

Official Public Records of Harris County Diane Trautman County Clerk

Campaign Finance Report

OF HARAII COUNTY, THE COUNTY OF THE COUNTY O

Diane Trantman

COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

2019233

Received By Clerk:

7/15/2019

File Date:

July 15, 2019

Office:

District Clerk

Candidate:

Burgess, Marilyn

Treasurer:

BACHAND-HALVORSON, JENNIFER R.

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

	FINANCE REPORT				FORM C/OH SHEET PG 1
The C/OH Instruction G	uide explains how to complete this	form. 1 Filer ID		2 Total pages f	iled: 40
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	· · · · · · · · · · · · · · · · · · ·	MI	OFFICE	USE ONLY
NAME	Marily	vn		Date Received	
	NICKNAME LAST		SUFFIX		
	Burge	ess			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE	E#; CITY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING ADDRESS	PO Box 7235			Receipt #	Amount
Change of Address	Houston, TX 77008			Date Processed	
				Date Imaged	
5 CAMPAIGN (MS MRS / MR FIRST		MI		
TREASURER NAME	Nonn	ifer	R		
	NICKNAME LAST		SUFFIX		
	Bachand-Hali	Vovson			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX P		T / SUITE #; CITY;		TATE; ZIP CODE
ADDRESS	1013 W Ellai	ne Ave	Pasau	lena	TX 77506
(Residence or Business)					ļ
7 CAMPAIGN TREASURER	AREA CODE PHONE NUM				
PHONE	713 459-	3521			
8 REPORT TYPE	January 15 30th	day before election	Runoff	15th day after c	ampaign treasurer
	X July 15 8th c	day before election	Exceeded \$500 limit	Final Report (Al	**
9 PERIOD	Month Day Year		Month Day	Year	
COVERED	01/01/2019	THROUGH	06/30/2019		
10 ELECTION	ELECTION DATE Month Day Year	C Drimon.	ELECTION TYPE	Flower	
]	inionin Day real	Primary General	Runoff Special	Other	
İ		П 30			
11 OFFICE	OFFICE HELD (if any) District Clerk		12 OFFICE SOUGHT	(if known)	
	District Clerk				
		GO TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.u	is		ersion V1.1.0ef01a4a

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				2 of 40				
13 C / OH NAME	Burgess, Marilyn		14 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officeho	older's knowledge or				
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME						
	SPECIFIC	COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00				
 		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 9,626.12				
EXPENDITURE TOTALS		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED						
	<u> </u>	CAL EXPENDITURES		\$ 9,681.03				
CONTRIBUTION BALANCE	REPORTING PE			\$ 7,263.92				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFADAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
×	IRENE ESCOBEDO My Notary ID # 124070 Expires December 14,	2021	Wylson of Candidate or Officeholde	er				
	cribed before me, by the s	said MAY Jyn Burgess ertify which, witness my hand and seal of office.	, this the <i>15</i> ⁴⁴	4 day				
Signature of offi	icer administering	Trene Escobedo Printed name of officer administering	Notary Rubli Title of officer a	と administering oath				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 18 FILER NAME 19 Filer ID Burgess, Marilyn 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 9,320.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 306.12 SCHEDULE B: PLEDGED CONTRIBUTIONS 3. SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 9,681.03 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 15.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/8 Rpt: 4/40 2 FILER NAME 3 Filer ID Burgess, Marilyn 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 06/15/2019 \$500.00 Abraham Watkins Nichols Sorrels Agosto and Aziz PAC Contributor address; City; State; Zip Code 800 Commerce St Houston, TX 77002 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) **Bracewell PAC** 06/15/2019 \$1,000.00 Contributor address; City; State; Zip Code 711 Louisiana St Ste 2300 Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 06/15/2019 Cardwell, Suzan \$150.00 Contributor address; City; State; Zip Code 511 Lovett Blvd Houston, TX 77006 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 06/15/2019 Cotter, John \$100.00 Contributor address; City; State; Zip Code 4223 Terrace Pines Dr Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 Dalton, Dehart \$50,00 Contributor address; City; State; Zip Code 2829 Timmons LaneApt201 Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/8 Rpt: 5/40 2 FILER NAME 3 Filer ID Burgess, Marilyn 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 06/15/2019 \$500.00 Doroteo, Carlos 6 Contributor address; City; State; Zip Code 4329 N W Oxbridge Dr Portland, OR 97229 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Carlos Doroteo Lawyer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Duble, Steven 06/15/2019 \$50.00 Contributor address; City; State; Zip Code 2803 Greenbriar St Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/15/2019 Fallon, Gayle \$75.00 Contributor address; City; State; Zip Code 2901 Bammel Ln Apt 9 Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 \$250.00 Flannigan, Roselyn Contributor address; City; State; Zip Code 4330 Cedar Ridge Trl Houston, TX 77059 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 \$150.00 Franks, Megan Contributor address; City; State; Zip Code 1310 Richlawn Dr Spring, TX 77379 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/8 Rpt: 6/40 2 FILER NAME 3 Filer ID Burgess, Marilyn out-of-state PAC (ID#: 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor 06/15/2019 \$25.00 Friedrich, Mary Anne 6 Contributor address; City; State; Zip Code 5430 Hummingbird St Houston, TX 77096 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 \$100.00 Furlow, David Contributor address; City; State; Zip Code 4126 Rice Blvd Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/15/2019 \$50.00 GUILLERMAN, DIANE Contributor address; City; State; Zip Code 908 Town and Country Blvd Apt120 Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Guillerman Law Firm PLLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 Garcia, Roland \$500.00 Contributor address; City; State; Zip Code 46 E Rivercrest Dr Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Greenberg Traurig LLP Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 Grossberg, Marc \$100.00 Contributor address; City; State; Zip Code 300 St Joseph Pkwy Apt417 Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Thompson and Knight LLP

