CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER MENGMENG NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** Cold Spring Dr. College Station MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date H tmarked **OFFICEHOLDER** PHONE Receipt MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN TREASURER Spring Dr. College Station, **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month COVERED THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description Day General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) CSISD 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THIS BOX IS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE OF THE CANDIDATE / OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2		
15 C/OH NAME	MENGMENG GU	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4520,		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0		
. , ,	4. TOTAL POLITICAL EXPENDITURES	\$ 1717,64		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	,		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* O		
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information		
	9			
		~~~		
	Signature of Ca	ndidate or Officeholder		
	Please complete either option below	<i>ı</i> :		
(1) Affidavit	CARI MICHELLE HORN Notary Public STATE OF TEXAS ID#12423496-1 My Comm. Exp. June 4, 2022			
NOTARY STAMP/SEAL Sworn to and subscribed	before me by $M$	44 day of OCTOBER.		
Carillichel	which, witness my hand and seal of office.  CALL MICHELLE HORN	NOTARY PURCIC		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
OR OR				
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
		,		
	(street) (city) (s	tate) (zip code) (country)		
Executed in	County, State of, on the day of(month)	, 20 (year)		
	Signature of Candid	ate/Officeholder (Declarant)		

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	mmission Filers)	
MENGMENG GU		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,520
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 COI	NTRIBUTIONS	\$
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 FUN	ids	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

If the reque	ested information is not applicable, DO NOT ir	nclude this page in the	report.
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	MENAMENA GU		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  out-of-state PA		7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	200,-
	411 Cold Spring DV. Collegeston	1	
_	upation / Job title (See Instructions)	9 Employer (See Instruct	يعم .
1/10	tess or	Texas A&M	1891 LJK
g NoV	Full name of contributor  out-of-state PAG	C (ID#:)	Amount of contribution (\$)
g ~>	Contributor address; City;	State; Zip Code	
	2201 Rockingham Loop. Leileze	estation Tx77845	300.
/ <b>n</b>	pation / Job title (See Instructions)	Employer (See Instruct	·
Intess	757	Texas A-RM	1 University
Date		G (ID#:)	Amount of contribution (\$)
09-15-1021	Tuxiang Cun		
	Contributor address; City;	State: Zip Code	100,
	1904 Dartmont St. Unit CI.	Collegestation 77840	1001
a a	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Prot	4467	TAMU	
Date	Full name of contributor out-of-state_PAC	> (ID#:)	Amount of contribution (S)
09-25-2021	)un Zhawg Contributor address; City;	State; Zip Code	105.
	24) 8 NewarK Cir. Collegestation	TX 77845	<i>J</i> .
	employed	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
MENG	AMENG GU		}	
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
69-N 2021	RenMu	- Control of the Cont		
64.	6 Contributor address; City;	State; Zip Code		
	17301 Cheveyo Give. Collegestat	ion TX 77845	100,	
	ipation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
PVO	Jessov	TAMU		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
Mos-2.	Li Tian		Amount of continuation (a)	
09-VS-2021	Contributor address; City;			
		State; Zip Code	100/	
anna Philippi and an ann an ann an ann an ann an ann an	905 Plainfield Ct. college Station			
	pation / Job title (See Instructions)	Employer (See Instruct		
Gattep	repeur	Spidorsmart C	olige sound	
Date	Full name of contributor out-of-state PAC	S (ID#:)	Amount of contribution (S)	
