

# 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:

16

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MENG MENG

GU

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

411 Cold Spring Dr. College Station  
TX 77845

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 229-9683

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

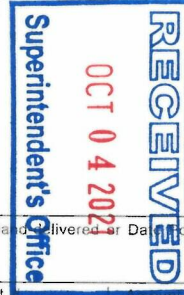
SUFFIX

ZHE

LI

## OFFICE USE ONLY

Date Received



Date Hand Delivered or Date Postmarked

Receipt

Amount

Date Processed

10-21 GTH

Date Imaged

2:10pm

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

411 Cold Spring Dr. College Station, TX 77845

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 739-4186

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

08 / 16 / 2021 THROUGH 10 / 04 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CSISD Board of Trustees Place 2

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

MENG MENG GU

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

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,520.17

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,717.64

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 2,802.36

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

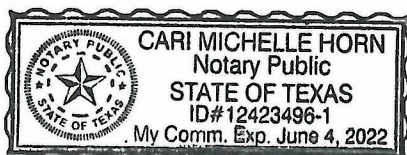
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by MENG MENG GU this the 4th day of OCTOBER.

20 21, to certify which, witness my hand and seal of office.

*[Signature]*

CARI MICHELLE HORN

NOTARY PUBLIC

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

MENG MENG GU

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,520
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 FILER NAME <b>MENGMENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-23-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mengmeng Gu</b>	7 Amount of contribution (\$) <b>200.-</b>
6 Contributor address; City; State; Zip Code <b>411 Cold Spring Dr. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>Professor</b>		9 Employer (See Instructions) <b>Texas A&amp;M Agri Life</b>
Date <b>9-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yuan Dai</b>	Amount of contribution (\$) <b>300.-</b>
Contributor address; City; State; Zip Code <b>2201 Rockingham Loop. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>Texas A&amp;M University</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yu Xiang Sun</b>	Amount of contribution (\$) <b>100.-</b>
Contributor address; City; State; Zip Code <b>1904 Dartmouth St. Unit C1. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jun Zhang</b>	Amount of contribution (\$) <b>105.-</b>
Contributor address; City; State; Zip Code <b>2478 Newark Cir. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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## SCHEDULE A1

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2 FILER NAME <b>MENG MING GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-15-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ren Mu</b>	7 Amount of contribution (\$) <b>100.-</b>
6 Contributor address; City; State; Zip Code <b>17301 Cheveyo Cove. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>professor</b>		9 Employer (See Instructions) <b>TAMU</b>
Date <b>09-15-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Li Tian</b>	Amount of contribution (\$) <b>100.-</b>
Contributor address; City; State; Zip Code <b>905 Plainfield Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Entrepreneur</b>		Employer (See Instructions) <b>Spidersmart College Station</b>
Date <b>09-15-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Hongmin Qin</b>	Amount of contribution (\$) <b>100.-</b>
Contributor address; City; State; Zip Code <b>4409 Egremont Place. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-15-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tengxi Wang</b>	Amount of contribution (\$) <b>100.-</b>
Contributor address; City; State; Zip Code <b>4504 Lapis Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Researcher</b>		Employer (See Instructions) <b>TAMU</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME MENG MENG GU		3 Filer ID (Ethics Commission Filers)
4 Date 09-15-2021	5 Full name of contributor Xiaoshan Gao <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 4204 Norwich Dr. College Station TX 77845	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Marketing professional		9 Employer (See Instructions) SK.com
Date 09-15-2021	Full name of contributor Jiwen Lin <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 3211 Greta Ct. College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)
Date 09-15-2021	Full name of contributor Min Zhao <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 209 Cecilia Ct. College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Siemens
Date 09-15-2021	Full name of contributor Xumei Zhu <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 2026 Revenstone loop College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>MENG MENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-25-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chao Tian</b>	7 Amount of contribution (\$) <b>50,-</b>
6 Contributor address; City; State; Zip Code <b>2607 Cartington Ct. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>Professor</b>		9 Employer (See Instructions) <b>TAMU</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bei Fan</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>404 Sapphire Dr. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Programmer</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hong Ghi</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>802 Dove Run Trl. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Haynes &amp; Boone</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Xiao Yang</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>2203 Rockingham Loop, College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Researcher</b>		Employer (See Instructions) <b>Stata</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>MENG MENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-25-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jessica Zhao</b>	7 Amount of contribution (\$) <b>50,-</b>
6 Contributor address; City; State; Zip Code <b>3526 Marigold Ct. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>Realtor</b>		9 Employer (See Instructions) <b>Century 21</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Xia Liu</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>247 Hockessin Gr. Hockessin DE 19707</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions)
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mei Liu</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>1703 Brazoswood Dr. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Researcher</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shichen Wang</b>	Amount of contribution (\$) <b>50,-</b>
Contributor address; City; State; Zip Code <b>1108 Eagle Ave. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Researcher</b>		Employer (See Instructions) <b>Ambry Genetics</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