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/8 Rpt: 7/40 2 FILER NAME 3 Filer ID Burgess, Marilyn 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 4 Date \$1,000.00 06/15/2019 HaynesBoone PAC Contributor address; City; State; Zip Code 1221 McKinney St Apt 2100 Houston, TX 77010 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 \$100.00 Heger, Wendy Contributor address; City; State; Zip Code 9715 Riddlewood Ln Houston, TX 77025 Principal occupation / Job title (See Instructions) Employer (See Instructions) PageSoutherlandPage Principal Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 06/15/2019 Huebel, Martha \$25.00 Contributor address; City; State; Zip Code 5830 McKnight Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/15/2019 Hunter, Charles \$100.00 Contributor address; City; State; Zip Code 3932 W Alabama St No 5 Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hayes Hunter PC Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 06/15/2019 Jackson, Lonnie \$100.00 Contributor address; City; State; Zip Code 14711 Bainbrook Ln Humble, TX 77396 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/8 Rpt: 8/40 2 FILER NAME 3 Filer ID Burgess, Marilyn Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 06/15/2019 \$100.00 Kennedy, Shelley 6 Contributor address; City; State; Zip Code 706 Sue Barnett Drive Houston, TX 77018 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/15/2019 \$150.00 Kerner, Debra Contributor address; City; State; Zip Code 6026 Lynnbar Houston, TX 77095 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 Landry, Marjorie \$50.00 Contributor address; City; State; Zip Code 2701 Bellefontaine A-3 Houston, TX 77025 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) 06/15/2019 Laster, Mike \$250.00 Contributor address; City; State; Zip Code PO Box 56386 Houston, TX 77256 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor. out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2019 Linebarger Goggan Blair \$500.00 Contributor address; City; State; Zip Code P O Box 17428 Austin, TX 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/8 Rpt: 9/40 2 FILER NAME 3 Filer ID Burgess, Marilyn 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 06/15/2019 \$250.00 Lucido, Rita 6 Contributor address; City; State; Zip Code 3401 Allen Pkwy Apt 100 Houston, TX 77019 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$150.00 06/15/2019 Natarajan, Rufi Contributor address; City; State; Zip Code 5201 Memorial Dr Apt 234 Houston, TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 06/15/2019 \$750.00 Olive, Ken Contributor address; City; State; Zip Code 5522 SYLMAR RD Houston, TX 77081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Mgr Leg and External Affiars Harris County Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/15/2019 Perry, Brent \$250.00 Contributor address, City; State; Zip Code 909 Fannin St Ste 2630 Houston, TX 77010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Laywer **Burford Perry LLP** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/15/2019 Sharp, James P \$35.00 Contributor address; City; State; Zip Code 309 Woodland St Houston, TX 77009 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDUL	e A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/40	
2	FILER NAME Burgess, Ma	urilyn		3 Filer ID	
4	Date 06/15/2019	5 Full name of contributor Snively, Judith 6 Contributor address; City; State; Zip Code 2480 Times Blvd Ste 201 Houston, TX 77005		7 Amount of Contribution (\$)	\$500.00
8	Principal occu Chief Deputy		Employer (See Instructions) Harris County		
	Date 06/15/2019	Full name of contributor out-of-state PAC (ID#:_Sorola-Pohlman, Lenora Contributor address; City; State, Zip Code 2314 Tannehill Dr Houston, TX 77008		Amount of Contribution (\$)	\$100.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
	Date 06/15/2019	Full name of contributor out-of-state PAC (ID#:_Stooksberry, Janice Contributor address; City; State; Zip Code 228 Birdsall St Houston, TX 77007		Amount of Contribution (\$) .	\$50.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
	Date 06/15/2019	Full name of contributor out-of-state PAC (ID#:_ Svetlik, Frank Contributor address; City; State; Zip Code 1 Riverway Apt 1700 Houston, TX 77056		Amount of Contribution (\$)	\$10.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
	Date 06/15/2019	Full name of contributor out-of-state PAC (ID#:_Vallet, Rita Contributor address; City; State; Zip Code 5605 Lacy St Houston, TX 77007		Amount of Contribution (\$)	\$250.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	

MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUL	E A1
The Instruc	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 8/8 Rpt: 11/40	
FILER NAME Burgess, Ma	rilyn	3	Filer ID	
06/15/2019	 5 Full name of contributor out-of-state PAC (ID#:_ Ware Jackson PAC 6 Contributor address; City; State; Zip Code 2929 Allen Parkway 39th Floor Houston, TX 77019 pation / Job title (See Instructions) 	9 Employer (See Instructions)	Amount of Contribution (\$)	\$500.00
	patient to be title (See Instructions)	- Employer (See manualions)		
Date 06/15/2019	Full name of contributor out-of-state PAC (ID#: Willms, David Contributor address; City; State; Zip Code 3603 Whidbey Ct Spring, TX 77388		Amount of Contribution (\$)	\$500.00
Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions) Mach 5 Couriers Inc		
		·		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2
The Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/40
2 FILER NAME Burgess, Marilyn	3 Filer ID
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	ITIONS \$
5 Date 01/01/2019 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution contribution (\$) description \$306.12 Food for swearing in.
Houston, TX 77081 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Pawment

EXPENDITURE CATEGORIES FOR BOX 8(a)
vent Expense

Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

] 	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Vages/	es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 1/27 Rpt: 13/40	2 FILER NAME Burgess, M				3 Filer ID
4		5 Payee name ASAP Pro I				
6	Amount (\$) \$80.11	7 Payee addre 13230 Murp Stafford, TX	phy Rd. Ste 100	State; Zip Co	ode :	
8	PURPOSE OF EXPENDITURE		ee Categories listed at the head/Rental Expe			Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Framing of official portrait
9	Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office sou	ıght	Office held
	Date 01/21/2019	Payee name AVENIDA (CENTRAL GARAC	GE		
	Amount (\$) \$10.00	Payee addre 1002 VWN Houston, T	DA De Las Ameri	State; Žip Co	ode	
	PURPOSE OF EXPENDITURE	(a) Category (s Event Expe	ee Categories listed at the	top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking - MLK event
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught	t Office held
	Date 03/07/2019	Payee name Acres of A				
	Amount (\$) \$25.00	Payee addre PO Box 38 Houston, T	027	State; Zip Co	ode	
	PURPOSE OF EXPENDITURE	Contributio	see Categories listed at the ns/Donations Mac Officeholder/Politi	de By	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	ot Office held

