) (country) (year)				\$\\ 2,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informative required to be reported by me under Title 15, Election Code. Please Complete either option below: DIANE BICKENS 240e14 NOTARY STAMP/SEAL NOTARY STAMP/SEAL NOTARY STAMP/SEAL Sworn to and subscribed before me by VICQIAIG Elizando this the 15 day of July 10 to certify which, witness my hand and seel of office. DIANE DICKENS 20 21 to certify which, witness my hand and seel of office. DIANE DICKENS 1 to certify which, witness my hand and seel of office. DIANE DICKENS 1 to certify which, witness my hand and seel of office. DIANE DICKENS 1 true of officer administering oath 1 Title of officer administering oath 1 Title of officer administering oath 1 Title of officer administering oath 2 Unsworn Declaration My name is and my date of birth is (street) (cify) (state) (zlp code) (country) xecuted in County, State of, on the		3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.	\$ 0
BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informative required to be reported by me under Title 15, Election Code. Please complete either option below: DIANE BICKENS 240611 AUGUSTE OF TREES FEBRUARY 7, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by Vicqual Elizando this the 15 day of July To certify which, witness my hand and seal of office. Diane Dickens Diane Dickens Title of officer administering oath Printed name of officer administering oath OR Unsworn Declaration fly name is		4. TOTAL POLITICAL EXF	PENDITURES	\$6,180.12
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. Please complete either option below: Signature of Candidate or Officeholder Please complete either option below: Please complete either option below: Signature of Candidate or Officeholder Please complete either option below: Please complete either option below: Signature of Candidate or Officeholder NOTARY STAMP/SEAL Sworn to and subscribed before me by Virginia. Elizando this the 15 day of Jaly to certify which, witness my hand and seal of office. Diance Dickens Diance Dickens OR Unsworn Declaration Ay name is and my date of birth is		5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE L	AST DAY \$ 0
Please complete either option below: Please complete either option below: DIANE BICKENS 2400814 NOTARY STAMP/SEAL Sworn to and subscribed before me by Vicqinia. Elizando this the 15 day of Jaly. NOTARY STAMP/SEAL Sworn to and subscribed before me by Vicqinia. Elizando this the 15 day of Jaly. 10 and to certify which, witness my hand and seal of office. Diane Dickens Signature of officer administering oath printed name of officer administering oath OR 20 Unsworn Declaration All pame is			NT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE \$
NOTARY STAMP/SEAL Sworn to and subscribed before me by Virginia, Elizando this the 15 day of July		DIANE DICKE 2408814 NOTARY PUBLIC, STATE OF	RS S	vw:
Sworn to and subscribed before me by Virginia Elizando this the 15 day of July 20 21 to certify which, witness my hand and seal of office. Diane Dickers notary Signature of officer administering oath Printed name of officer administering oath OR 2) Unsworn Declaration My name is	(1) Affidavit	FEBRUARY 7, 2	2024	
Country Country Country Country Country Country State of, on the day of, 20			· /	
Country Country Country Country Country Country State of, on the day of, 20	Sworn to and subscribed b	efore me by Virginia	. Elizondo this the	a 15 day of July
OR 2) Unsworn Declaration My name is, and my date of birth is (street) (city) (state) (zip code) (country) xecuted in county, State of, on the day of, 20	20, to certify w	hich, witness my hand and seal of office	e.	
OR 2) Unsworn Declaration My name is, and my date of birth is (street) (city) (state) (zip code) (country) xecuted in county, State of, on the day of, 20		5,00.0	e Dickens	notary
2) Unsworn Declaration //y name is, and my date of birth is //y address is	signature of officer administering	g oath Printed name of	f officer administering oath	Title of officer administering oath
// All name is, and my date of birth is // All name is, and my date of birth is // All name is, and my date of birth is // All name is, and my date of birth is // County, Street) // County, State of, on the day of, 20 // County, State of, on the day of, 20 // County, State of, on the, and my date of birth is	2) Unsworn Declaration	1	OR .	
(street) (city) (state) (zip code) (country) (xecuted in County, State of, on the day of, 20 (month) (year)				
(street) (city) (state) (zip code) (country) (xecuted in County, State of, on the day of, 20 (month) (year)	My name is		, and my date of birth is	s
xecuted in County, State of, on the day of, 20 (month) (year)	Ny address is			······································
	xecuted in		(city) (, on the day of(mont	(state) (zip code) (country), 20 (h) (year)
pomouto of adiadates to the contract to the co				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Virginia Elizondo	20 Filer ID (Ethics Co	ommission Filers)			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,000.00			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 10,211.87			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4. SCHEDULE E: LOANS		\$			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$6,100.12			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$.			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	UNDS	\$			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guide explains how to complete this for	1.	1 Total pages Schedule A1: 3
FILER NAM	Virginia Elizando		3 Filer ID (Ethics Commission Filer
Date 22 0 2	5 Full name of contributor out-of-state PAC (ID#: Mark Alan Harrison 6 Contributor address; City; St 6733 Hendon Ln Houston, To	ate; Zip Code	7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date 122/21	Full name of contributor out-of-state PAC (ID#:_Karen Conficello Contributor address; City; State 13683 Kingsride Lane Houston, To	te; Zip Code	Amount of contribution (\$)
	notion / lab title /O . I . I . II	mployer (See Instructio	ns)
Date 22 21	Full name of contributor out-of-state PAC (ID#:_Leslie Pine Contributor address; City; State 13726 Alchester Ln. Houston; Deation / Job title (See Instructions)	e; Zip Code TX. 77079	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	mployer (See Instruction	ns)
Date 22/21	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
Principal occup	ation / lob title (Con land)	l nployer (See Instruction	ns)
Principal occup	ation / lob title (Con land)		ns)