04-15-2021	Hongmin ain		/ III 25 / 55 / III 25 / 27	
04-1-	Contributor address; City;	State; Zip Code		
		e e e e e e e e e e e e e e e e e e e	(00/	
·	4409 Egrement Place Collegestat	hon Tx 77845		
	pation / Job title (See Instructions)	Employer (See Instruction	ions)	
Yrot	e6,0/	IAMU		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
orus-wil	Tengxi Wang	The state of the s		
01	Contributor address; City;	State; Zip Code		
			100,	
	4504 Lapis Ct. College Statio	on 1+77845		
_	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Researcher TAMU				
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	If contributor is out-of-state PAC, please see Instru		•	

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The	Instruction Guide explains how to complete this i	form.	1 Total pages Schedule A1:
2 FILER NAME	NGMENG GIL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC () Xiao Shan Gao	State; Zip Code	7 Amount of contribution (\$)
	4204 Normich Dr. Collegestation	TX 77845	100,
	Janon / Job line (See instructions)	Employer (See Instructi	
04-No. 2021	Full name of contributor	D#)	Amount of contribution (\$)
	Contributor address; City; 3211 Greta Ct. College Shitton	State; Zip Code  Tx 77845	(00, -
	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Unen	ployed		
Date DATA	Min 2hao	State; Zip Code	Amount of contribution (\$)
	209 Lecitia Ct. College Station	TX 77845	100,
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
En	5ª Neev	Siemens	
Date OG-K-VOV	tuemei 2hu	0#) State; Zip Code	Amount of contribution (\$)
		n 7477845	(oD_/
	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Prof	215/01	TAMY	
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
M	ENGMENG GU		
4 Date 5 Full name of contributorout-of-state PAC (ID#:)		7 Amount of contribution (\$)	
09-03	6 Contributor address; City;	State; Zip Code	70'-
	2607 Cartington G. College State	tion Tx 77845	
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Pro	tessor	TAMU	
09-75, 2021	Full name of contributor 🔲 out-of-state PA	C (ID#:)	Amount of contribution (\$)
V (	Contributor address; City;	State; Zip Code	100,
	404 Sapphire Dr. College Stati	ion TX 77845	•
_	pation / Job title (See Instructions)	Employer (See Instruct	ions)
(1464	grammer	TAMU	
Date	Full name of contributor out-of-state_PA	C (ID#)	Amount of contribution (\$)
wal	Hong Ghi		(4)
09-15-2021	Contributor address; City;	State; Zip Code	100,
		tion TX77845	•
	vation / Job title (See Instructions)	Employer (See Instruct	•
Allor	rey	Haynes &	boonl
og VS Vol	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)
og vs.	Contributor address: City	State; Zip Code	
	Research Fockingham Loop, College	sestations Tx 784	100,
	The same same same same same same same sam	Employer (dee matracti	ons)
Rosen	rikly	Stata	
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#### SCHEDULE A1

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The	Instruction Guide explains how to	s form.	1 Total pages Schedule A1:	
2 FILER NAME	MARKET THE SECTION OF			3 Filer ID (Ethics Commission Filers)
Me	VGNENG GU			
4 Date	5 Full name of contributor	] out-of-state PAI	C (ID#:)	7 Amount of contribution (\$)
09-75-7021	Jessica 2 hao			
09-	6 Contributor address;	City;	State; Zip Code	ra -
	2024 margade Ct 1	Mone Chat	in to 270115	<u></u>
8 Principal occup	3526 Manigdd Ct. U	مار عرب	9 Employer (See Instruc	finns)
· " ·	1 tor	,	Century 21	nons,
Date		out-of-state PAC	C (ID#)	Amount of contribution (\$)
0925,2021	Xia Liu	**********	********	
109	Contributor address;	City;	State; Zip Code	100,-
	247 Hockessin Gr. +	-lockecin	DE 19707	( )
	ation / Job title (See Instructions)		Employer (See Instruct	in the control of the state the control of the cont
Unem	ployed			
Date	Full name of contributor	Tout-of-state PAC	C (ID#:)	Amount of contribution (C)
224	Mei lin	J	33-27	Amount of contribution (\$)
275	Full name of contributor  Mei Liu  Contributor address;	Citv:	State; Zip Code	
		-		100,
	1703 Brazoswood Dr. C	ollege State		
	ation / Job title (See Instructions)		Employer (See Instruct	ions)