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.0ef01a4a

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not fisted above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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
	Sch: 2/27 Rpt: 14/40	Burgess, Marilyn
4	Date	5 Payee name
	01/01/2019	Amegy Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	P.O. Box 27459
		Houston, TX 77248
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fee
		Ballk ICE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	·	
	Date	Payee name
	01/31/2019	Amegy
	Amount (\$)	Payee address; City; State, Zip Code
	\$2.00	PO Box 27459
		Houston, TX 77227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense bank fee
		Dalik lee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ŀ	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
L		
	Date	Payee name
L	02/28/2019	Amegy
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 27459
		Houston, TX 77227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
ļ		Check if Austin, TX, officeholder living expense
1		bank fee
Ļ		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		``
l		

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Co		Food/Beverage Expense Gift/Awards/Memorials E. Legal Services The Instruction Guid	xpense		pense ages/	e Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	
	Sch: 3/27 Rpt: 15/40		Burgess, Ma	arilyn						
4	Date	5	Payee name		~*				7	
1	03/31/2019	ŀ	Amegy							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de		*	
	\$2.00	Ì	PO Box 274	59						
ĺ		ļ					•			
	·		Houston, TX	C 77227						
8	PURPOSE	(a	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description		
l	OF EXPENDITURE	l	Fees					<u></u>	itside of Texas. Com FX, officeholder living	
								bank fee	A, officeriolaer living	y expense
				•						
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Ç	ffice sou	ght		Office he	eld
	expenditure to benefit C/OI	H 								
Г	Date		Payee name					7		
	04/30/2019		Amegy							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de			
İ	\$2.00		P.O. Box 27	7459						
		L	Houston, T	X 77248						
	PURPOSE OF	(a		ee Categories listed at the	top of this sch	edule)	(b)	Description		
l	EXPENDITURE		Fees					느	utside of Texas. Com TX, officeholder living	·
١	•		×			1		bank fee		•
Г	Complete ONLY if direct		Candidate/Off	ceholder name		Office sou	ght		Office h	eld
L	expenditure to benefit C/O	H								
	Date		Payee name	>	-					
	05/31/2019		Amegy							
Г	Amount (\$)		Payee addre		State	Zip Co	de			
	\$2.00		P.O. Box 2	7459						
1			_							
L			Houston, T.	X 77248 —————						
	PURPOSE	(a		ee Categories listed at th	e top of this sch	edule)	(b)	Description	utside of Texas. Con	antata Cabadala T
١.	EXPENDITURE	l	Fees					<u></u>	TX, officeholder livin	
								bank fee		
L										
	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/Off	iceholder name		Office sou	ght		Office h	eld
L			~							. <u> </u>
1										
L										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		nmittee Legal	vards/Memorials Services nstruction Gu	Expense iide explains l	400000	Vages/	Contract Labor OTHER (enter a cat	t egory not listed above)
1	Total pages Schedule F1:	2	FILER NAME		·			3 Filer ID	
	Sch: 4/27 Rpt: 16/40		Burgess, Marilyr	1					
4	Date	5	Payee name			7	Was		
	05/31/2019		Amegy						
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	ode		
	\$2.00		P.O. Box 27459						
			Houston, TX 772	248					
8	PURPOSE	(a)	Category (See Cate	egories listed at th	ne ton of this sch	edute)	(b)	Description	
	OF	`	Fees	gones listed at ti	ic top of this serie	edule)	` ′	Check if travel outside of Texas. Complet	e Schedule T.
