# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains hov	w to complete this form.	1 Filer ID (Et	thics Commission Filers)	2 Total pages f	îled:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr			OFFICE USE ONLY		
NAME	NICKNAME	LAST Drews		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STA Houston ΤΣ			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	( 254 )	PHONE NUMBER 723-2556	EXT	FENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mr	<sub>FIRST</sub> Nathan		MI W		Amount φ
NAME					Date Processed	
	NICKNAME	Tewart		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #;	CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	14514 Brar	mblewood Dr	ŀ	Houston	TX	77079
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION		
TREASURER PHONE	(832) 623-0480					
9 REPORT TYPE	January 15 X 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before e	election	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	r
COVERED	02 / 15 / 24 THROUGH 03 / 14 / 24					
11 ELECTION	ELECTION DA	ATE	<b>,</b>	ELECTION TYPE		
	Month Day	Year Primary	Runoff	X Other Description		
	05 / 04	/ 24 General	Special	SBISD	Board of Trusto	ees
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  SBISD Board of Trustees					
						WANTER TO SUBBORT
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
:		COMMITTEE CAMPAIGN TR	REASURER ADDRES	S		
		GO TO	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Benjamin D	. Drews	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,317.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 63.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$100.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Ca	andidate or Officeholder
	Please complete either option below	<b>/</b> :
	,	
(1) Affidavit	JENNIFER LYNN MAYNARD  My Notary ID # 133997512  Expires October 4, 2026	
NOTARY STAMP/SEAL		
n =6	before me by Brijanin Drews this the	4 day of April,
	which, witness my hand and seal of office.	i ola
Signature of officer administra		Title of officer administering oath
Signature of officer administer		Title of officer administering cam
	OR	
(2) Unsworn Declaration	on .	
My name is	, and my date of birth is	·
My address is		,,
		tate) (zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 ) (year)
		late/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 2	20 Filer ID (Ethics Commission Filers)		
	Benjamin Drews			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00		
2.	$\overline{X}$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,217.81		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$ 63.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$		

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	$oldsymbol{1}$ Total pages Schedule A1: $oldsymbol{1}$			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Benjamin l	Orews				
4 Date	5 Full name of contributor		7 Amount of contribution (\$)		
2/21/24	<b>6</b> Contributor address; City;	State; Zip Code	\$25.00		
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
2/22/24	Contributor address; City;	State; Zip Code	\$25.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
2/21/24	Contributor address; City;	State; Zip Code	\$50.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
	ATTACH ADDITIONAL COPIES O				

Revised 1/1/2024

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

### SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)	
Benjamin	Drews				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1,217.81		
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description	
02/21/24	7 Contributor address; City; State;	Zip Code	\$1,217.81	Candidate Yard Signs 	
			Check if travel outsi	de of Texas. Complete Schedule T.	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICI)	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Lav			firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	     Check if travel outsion	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Annual				
If	ATTACH ADDITIONAL COPIES OF T			requirements.	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Candidate/Officeholder/Politi		es/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)
1	Benjamin Drews		
4 Date	5 Payee name		
3/09/24	Campaign Partner		
6 Amount (\$) \$29.00	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Other - website setup		
EXPENDITORE	(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
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
2/09/24	Campaign Partner		
Amount (\$)	Payee address;	City;	State; Zip Code
\$34.00 Reimbursement from			
political contributions intended			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other - website setup		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TV afficiable living evnence
	Candidate / Officeholder name	Office sought	, TX, officeholder living expense  Office held
Complete ONLY if direct expenditure to benefit C/C		Office adags	Office nois
Oxponditate to III.			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from	ı		
political contributions intended	l		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	ı	44 FEB.	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Chack if Austin	TX, officeholder living expense
J.	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriologi	Office sough.	Omes
expenditure to be			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDF	<b>ED</b>