<u>Yey</u>	earcher		TAMU	
Date		] out-of-state PAC	: (ID#)	Amount of contribution (\$)
6-25-2021	Shiden Wang			
	Contributor address;	City;	State; Zip Code	50/
de de la companya de	1108 Eagle Avo. Co	Ilogo Static	on TX 77845	
	ation / Job title (See Instructions)	tege jiii	Employer (See Instruct	ions)
	archer	a de la companya de l	Ambrij Gen	•
	ATTACH ADDITION	**! CODIEC (		
	ATTACH ADDITION If contributor is out-of-state PAC, ple		OF THIS SCHEDULE AS NI action guide for additional re	

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	GMENG GU	***************************************			
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)		
09-15-2021	Kami Xiong	Consideration			
	6 Contributor address; City;	State; Zip Code	100,-		
		hon Tx77845			
	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
progra	immer	TAMU			
Date 4	Full name of contributor   Out-of-state PAC	C (ID#)	(1)		
- 2021	1	/160F	Amount of contribution (\$)		
09-15-2021	Yu 2hang				
	Contributor address; City;	State; Zip Code	100,		
		n Tx 27845			
	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
PVO	fegser	TAMU			
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)		
	Account to the second s	And the second s	Automit of countribution (a)		
09-15-2021	Xia Jiang		~ ·		
	Contributor address; City;	State; Zip Code	30,-		
		m TX 77845			
	pation / Job title (See Instructions)	Employer (See Instructi	tions)		
Une	imployed				
Date 2021	Full name of contributor		Amount of contribution (\$)		
og-Vs-Vord	Qiaoling Liu	The state of the s			
,	Contributor address; City;	State; Zip Code			
	4401 Uphor Gt. College Station	TX 77845	100,-		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	lions)		
Tencher Bryan ISD			,		
***************************************	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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### SCHEDULE A1

	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
<u>N</u>	GNGMENG GU		T-Morrison
1		AC (ID#;)	7 Amount of contribution (\$)
25,204	Helen Young		
4 Date	6 Contributor address; City;		200,
	1113 Bracey G. College Stat	tion Tx 77845	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Acco	untant	Loginzant Tech	Solutions
Date	Full name of contributor out-of-state PAr	.C (ID#:)	Amount of contribution (\$)
al	Fei liu		Millount of conditionation (9)
09-15-2021	Contributor address; City;	State; Zip Code	
-	•	•	100/
	2532 Kinnersley Ln, College Stati		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
VV.	otes554	TAMU	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
1222	Yan Hong	The rest of the second	
09-1,	Contributor address; City;	State; Zip Code	
	9603 Scotch Haven Dr. Vienna	UA 22181	100,
- 1	ation / Job title (See Instructions)	Employer (See Instruct	
Prote	e54 o7	George Mas	on University
Date 201	Full name of contributor	C (ID#:	Amount of contribution (\$)
of Vy roll	Yan Lu		
	Contributor address; City;	State; Zip Code	120
	201 Cecilia Ct. Collaestatus	m Tx77845	100,-
	ation / Job title (See Instructions)	Employer (See Instructi	ions)
n . /	ess or	TAMU	

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The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule A1:
FILER NAME	IGNENE GU	мерина на приня на приня приня на приня	3 Filer ID (Ethics Commission Filers)
1 Date		-state PAC (ID#:	7 Amount of contribution (\$)
,4	6 Contributor address: City; 313 Sapphire Dr. Colleges	State; Zip Code	10,-
	ipation / Job title (See Instructions)	9 Employer (See Instru UT Heal	
Date Will	Hong He	state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City;		100/
Principal occup	13906 Towney Ln. Gollege Dation / Job title (See Instructions) Sistician	Employer (See Instru Advanta S	
Date AN W	Shilan Jin	state PAC (ID#:)	Amount of contribution (\$)
,	Contributor address; City; 326 Agate Dr. College	State; Zip Code	50,-
	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date  GWW	Full name of contributor out-of-s	state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	20,-
Principal occup	4508 Lapis Ct. Colleges pation / Job title (See Instructions) uplayed	Station T x 7)845 Employer (See Instru	ctions)

## SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
ME	NGMENG GU	Digital and the second	
Date		C (ID#))	7 Amount of contribution (\$)
brow	Tian Tap	and an extra control of the control	
9-26-2021	6 Contributor address; City;		
	of SV)		50,7
Principal occi	2605 Kinnersley Ct. College Startis upation / Job title (See Instructions)	n TX 77845  9 Employer (See Instruct	angeneratura propositiva en esta de la companya de
	125650V		ions)
	163707	TAMU	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2021	Linglin Xie		
9-16-2021	1	State; Zip Code	45,-
	10-11 Co. 1. 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1	HA T. 270/5	43,
Principal occur	1/804 Spring brook Estates Dr. Lolleges		an annual markan an annual an annual an annual an annual an annual an annual an an annual an annual
_	tek ov	Employer (See Instruct	ions)
	TC9, 6 Y	TAMU	
Date \		C (ID#:)	Amount of contribution (\$)
34-20-2021	Wei Gerg	on the second se	
4-10	Contributor address; City;	State: Zip Code	50,
	01111	T/ 27801	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	and \
*	rcher	TAMU	Olis)
Date		) (ID#:)	Amount of contribution (\$)
Jozy	Bing Shuai		
9-10-2021	Contributor address; City;	State; Zip Code	30,-
		ton TX77845	,
	1 /2 / 1 / 1 <b>- 201</b> 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	USN 1211047	
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White Hell of the second bear and the second b	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

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2 FILER NAME		na digipungan sependiajan kera Panan an diadahan merupakan kera Panan ang Abus Panan diadah kera Panan diadah	3 Filer ID (Ethics Commission Filers)	
M9	NGMENG an			
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
المنتخب المالية	Huilin Gao	And Andrews		
4 Date	6 Contributor address; City;	State; Zip Code	100,	
	1	T×77845		
8 Principal occu	306 Sapphire Dr. Collegestation pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
-		TAMU		
Date		(ID#)	Amount of contribution (\$)	
09-20-2021	Larying 2hou			
ou .	Contributor address; City;	State; Zip Code	20,-	
	804 Plum Hollow Dr. College Sta	tim Tx 77845		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	Professor	TAMU		
Date	Full name of contributor out-of-state PAG	C (ID#)	Amount of contribution (\$)	
Mari	Yong Shen		Amount of community	
OU No VON	Contributor address; City;	State; Zip Code	120,-	
0 -			( 20,	
	308 Amherst Dr. College Statis	n Tx 77845		
	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	professor	TAMEL		
Date	activity.	; (ID#:)	Amount of contribution (S)	
09-26-2021	Jianli Shen			
01	Contributor address; City;	State; Zip Code	70,-	
	5710 Bellerive Bend Dr College St.	ation Tt 77845		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Programmer TAMU				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1;			
2 FILER NAME	NENGMENG GU		3 Filer ID (Ethics Commission Filers)		
	5 Full name of contributor  out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
og vo veri	6 Contributor address; City;  404 Onyx Dr. College Station  (nation / Job title (See Instructions)	State; Zip Code	50,-		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Bu	siness Manger	TAMU			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
los	Ximing Wu	••••••••			
09-16-1021	Contributor address; City;	State; Zip Code	100,-		
	5309 Riviera G. College Station	1 Tx 77845			
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Pro	tes401	TAMU	Менту и переда под выбрания и переда под под преда под под переда под		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
ارم	Xiaojuan Zhou				
672200	Contributor address; City;	State; Zip Code	100,-		
61	2077 Ravenstone Loop College St	ation Tx 77845			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Exec	cutive	TAMU	T I		
Date		: (ID#)	Amount of contribution (\$)		
09-76-2021	Lixian Zhong Contributor address; City;	State; Zip Code	100,-		
	5120 Sycamore Hills Dr. Colleges	itation TX 77845			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	lions)		