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2 FILER NAME <b>MENGMENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-25-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kami Xiong</b>	7 Amount of contribution (\$) <b>100,-</b>
6 Contributor address; City; State; Zip Code <b>4416 Spring Branch Dr. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>Programmer</b>		9 Employer (See Instructions) <b>TAMU</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yu Zhang</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>999 Riviera Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Xia Jiang</b>	Amount of contribution (\$) <b>30,-</b>
Contributor address; City; State; Zip Code <b>920 Ladove Dr. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions)
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Qiaoling Liu</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>4401 Uphor Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>Bryan ISD</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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## SCHEDULE A1

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2 FILER NAME MENG MENG GU		3 Filer ID (Ethics Commission Filers)
4 Date 09-25-2021	5 Full name of contributor Helen Young <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 200.5
6 Contributor address; City; State; Zip Code 1113 Bracey Ct. College Station TX 77845		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Cognizant Tech Solutions
Date 09-15-2021	Full name of contributor Teri Liu <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.5
Contributor address; City; State; Zip Code 2532 Kimmsley Ln. College Station TX 77845		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU
Date 09-15-2021	Full name of contributor Yan Hong <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.5
Contributor address; City; State; Zip Code 9603 ScotchHaven Dr. Vienna VA 22181		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) George Mason University
Date 09-15-2021	Full name of contributor Yan Liu <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.5
Contributor address; City; State; Zip Code 201 Cecilia Ct. College Station TX 77845		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>MENG MENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-25-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shuming Huang</b>	7 Amount of contribution (\$) <b>50,-</b>
6 Contributor address; City; State; Zip Code <b>313 Sapphire Dr. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>Professor</b>		9 Employer (See Instructions) <b>UT Health</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hong He</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>3906 Tournay Ln. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Statistician</b>		Employer (See Instructions) <b>Advanta Seeds</b>
Date <b>09-25-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shilan Jin</b>	Amount of contribution (\$) <b>50,-</b>
Contributor address; City; State; Zip Code <b>326 Agate Dr. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Student</b>		Employer (See Instructions)
Date <b>09-26-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Xiaoling Ling</b>	Amount of contribution (\$) <b>20,-</b>
Contributor address; City; State; Zip Code <b>4508 Lapis Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME MENG MENG GU		3 Filer ID (Ethics Commission Filers)
4 Date 09-26-2021	5 Full name of contributor Jian Tao <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 2605 Kinnersley Ct. College Station TX 77845	7 Amount of contribution (\$) 50.-
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) TAMU
Date 09-26-2021	Full name of contributor Linglin Xie <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 1804 Springbrook Estates Dr. College Station TX 77845	Amount of contribution (\$) 45.-
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU
Date 09-26-2021	Full name of contributor Wei Geng <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 4400 Odell Ln. College Station TX 77845	Amount of contribution (\$) 50.-
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) TAMU
Date 09-26-2021	Full name of contributor Bing Shuai <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 2318 Kendal Green Cir. College Station TX 77845	Amount of contribution (\$) 30.-
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) TAMU
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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## SCHEDULE A1