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

If the requested information is not applicable, DO NOT include this page in the report.

			•
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME	Virginia Elizondo		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/21	Barry Abrams	State; Zip Code	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 4/24/21		(ID#:)	Amount of contribution (\$)
•	Matthew Burrys Contributor address; City: P3 Aveen Annes Rd. Hovston	TX. 77024	\$ 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 4/25/21	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 400 Winderemere Dr. Lakeland, Fl	State; Zip Code	\$ 200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 4124121	Full name of contributor Out-of-state PAC (I) Roberta Smiley	ID#:)	Amount of contribution (\$)
1	620 Shartle Circle Houston,	State: Zip Code	\$200.90
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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

If the requested information is not applicable, DO NOT include this page in the report.

4 Date 4 Date 5 Full name of contributor 1 Amount of contribution (\$) 4 Date 5 Full name of contributor 5 Date 6 Contributor address; 5 City: State: Zip Code 5 Daklawn Dr. Houston, Tx. 77024 1 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code Amount of contribution (\$)		he Instruction Guide explains ho	w to complete th	nis form.	1 Total pages Schedule A1: 3
Amount of contribution (\$)	2 FILER NAM	Virginia E	lizond	٥	3 Filer ID (Ethics Commission Filers
Date Full name of contributor			out-of-state P	AC (ID#:)	
Date Full name of contributor out-of-state PAC (ID#:		50aklawn Dr. H	city; ouston, Tx.	State; Zip Code 77024	J\$ (00.00
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Date				Amount of contribution (\$)
Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:		Contributor address;	City;	State; Zip Code	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Principal occu	_l upation / Job title (See Instructions)		Employer (See Instruc	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code		Contributor address;	City;	State; Zip Code ·	
Contributor address; City; State; Zip Code	Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address;	City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2: 2
² FILER NAME Virginia Elizondo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 10,211.87
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code 7702 y	8 Amount of Contribution \$ 9 In-kind contribution description \$ 925.52 SignS Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		,
Date James Shaddix Contributor address; City; State;	Zip Code	Amount of Contribution \$ In-kind contribution description \$
	C.77024	Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
	Employe Contribu	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL)	Employe Contribu	er (FOR NON-JUDICIAL) (See Instructions) stor's job title (FOR JUDICIAL) (See Instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	Employe Contribu	er (FOR NON-JUDICIAL) (See Instructions) stor's job title (FOR JUDICIAL) (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Т	The Instruction Guide explains how to complete this form	m.	1 Total pages Sched	fule A2: 3
2 FILER NAM	Virginia Elizondo		3 Filer ID (Ethics Co	ommission Filers)
	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 10, 211.5	87
5 Date 4 29 21	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; 912 Highway 183 South Suite 100-A Austin,7	Zip Code [x.78791		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI,	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4 29 21	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description Phow Banking
•	912 Highway 183 South Suite 100-A Austin, T	•	Check if travel outside	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
				
I	ATTACH ADDITIONAL COPIES OF TI If contributor is out-of-state PAC, please see Instruction			ı requirements.