moon noortkommentiisiin koolma aysen ayoo ka oo ka saasa kiin mannaan oo ka ka ka saasa ka ka ka ka ka ka ka k	Professor	TAMU			
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	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
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2 FILER NAME	ENGMENG E	τυ		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Weining Yang	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
6926-2021	6 Contributor address;		State; Zip Code	(00,	
enconnection and the control of the	4611 St. Andrew Dr.	Collegestat	abn TX 77845	verd erholder hit fordelsk of hit for the following to the following to the constraint of the following the following the constraint of th	
	ipation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
<u> </u>	rogrammer	undergriften des dessembyern in friede die einem verger vertral die die dessemblich in der finde zu verfalle, werde	TAMU		
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
0921-2011	Dong her 2hang Contributor address;	City;	State; Zip Code	30,-	
	4108 Bridgewood G.	Collegestation	on Tx77845	,	
_	pation / Job title (See Instructions)	<i>J</i>	Employer (See Instruct	ions)	
Date ,	Full name of contributor	☐ out-of-state PAC	O (ID#)	Amount of contribution (\$)	
wil	Xuan chen	1	1	Amount of continuation (3)	
6921	Contributor address;	City;	State; Zip Code	100,-	
	9219 Colchester ct.	Collegestate	in TX77845		
Principal occu	pation / Job title (See Instructions)	en menerale na retario transporte y galline et establica está cara establica.	Employer (See Instruct	ions)	
Mai	yer		Summer Cree	K LLC	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
ortion	Contributor address;	City;	State; Zip Code	100,1	
0 (	902 Durbana Ct.	Collegestati	n Tx 77845		
Principal occup	pation / Job title (See Instructions)	e para manten em accountry pera a gare again public de la facilità por em accignimentale e sprey par a require	Employer (See Instruct	ions)	
	Professor		TAMU		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Commission

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#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	1 Total pages Schedule A1:				
2 FILER NAME	ENGMENG QU		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC  ∫ `\^5\) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	State; Zip Code	7 Amount of contribution (\$)		
	227 Rockingham Loop College pation / Job title (See Instructions)	je Station TX 7845 9 Employer (See Instruc	,		
1			L University		
Date	Full name of contributor		Amount of contribution (\$)		
55 VB 72~1	Sine Xia Contributor address; City;	State; Zip Code	100,		
Principal occur	lool Capistranoct, collegest	thon 1 77845 Employer (See Instruct			
	ived	employer (See instruct	uons)		
Date		(ID#)	Amount of contribution (S)		
	Contributor address; City;	State; Zip Code			
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state_PAC	(10#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MENGMENG NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** Cold Spring Dr. Collegestation TX MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date ostmarked **OFFICEHOLDER** PHONE Receip MS / MRS / MR CAMPAIGN **TREASURER** ZHE NAME Date Processed NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; 7 CAMPAIGN STATE ZIP CODE **TREASURER** College Stations 411 Cold Spring Dr. 77845 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE 739-4186 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Day General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER

## FORM C/OH

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	NENGMENG GU	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI 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 LAS OF REPORTING PERIOD	\$ 200.04 STDAY \$ 2871.32
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	9-0	6
	Signature of Ca	ndidate or Officeholder
(1) Affil adds — 3	Please complete either option below  I MICHELLE HORN Notary Public TATE OF TEXAS ID#12423496-1 omm. Exp. June 4, 2022	<b>/:</b>
NOTARY STAMP/SEAL Sworn to and subscribed	MI - will be Car	25th day of OCTOBER.