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2 FILER NAME <b>MENG MENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-26-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Huiliu Gao</b>	7 Amount of contribution (\$) <b>100.-</b>
6 Contributor address; City; State; Zip Code <b>306 Sapphire Dr. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>professor</b>		9 Employer (See Instructions) <b>TAMU</b>
Date <b>09-26-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lanying Zhou</b>	Amount of contribution (\$) <b>20.-</b>
Contributor address; City; State; Zip Code <b>804 Plum Hollow Dr. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-26-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yong Shen</b>	Amount of contribution (\$) <b>120.-</b>
Contributor address; City; State; Zip Code <b>308 Amherst Dr. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-26-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jianli Shen</b>	Amount of contribution (\$) <b>20.-</b>
Contributor address; City; State; Zip Code <b>5110 Bellerive Bend Dr. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Programmer</b>		Employer (See Instructions) <b>TAMU</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 FILER NAME <b>MENGMENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-26-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jessica Li</b>	7 Amount of contribution (\$) <b>50.-</b>
6 Contributor address; City; State; Zip Code <b>404 Onyx Dr. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>Business Manager</b>		9 Employer (See Instructions) <b>TAMU</b>
Date <b>09-26-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ximing Wu</b>	Amount of contribution (\$) <b>100.-</b>
Contributor address; City; State; Zip Code <b>5309 Riviera Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-26-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Xiaojuan Zhou</b>	Amount of contribution (\$) <b>100.-</b>
Contributor address; City; State; Zip Code <b>2077 Ravenstone loop College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Executive</b>		Employer (See Instructions) <b>TAMU TTI</b>
Date <b>09-26-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lixian Zhong</b>	Amount of contribution (\$) <b>100.-</b>
Contributor address; City; State; Zip Code <b>5120 Sycamore Hills Dr. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TAMU</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# 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 FILER NAME <b>MENG MENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09-26-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Weiming Yang</b>	7 Amount of contribution (\$) <b>100,-</b>
6 Contributor address; City; State; Zip Code <b>4611 St. Andrew Dr. College Station TX 77845</b>		
8 Principal occupation / Job title (See Instructions) <b>Programmer</b>		9 Employer (See Instructions) <b>TAMU</b>
Date <b>09-27-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dongwei Zhang</b>	Amount of contribution (\$) <b>30,-</b>
Contributor address; City; State; Zip Code <b>4108 Bridgwood Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Researcher</b>		Employer (See Instructions) <b>TAMU</b>
Date <b>09-27-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Xuan Chen</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>4219 Colchester Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>Summer Creek LLC</b>
Date <b>09-27-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lan Zhou</b>	Amount of contribution (\$) <b>100,-</b>
Contributor address; City; State; Zip Code <b>902 Durham Ct. College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Professor</b>		Employer (See Instructions) <b>TAMU</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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 FILER NAME		3 Filer ID (Ethics Commission Filers)
MENG MENG GU		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)
09-28-2021	Jingjing Qiu	100,-
6 Contributor address; City; State; Zip Code		
2227 Rockingham Loop College Station TX 77845		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Professor		Texas Tech University
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
09-28-2021	Sue Xia	100,-
Contributor address; City; State; Zip Code		
1001 Capistrano Ct. college station TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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:

4

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MENG MENG

NICKNAME

LAST

SUFFIX

GU

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE;

ZIP CODE

411 Cold Spring Dr. College Station TX

77845

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

229-9683

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

ZHE

NICKNAME

LAST

SUFFIX

L1

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

411 Cold Spring Dr. College Station TX 77845

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 739-4186

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

10 / 05 / 2021 THROUGH 10 / 24 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 2021

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CSISD Board of Trustees Place 2

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

MENG MENG GU

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)

\$ 169

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 269

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 200.04

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 2871.32

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

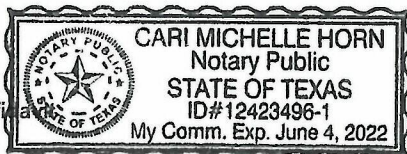
18 SIGNATURE

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]*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirmation

NOTARY STAMP/SEAL

Sworn to and subscribed before me by MENG MENG GU this the 25<sup>th</sup> day of OCTOBER

20 21, to certify which, witness my hand and seal of office.

Cari Michelle Horn

CARI MICHELLE HORN

NOTARY PUBLIC

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

MENG MENG

GU

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 100.5

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ 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: <div style="text-align: center;">1</div>
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">MENGMENG GU</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">10-04-2021</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Joan Mager</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$100.-</div>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">Retired.</div>		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.



# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MENG MENG

GU

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

411 Cold Spring Dr, College Station, TX

77845

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 229-9683

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ZHE

LZ

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

411 Cold Spring Dr, College Station TX 77845

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 739-4186

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☒ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

10 / 25 / 2021 THROUGH 01 / 03 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CSISD Board of Trustees place 2