	EXPENDITURE							Check if Austin, TX, officeholder living ex	pense
								bank fee	
9	Complete ONLY if direct		Candidate/Officeho	lder name	C	Office sou	ıght	Office held	
	expenditure to benefit C/OF	<u>'</u>							
Г	Date		Payee name						
	06/28/2019		Amegy						
Г	Amount (\$)		Payee address;	City;	State;	Zip Co	ode		
	\$2.00		P.O. Box 27459						
١									
			Houston, TX 77	248	7				
⊢	PURPOSE	(a)	Category (See Cate				(b)	Description	
	OF	("	Fees	egories listed at t	ne top of this sch	equie)	`~'	Check if travel outside of Texas. Complete	te Schedule T.
1	EXPENDITURE	ŀ	. 000	Ware			l	Check if Austin, TX, officeholder living ex	pense
l								bank fee	
							1		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	C	Office sou	ught	/ Office held	_
L	experiordie to benefit C/Or	1							
Г	Date		Payee name						
ļ	01/10/2019		Annie's List						
	Amount (\$)		Payee address;	City;	State;	; Zip Co	ode		
	\$10.00		PO Box 303277						
i					900				
			Austin, TX 7870	3					
Г	PURPOSE	(a)	Category (See Cat	egories listed at t	he top of this sch	edule)	(b)	Description	
l	OF EXPENDITURE		Contributions/D				l	Check if travel outside of Texas. Comple	te Schedule T.
l	EXPENDITURE		Candidate/Offic			nittee		Check if Austin, TX, officeholder living ex	pense
l								sustaining membership	
L		<u> </u>					<u> </u>		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeho	lder name		Office sou	ught	Office held	I
L	onperiorier to beliefit G/O/	_				<u>-</u>			
١									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Political		Gift/Awards/Memorials Ex Legal Services	xpense Prin	nting Expense aries/Wages/	e Contract Labor	Travel Out of District OTHER (enter a category not listed ab	ove)
Credit Card Payment		The Instruction Guid		•		(c. no. a suregery not listed at	
1 Total pages Schedule F1:	2 FILER NAME	=				3 Filer ID	
Sch: 5/27 Rpt: 17/40	Burgess, M	larilyn					
Date 02/10/2019	5 Payee name Annie's List				•		
6 Amount (\$)	7 Payee addre	•	State; Zij	p Code			
\$10.00	PO Box 30	3277					
	Austin, TX	78703					
B PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule) (b)	Description		
OF EXPENDITURE	Contributio	ns/Donations Mad	de By	Ì	<u>—</u>	outside of Texas. Complete Schedule T.	
	Candidate/	Officeholder/Politi	ical Committee		ليسا	n, TX, officeholder living expense	
	1				sustaining m	ieumerauih	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Offic	e sought		Office held	
Date	Payee name	,					
03/10/2019	Annie's Lis	t		V			
Amount (\$)	Payee addre	ess; City;	State; Zi	p Code			
\$10.00	PO Box 30	4			5.		
	1			1	•		
	Austin, TX	78703					
PURPOSE		See Categories listed at the	top of this select is) (b)	Description		
OF		see Categories listed at the ons/Donations Mac		" " "		l outside of Texas. Complete Schedule T.	
EXPENDITURE		Officeholder/Politi	,	e	<u>==</u>	in, TX, officeholder living expense	
l	1				sustaining m	nembership	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Offic	e sought		Office held	
Date	Payee name	;			=		
04/10/2019	Annie's Lis	st	-				
Amount (\$)	Payee addre		State; Zi	ip Code			
\$10.00	PO Box 30	13277					
· ·	Į.						
	Austin, TX	78703			_		
PURPOSE	(a) Category 16	See Categories listed at the	e top of this schedule	,) (b)	Description		
OF EXPENDITURE	Contributio	ons/Donations Mad	de By	ļ	Check if trave	el outside of Texas. Complete Schedule T.	
-AFENDITURE		/Officeholder/Polit		e		in, TX, officeholder living expense	
į					sustaining m	nembership	
Complete ONLY if direct	Candidate/Of	fficeholder name	Offic	ce sought		Office held	
expenditure to benefit C/O			- Jiill	wy III		u rivid	
						•	