Cari Michel	which, witness my hand and seal of office.  ALT WICHTLUE HOPN	NOTARY PUBLIC
Signature of officer administer	Timed hame of officer administering bath	Title of officer administering oath
(2) Unsworn Declaration	or on	
My name is	, and my date of birth is	
Executed in	(street) (city) (st	tate) (zip code) (country), 20, (year)
	Signature of Candida	ate/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

<u> </u>		
19	20 File ID (Eth	cs Commission Filers)
	MENG MENG GU	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100,
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 CA	он \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### SCHEDULE A1

The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
FILER NAME	NOMENG GU			3 Filer ID (Ethics Commission Filers)
Date Date	5 Full name of contributor  Toan Mag ev  6 Contributor address;		AC (ID#) State; Zip Code	7 Amount of contribution (\$)
Principal occu	 upation / Job title (See Instructions)   Retired .		9 Employer (See Instruc	tions)
Date	Full name of contributor  Contributor address:		AC (ID#:) State; Zip Code	Amount of contribution (S)
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state Pr	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State: Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY OFFICEHOLDER MENGMENG NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER 411 Cold spring Dr., college station. TX MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date I slmarked **OFFICEHOLDER** PHONE Rece FIRST 6 CAMPAIGN MS / MRS / MR O TREASURER 248 NAME NICKNAME STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CAMPAIGN **TREASURER** Cold Spring or. College station **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION **TREASURER** PHONE 739-4186 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day COVERED 10 ELECTION DATE 11 ELECTION Primary Runoff Day Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$ 4 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS 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 information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: CARI MICHELLE HORN Notary Public (1) Affidavit TATE OF TEXAS ID#12423496-1 My Comm. Exp. June 4, 2022 NOTARY ST Sworn to and subscribed before me by , witness my hand and seal of office. Signature of officer administering oath OR (2) Unsworn Declaration My name is __, and my date of birth is My address is (state) (street) (city) (zip code) (country) _____ County, State of __ Executed in __ , on the (month)

Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co.	mmission Filers)
	MENGMENG GU	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500
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	\$ 368.51
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	
***************************************		

### SCHEDULE A1

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

The	Instruction Guide explains how	r to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	MENGNENG	GU		3 Filer ID (Ethics Commission Filers)
4 Date    U-3 U-202   8 Principal occu		out-of-state PAI GUO City; Dr. Glleg	State; Zip Code	7300
	The second secon			
Date	Full name of contributor	Out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	,
Principal occup	Loation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT		OF THIS SCHEDULE AS Nuction guide for additional r	

## 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 Fees Loan Répayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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) MENGMENG GU Bryan Broadcasting Corporation 7 Payee address; City, State: Zin Code PO80X 3248 Bryan 300 TX 7)805 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Commercial for Campaingn on PURPOSE Advartising expense OF EXPENDITURE La Jefa Vadiostation Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Shipley's 10-30-2021 Amount (\$) 1760 Greens Prairiefd West collegestation TX 38,51 Category (See Categories listed at the top of this schedule) Description Food/Beverage Expense To provide food & Beverage @ **PURPOSE** OF at meet and greet event EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date 10-31 - 2021 Prosperity Bank 11-51-2021 Amount (\$) City: 1862 Rock Pratie Rd. College Station TX 77845 2,0 Category (See Categories listed at the top of this schedule) Description **PURPOSE** service change Bank of Fee 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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" ••					
	•• Complete only if Report type on page 1 is marked "Final Report" ••					
1	C/OH I	IAME MENGMENG GU	2 Filer ID (Ethics Commission Filers)			
3	SIGNA					
	I do no designa	expect any further political contributions or political expenditures in connection with ting a report as a final report terminates my campaign treasurer appointment. I also an contributions or make any campaign expenditures without a campaign treasurer a	understand that I may not accept any			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	only one:				
		I do not have unexpended contributions or unexpended interest or income earned for	rom political contributions.			
		I have unexpended contributions or unexpended interest or income earned from pol may not convert unexpended political contributions or unexpended interest or incorpersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirement.	come earned on political contributions to contributions and that I may not retain tributions longer than six years after ical contributions and unexpended			
	B.	ASSETS				
	Check	only one:				
	abla	I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.			
		I do retain assets purchased with political contributions or interest or other income fr that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to			
5		HOLDER lete this section <i>only</i> if you are an officeholder ••				
		am aware that I remain subject to filing requirements applicable to an officeholder who cile. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political corpolitical contributions or interest or other income from political contributions.	, after filing the last required report as ntributions, or assets purchased with			
		Si	gnature 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 /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	10 0.16 40 4		Date Received		
NAME	M ENGMEN G		Date neceived		
	NICKNAME LAST	SUFFIX	S S		
	GU		5 8		
3 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #: CITY;	STATE; ZIP CODE	Prin A		
OFFICEHOLDER	411 Cold spring Dr. Colleges		Date Hand relivered Date Popharked		
ADDRESS	The College's		e 30		
change of address		17845	Receipt #6 Another 5		
4 REPORT					
TYPE	Annual Final Disposit	cion	Date Proceeded		
5 PERIOD	Month Day Year Month	Day Year	Date Imaged		
COVERED	12/14/2021 THROUGH 01	101/2007	1120 Am Oth		
6 TOTALS		101/2027	TI SOVIETO S		
	TOTAL AMOUNT OF UNEXPENDED POLITICAL CO DECEMBER 31 OF THE PREVIOUS YEAR.	NTRIBUTIONS AS OF	\$ 7 912 81		
			5,015.01		
	2. TOTAL AMOUNT OF INTEREST AND OTHER IN		\$ 0		
	UNEXPENDED POLITICAL CONTRIBUTIONS DURING	THE PREVIOUS YEAR.	P 0		
7 SIGNATURE Isw	ear, or affirm, under penalty of perjury, that the a	ccompanying report	is true and correct and includes all		
info	rmation required to be reported by me under Title	15, Election Code.			
