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: Mrs.
FIRST: Kristin
MI:
NICKNAME:
LAST: Tassin
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX: 850 Saint Elmo's Court
APT / SUITE #:
CITY: Missouri City
STATE: TX
ZIP CODE: 77459

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (281)
PHONE NUMBER: 630-2885
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.
FIRST: Grayle
MI:
NICKNAME:
LAST: James
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 1810 Maidenhair Ln
APT / SUITE #:
CITY: Sugar Land
STATE: TX
ZIP CODE: 77479

8 CAMPAIGN TREASURER PHONE

AREA CODE: (281)
PHONE NUMBER: 799-2873
EXTENSION:

OFFICE USE ONLY

Date Received
RECEIVED
SEP 14 2026
BY: K. Scrivo

Date Hand-delivered or Date Postmarked

Receipt #
Amount $

Date Processed

Date Imaged

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
	7	15	24
THROUGH	7	15	25

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: Primary, Runoff, Other Description, General, Special

12 OFFICE

OFFICE HELD (if any): FBISD Trustee Pos 6

13 OFFICE SOUGHT (if known): NAS

14 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

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: GENERAL / SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		**16** Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5,250.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 32.74
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 925.74
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

KIMBERLY SCHAUB
My Notary ID # 7918391
Expires December 12, 2029

Sworn to and subscribed before me by Kristin Tassin this the 14 day of September 20 26, to certify which, witness my hand and seal of office.

Kim Schaub — Signature of officer administering oath

Kim Schaub — Printed name of officer administering oath

Executive Assistant — 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	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 5,250.00
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	$ 32.74
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	$ 5,533.88

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)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
08/03/2024	Michael Siwierka 5711 Silver Bay Ct, Sugar Land, TX 77459	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/02/2024	Jim Rice 5402 Oban Terrace Ln, Sugar Land, TX 77479	1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Consultant	Rice Gardner

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/09/2024	Yolanda Humphrey 1235 N Loop W, Ste 600, Houston, TX 77008	1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Purdue, Brandon

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/01/2024	Ron Reynolds Campaign 6140 Hwy 6 S, 233, Missouri City, TX 77459	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
State Rep	NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2024	5 Payee name Raise the Money		
6 Amount ($) 32.74	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount ($)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount ($)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Kristin Tassin	

4 Date	5 Payee name
04/26/2024	Marcus Johnson

6 Amount ($)	7 Payee address; City; State; Zip Code
1,000.00	Missouri City, TX 77459

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	salaries/wages/contract labor	poll greeters

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
04/26/2024	Sharon Leal

Amount ($)	Payee address; City; State; Zip Code
25.00	Meadows Place, TX

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	salaries/wages/contract labor	poll greeters

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date	Payee name
05/06/2024	Texas GOP Store

Amount ($)	Payee address; City; State; Zip Code
552.08	404 I-45 South, Huntsville, TX 77340

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	printing expense	signs

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Kristin Tassin	

4 Date	5 Payee name
06/11/2024	Fort Bend Independent

6 Amount ($)	7 Payee address; City; State; Zip Code
55.00	PO Box 623, Sugar Land, TX 77487

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising epxense	Ad
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
07/02/2024	Kristin Tassin

Amount ($)	Payee address; City; State; Zip Code
500.00	850 Saint Elmos Ct, Missouri City, TX 77459

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Loan repayment	campaign loan repayment
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

Date	Payee name
05/03/2024	Marcus Johnson

Amount ($)	Payee address; City; State; Zip Code
130.00	Missouri City, TX 77459

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	salaries/wages/contract labor	poll greeters
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:

2 FILER NAME
Kristin Tassin

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount ($)
09/23/2024	Kristin Tassin 6 Address of person from whom amount is received; City; State; Zip Code 850 Saint Elmos Ct, Missouri City, TX 77459	3,655.85
	7 Purpose for which amount is received: Reimbursement of campaign expenses paid from personal funds	Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount ($)
09/23/2024	Kristin Tassin Address of person from whom amount is received; City; State; Zip Code 850 Saint Elmos Ct, Missouri City, TX 77459	1,878.03
	Purpose for which amount is received: Reimbursement of campaign expenses paid from personal funds	Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

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