SCHEDULE F1

			EXI	PENDITUR	E CATEGOR	RIES FOR B	ЮX	8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	, . Il Coi	Gift/Awa mmittee Legal Se	verage Expens rds/Memorials ervices		Office Overhe Polling Expen Printing Expe Salaries/Wag	ead/Ro ise nse es/Co			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID
L	Sch: 6/27 Rpt: 18/40		Burgess, Marilyn					-i		. <u>.</u>
4	Date	5	Payee name							
	05/03/2019		Annie's List					•		
6	Amount (\$)	7	Payee address;	City;	State	Zip Code				
	\$21.37		PO Box 303277							
			Austin, TX 78703			•				
8	PURPOSE	(a)	Category (See Categ			In the) D	escription	-	
ľ	OF	```	Contributions/Dor	100000		edule)	" F		outsi	de of Texas. Complete Schedule T.
ŀ	EXPENDITURE	1	Candidate/Officel			ittee	Ē	Check if Austin	1, TX,	officeholder living expense
							d	onation		
1		١								
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officehold	er name	(Office sough	it			Office held
H	Date	Г	Payee name						_	
	05/10/2019		Annie's List		•					
H	Amount (\$)	T	Payee address;	City;	State	Zip Code	,		_	
	\$10.00		PO Box 303277	•				,		
	,							_		
			Austin, TX 78703					,		
	PURPOSE	(a)	Category (See Categ	ories listed at ti	he top of this sch	iedule) . (t) D	escription	_	
ĺ	OF EXPENDITURE	ı	Contributions/Doi					⊒		ide of Texas. Complete Schedule T.
ļ	2/11 2/13/13/12		Candidate/Officel	nolder/Poli	itical Comn	rittee	L	_		, officeholder living expense
	•						5	ustaining m	em	persnip
L		<u> </u>								·····
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholo	ler name	***************************************	Office sough	nt			Office held
Γ	Date	Γ	Payee name							
1	06/10/2019	Ì	Annie's List							
厂	Amount (\$)	T	Payee address;	City;	State	; Zip Code	9			
l	\$10.00		PO Box 303277							
1		1					, *			
ŀ	•		Austin, TX 78703					~		
厂	PURPOSE	(a	Category (See Categ	tories listed at t	he top of this so	nedule) (I	b) [Description	_	
	OF EXPENDITURE		Contributions/Do						outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Office			nittee	Ē	Check if Austin	n, TX	, officeholder living expense
1							S	sustaining m	em	bership
	_									
	Complete ONLY if direct		Candidate/Officehold	ler name		Office sough	nt			Office held
	expenditure to benefit C/O	H								
H									_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Consulting Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Travel Out of District Legal Services 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 Sch: 7/27 Rpt: 19/40 Burgess, Marilyn 4 Date Payee name 04/25/2019 Arne's Payee address; Amount (\$) City; State; Zip Code \$24.07 2830 Hicks St. Houston, TX 77007 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Cinco de Mayo parade decorations Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/08/2019 Arne's City; Payee address; Amount (\$) State; Zip Code \$88.79 2830 Hicks St Houston, TX 77007 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, afficeholder living expense candy for Juneteenth parade Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/17/2019 Arne's Amount (\$) Payee address; City; State; Zip Code \$85.00 2830 Hicks St. Houston, TX 77007 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PRIDE parade decorations Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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SCHEDULE F1