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

	The Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A2:
2 FILER NA	ME Virginia Elizondo		3 Filer ID (Ethics Commission Filers)
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 10,211.87
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 17024	8 Amount of 9 In-kind contribution description \$1,407.45 Consulting Check if travel outside of Texas. Complete Schedule 1
0 Principal o	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
2 Contributor	's principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
6 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Contributor address; City; State;	Zip Code	Amount of In-kind contribution Contribution \$ description
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Credit Card Payment	The Instruction Guide explains how to		category not listed above)
1 Total pages Schedule	F1: 2 FILER NAME Virginia Eliz	ando 3 Filer ID (Ethics Commission Filers)
4 Date 4/26	5 Payee name Aceves Communication	ons	
6 Amount (\$)	7 Payee address;	City; State	e; Zip Code
\$3,000.00	POBOX 4514 Houston,	Tx. 77245	•
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	digital ads	
	(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/	Candidate / Officeholder name OH	Office sought	Office held
^{Date} 뷔a5121	Payee name Michele Ficocello		
Amount (\$)	Payee address;	City; State	7:-0-1-
\$ 190,00	POBOX 40372 Houst	• •	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Face Painting Balloon Art	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 4/30121	M3 Graphics		
Amount (\$)	Payee address;	City; State;	Zip Code
1484,39	117305 Wilcrest De	Houston, Tx.	77099
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Door Hangers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder li	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ginia Elizondo 4 Date Vm Solutions 6 Amount (\$) 7 Payee address: City: State: Zip Code Cooper Breaks \$1,173.80 Humble, Tx. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Blode walking OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Powder Keg Amount (\$) Zip Code Houston, TX 300 Brithmoore \$200.00 Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** 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 Payee name Amazon Amount (\$) Zip Code NorthSeattle, WA. 98109 Terry Ave. Facepaint 1 Stickers Category (See Categories listed at the top of this schedule) Description Went Expense **PURPOSE** OF **EXPENDITURE** 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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
Other (enter a category not listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ilnia Elizondo 4 Date 5 Payee name 4/24/21 Walmart 6 Amount (\$) State; Zip Code \$ 17,42. 10750 Westview Dr. Houston, Tx. 77043 (b) Description Event Expense Sports equipment **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Club Payee address; City; Zip Code 88 Old KatyRd. Houston, Tx. Category (See Categories listed at the top of this schedule) Description **PURPOSE** Water OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name am's Club Payee address: City; State; Zip Code 10488 Old Kory Rd. Houston, Tx. 77043 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Snacks OF **EXPENDITURE** 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) nia Elizando 6 Amount (\$) City: State; Zip Code 9429 Katy Freeway Houston, Tx. 8 (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH tarobook City; Pavee address: Zip Code Hacker Way, Menio Park, CA \$45.27 Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Amount (\$) Zip Code MenloPark; CA 94

PURPOSE EXPENDITURE Category (See Categories listed at the top of this schedule)

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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
Others (extension and listed chous)

1 Total pages Schedule F1: 2 FILER NAME VINGINIA ELizando 3 Filter ID (Effics Commission Filter 5 5 Pages name	Credit Card Payment	The Instruction Guide explains how to		a category not listed above)
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Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	OF	Category (See Categories listed at the top of this schedule)	Description	
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to con	mplete this form.
	•• Complete only if "Report Type" on page 1 is	marked "Final Report" ••
6	Virginia Elizondo	2 Filer ID (Ethics Commission Filers)
3 SIGN	IATURE	
desig	ot expect any further political contributions or political expenditures in con nating a report as a final report terminates my campaign treasurer appoint aign contributions or make any campaign expenditures without a campaig	tment. I also understand that I may not accept any
FILEI	RWHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	ck only one:	
	I do not have unexpended contributions or unexpended interest or inco	ome earned from political contributions.
	I have unexpended contributions or unexpended interest or income earmay not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on filing this final report. Further, I understand that I must dispose of unexinterest or income earned on political contributions in accordance with the standard process.	terest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after spended political contributions and unexpended
В.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest o	or other income from political contributions.
	I do retain assets purchased with political contributions or interest or off that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	her income from political contributions. I understand
	_	Signature of Candidate
	EHOLDER plete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended coan officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as monitoring political contributions, or assets purchased with
		Signature of Officeholder