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

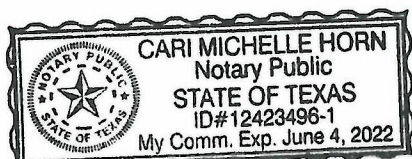
15 C/OH NAME <u>MENG MENG GU</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>11</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>511</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>368.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,013.81</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by MENG MENG GU this the 3RD day of JANUARY,  
2022, to certify which, witness my hand and seal of office.  
Cari Michelle Horn CARI MICHELLE HORN NOTARY PUBLIC  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>MENGMENG GU</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>500</i>
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	\$ <i>368.51</i>
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 FILER NAME <b>MENG MENG GU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-30-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SHAODONG GUO</b>	7 Amount of contribution (\$) <b>\$500. -</b>
6 Contributor address; City; State; Zip Code <b>4920 Firestone Dr. College station TX 77845</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
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)
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)
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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: <b>1</b>		2 FILER NAME <b>MENG MENG GU</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-28-2021</b>		5 Payee name <b>Bryan Broadcasting Corporation</b>			
6 Amount (\$) <b>300</b>		7 Payee address; City; State; Zip Code <b>PO BOX 3248 Bryan TX 77805</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		(b) Description <b>Commercial for campaign on La Jefa Radio station</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10-30-2021</b>		Payee name <b>Shipley's</b>			
Amount (\$) <b>38.51</b>		Payee address; City; State; Zip Code <b>1760 Greens Prairie Rd West College Station TX 77845</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>To provide food &amp; Beverage @ meet and greet event</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10-31-2021 11-31-2021 12-14-2021</b>		Payee name <b>Prosperity Bank</b>			
Amount (\$) <b>30</b>		Payee address; City; State; Zip Code <b>1862 Rock Prairie Rd. College Station TX 77845</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Banking Fee</b>		Description <b>service charge</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --


1 C/OH NAME

MENG MENG GU

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☒

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**


Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS/MRS/MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">MENGMENG</div> <hr style="border: 0.5px dashed black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">GU</div>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">OFFICE USE ONLY</div> <div style="border: 2px solid blue; padding: 5px; text-align: center; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Superintendent's Office</div> <div style="color: red; font-size: 1.5em;">JAN 3 2022</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</div> </div> </div> <div style="font-size: 0.8em;"> Date Received  <hr/> Date Hand Delivered  <hr/> Date Marked  <hr/> Receipt #  <hr/> Amount \$  <hr/> Date Processed  <hr/> Date Imaged  <hr/> </div>
3 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> change of address	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="margin-top: 10px;"> 411 Cold Spring Dr. College Station TX  <div style="text-align: right; margin-right: 50px;">17 845</div> </div>	
4 REPORT TYPE	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition	
5 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month    Day    Year</div> <div>Month    Day    Year</div> </div> <div style="margin-top: 10px;"> 12 / 14 / 2021    THROUGH    01 / 01 / 2022 </div>	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.  2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	<div style="margin-bottom: 20px;">\$ 3,013.81</div> <div>\$ 0</div>
7 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. <div style="text-align: center; margin-top: 20px;">   Signature of Candidate/Officeholder </div> <div style="margin-top: 20px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-right: 10px;"> NOTARY PUBLIC  STATE OF TEXAS  ID#12423496-1  My Comm. Exp. June 4, 2022 </div> <div> Please complete either option below:  (1) Affidavit </div> </div> <div style="margin-top: 10px;"> Sworn to and subscribed before me by <u>MENGMENG GU</u> this the <u>3RD</u> day of <u>JANUARY</u>, 20<u>22</u>, to certify which, witness my hand and seal of office.  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div> </div> </div>		
OR		
(2) Unsworn Declaration  My name is _____, and my date of birth is _____. My address is _____, <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>(street)</div> <div>(city)</div> <div>(state)</div> <div>(zip code)</div> <div>(country)</div> </div> Executed in _____ County, State of _____, on the _____ day of _____, 20____. <div style="text-align: center; margin-top: 20px;"> _____  Signature of Candidate/Officeholder (Declarant) </div>		

# C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: EXPENDITURES

FORM C/OH-UC

PG 2

<b>8 C/OH NAME</b> MENG MENG GU		<b>9 Filer ID (Ethics Commission Filers)</b> 
<b>10 Date</b> 12-14-2021	<b>11 Payee name</b> Shaodong Guo <hr/> <b>12 Payee address; City; State; Zip Code</b> 4920 Firestone Dr., College Station, TX 77845	<b>13 Amount (\$)</b> \$500.-
<b>14 Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> Return to donor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Date</b> 12-12-2021	<b>Payee name</b> Brazos Center For Chinese Culture & Education <hr/> <b>Payee address; City; State; Zip Code</b> 	<b>Amount (\$)</b> \$2,513.81
<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> Donation to an educational organization <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Date</b> 	<b>Payee name</b> <hr/> <b>Payee address; City; State; Zip Code</b> 	<b>Amount (\$)</b> 
<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b> 	<b>Payee name</b> <hr/> <b>Payee address; City; State; Zip Code</b> 	<b>Amount (\$)</b> 
<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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