

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: 6																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Mr</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%;">Benjamin</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Drews</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr	FIRST	Benjamin	MI		NICKNAME		LAST	Drews	SUFFIX		OFFICE USE ONLY					
MS / MRS / MR	Mr	FIRST	Benjamin	MI															
NICKNAME		LAST	Drews	SUFFIX															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%;">14522 Carolcrest St</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%;">Houston</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> <td style="width:10%;">TX</td> <td style="width:10%;">77079</td> </tr> </table>	ADDRESS / PO BOX;	14522 Carolcrest St	APT / SUITE #;	Houston	CITY;	STATE;	ZIP CODE	TX	77079	Date Received								
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%;">(254)</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:20%;">723-2556</td> <td style="width:10%; font-size: small;">EXTENSION</td> <td></td> </tr> </table>	AREA CODE	(254)	PHONE NUMBER	723-2556	EXTENSION		Date Hand-delivered or Date Postmarked											
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Mr</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%;">Nathan</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;">W</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Tewart</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr	FIRST	Nathan	MI	W	NICKNAME		LAST	Tewart	SUFFIX		Receipt #	Amount \$				
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NICKNAME		LAST	Tewart	SUFFIX															
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">14514 Bramblewood Dr</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Houston</td> <td>TX</td> <td>77079</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	14514 Bramblewood Dr	APT / SUITE #;	CITY;	STATE;	ZIP CODE				Houston	TX	77079	Date Processed			
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>						<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)					
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">Month</td> <td style="width:15%;">03</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%;">15</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:10%;">24</td> <td style="width:10%; font-size: small;">THROUGH</td> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%;">04</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%;">24</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:10%;">24</td> </tr> </table>						Month	03	Day	15	Year	24	THROUGH	Month	04	Day	24	Year	24
Month	03	Day	15	Year	24	THROUGH	Month	04	Day	24	Year	24							
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td style="width:60%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>SBISD Board of Trustees</u> </td> </tr> <tr> <td>05 / 04 / 24</td> <td></td> </tr> </table>						ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>SBISD Board of Trustees</u>	05 / 04 / 24								
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) SBISD Board of Trustees																	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p style="font-size: x-small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="width:80%; font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS					
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Benjamin Drews		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,715.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,269.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1,545.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

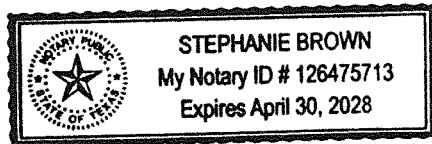
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Benjamin Drews this the 26 day of April, 2024, to certify which, witness my hand and seal of office.

Stephanie Brown Signature of officer administering oath
Stephanie Brown Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Benjamin Drews

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,715.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,269.32
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 form.		1 Total pages Schedule A1: 2
2 FILER NAME Benjamin Drews		3 Filer ID (Ethics Commission Filers)
4 Date 4/04/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Hiatt <hr/> 6 Contributor address; City; State; Zip Code 167 Plantation Rd Houston, TX 77024	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Leadership Coach		9 Employer (See Instructions) Self
Date 4/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson Sharpless <hr/> Contributor address; City; State; Zip Code 8965 Vantage Point Drive Dallas, TX 75243	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Texas Instruments
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Smith <hr/> Contributor address; City; State; Zip Code 14322 Heatherfield Drive Houston, TX 77079	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ENI
Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Greene <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2
2 FILER NAME Benjamin Drews		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Downs 6 Contributor address; City; State; Zip Code 2423 Elmgate Dr Houston, TX 77080	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Clergy		9 Employer (See Instructions) John Knox Presbyterian Church
Date 4/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Coggins Contributor address; City; State; Zip Code 12947 Trail Hollow Dr Houston, TX 77079	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Shaddix Contributor address; City; State; Zip Code 11920 N. Durette Drive Houston, TX 77024	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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: 1	2 FILER NAME Benjamin D. Drews	3 Filer ID (Ethics Commission Filers)
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4 Date 04/19/2024	5 Payee name Trenton Hoyt LLC
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6 Amount (\$) 1,269.32	7 Payee address; PO BOX 1113	City; Katy	State; TX	Zip Code 77492
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Text Campaign
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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	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/OH	Candidate / Officeholder name	Office sought	Office held
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