	9				
	Signature of Candidate/Officeholder				
		1.			
(1) Affida vide	I MICHELLE HORN pase complete either Notary Public TATE OF TEXAS ID#12423496-1 omm. Exp. June 4, 2022	option below:			
Sworn to and subscribed be	efore me by MENGMENG GU	this the $\underline{3}$	day of JANUARY,		
to certify w	nich, witness my hand and seal of office.	. \			
Carellichelle	tour CARA MICHELLEHORN		OTARY PUBLIC		
Signature of officer administering	g oath Printed name of officer administering	g oath	Title of officer administering oath		
APPLIES AND THE	OR				
(2) Unsworn Declaration					
My name is	, and	I my date of birth is	· · · · · · · · · · · · · · · · · · ·		
My address is					
	(street)	(city) (state	e) (zip code) (country)		
Executed in	County, State of, on the	day of (month)	, 20 (year)		
		(monur)	(year)		
		Signature of Candidate/	Officeholder (Declarant)		

C/OH REF	PORT OF UNEXPENDED CONTRIBUTURES	TIONS:	FORM C/OH-UC PG 2
8 C/OH NAME			9 Filer ID (Ethics Commission Filers)
Λ	NENGMENG GU  11 Payee name  Shaodong Guo  12 Payee address; City; State; Zip Code		
<b>10</b> Date	11 Payee name		13 Amount (\$)
27/	Shaodong Guo		₹Ψ/
12-14-609	12 Payee address; City: State; Zip Code	- Demon Sendel where where where there's thrown which strains	\$500-
	4920 Firestone Dr, Collegesta	tion, TX	и- (
		17845	
14 Purpose of expe	nditure (See instructions regarding type of information required.)	15 Is expenditur	re a contribution
presentation and the second se	Yn to do nov ravel outside of Texas. Complete Schedule T.		e, officeholder, or
Date	Payee name # 1 Facility	, Q	Amount
10 ² 4	Brazos Center For Chinas	e L Education	(\$)
12-12-10	Brazos Center For Chinese  Payee address; City; State: Zip Code	culturen	\$2,513,81
			\$ 2,3 (),01
Purpose of expendi	ture (See instructions regarding type of information required.)		
Donato	ion to an educational organization	to a candidate	e a contribution Yes
	ravel outside of Texas. Complete Schedule T.	political comr	nittee? X No
Date	Payee name		Amount
		Piddewaran	(\$)
	Payee address; City; State; Zip Code		
		D.D.L. + + + + + + + + + + + + + + + + + +	
		timandocum	
Purpose of expendit	ure (See instructions regarding type of information required.)		
	to (est visitation regarding type of information required.)		a contribution Yes
Chook # t	and established Tanas Commission Colonial Co	political comm	officeholder, or No No
Date	ravel outside of Texas. Complete Schedule T.		Amount
Bato	Payee name	T. Comments of the Comments of	Amount (\$)
vi transference	Payee address; City; State; Zip Code		
and the second	r ayee address, Oily, State, Zip Code		
To a second seco			
Purpose of expendite	ure (See instructions regarding type of information required.)	Is expenditure	a contribution Yes
			officeholder, or
Check if tr	- Augusta 1986		
	ATTACH ADDITIONAL COPIES OF THIS FO	RM AS NEED	ED