Advertising Expense Accounting/Banking Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Constitutions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense Travel II District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	Crean Cara Payment		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID	
	Sch: 8/27 Rpt: 20/40		Burgess, Marilyn	
4	Date	5	Payee name	
	02/04/2019	Ì	BRAZOS BOOKSTORE, LLC	
6	Amount (\$)	7	Payee address; City; State; Zip Code	
Ì	\$38.95	ĺ	2421 Bissonnet St.	
Ì	,	1		
			Houston, TV 77005	
8	PURPOSE	10	Houston, TX 77005	
ľ	OF	۳۱۱	Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.	
1	EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Ì			Madeline Albright event	
9	Complete ONLY if direct	ــــــ	Candidate/Officeholder name Office sought Office held	
Ľ	expenditure to benefit C/OI		Candidate/Onice folder frame Office sought Office field	
Γ	Date	Π	Payee name	
	01/14/2019		Chapman & Kirby	
卜	Amount (\$)	H	Payee address; City; State: Zip Code	
ļ	\$11.70		2118 Lamar St	
ļ				
l			Houston, TV 77002	
L		L	Houston, TX 77002	
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule) Description	
ļ	EXPENDITURE	ļ	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		ļ	event	
l		l	CVCIII	
L	0	L.		
L	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	
L				
	Date		Payee name	
l	05/14/2019	l	Claude Cummings Jr. Scholarship Fund	
r	Amount (\$)	t	Payee address; City; State; Zip Code	
l	\$20.00		PO Box 841366	
1			Pearland, TX 77584	
L		<u> </u>		
1	PURPOSE OF	(a	(b) Description	
1	EXPENDITURE	Ì	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
ì			Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Condition	
		1	Donation	
-	Complete ONLY 15 alter 11	L	Conditions (Office holder name)	
1	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	
L				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: |2 FILER NAME Sch: 9/27 Rpt: 21/40 Burgess, Marilyn 4 Date Payee name 06/10/2019 Coppa Osteria Amount (\$) Payee address; City; State; Zip Code \$44.97 5210 Morningside Dr Houston, TX 77005 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch with Jimmy Wynn - consultant Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/24/2019 **GUAVA LAMP** Amount (\$) Payee address: State; City; Zip Code \$10.00 570 Waugh Dr. Houston, TX 77019 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PRIDE event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2019 Go Daddy Amount (\$) Payee address; State; Zip Code \$75.30 14455 Hayden Road Scottsdale, AZ 85260 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense computer services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expens Transportation Equipment & Related Expense Travel in District

Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 10/27 Rpt: 22/40 Burgess, Marilyn 4 Date Payee name 06/30/2019 Go Daddy Payee address; 6 Amount (\$) City; State; Zip Code \$18.17 14455 Hayden Road Scottsdale, AZ 85260 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense domain renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/13/2019 **HCCLA** Zip Amount (\$) Payee address; State Code \$95.00 229 Heights Blvd Houston, TX 77008 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event fee Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/11/2019 **HCDLA** Payee address; Amount (\$) City; State: Zip Code \$75.00 711 Louisiana St #1900 Houston, TX 77002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee annual dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Political Credit Card Payment	Committee 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
	Sch: 11/27 Rpt: 23/40	Burgess, Marilyn
4	Date	5 Payee name
	01/11/2019	Harris Co. Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	4719 Lyons Ave
	·	
		Houston, TV 77020
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		sustaining membership
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	
	Date	Payee name
	02/11/2019	Harris Co. Democratic Party
Г	Amount (\$)	Payee address; City; State; Zip Code
1	\$10.00	4719 Lyons Ave
l		
		Houston, TX 77020
<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Sustaining membership
1		· Joseph Membership
⊢	On an alone ONII With all and a	Out that Office halds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
l	03/11/2019	Harris Co. Democratic Party
┢	Amount (\$)	Payee address; City; State; Zip Code
l	\$10.00	4719 Lyons Ave
1		
1		House TV 77000
L		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
١	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		sustaining membership
L		
1	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experience to belieff C/O	
Г		
1		

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	-	norials Expense	Polling Exp Printing Ex Salaries/W ains how to cor	pense ages/	e Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME				3	Filer ID
	Sch: 12/27 Rpt: 24/40	Burgess, Marilyn				\$	
4	Date	Payee name				·	
	03/12/2019	Harris Co. Democratic	Party				
6	Amount (\$)	Payee address; City;	s	itate; Zip Co	de		
	\$2,500.00	4719 Lyons Ave					
		ŕ					
		Houston, TX 77020		·			
8	PURPOSE	Category (See Categories list	ed at the top of th	is schedule)	(b)	Description	
	OF EXPENDITURE	Event Expense				=	ide of Texas. Complete Schedule T. , officeholder living expense
						JRR Table	, onecrosaer hving expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nan	ne	Office sou	ght		Office held
F	Date	Payee name					
	04/11/2019	Harris Co. Democratic	Party				
┝	Amount (\$)	Payee address; City;	5	State; Zip Co	de		
	\$10.00	4719 Lyons Ave					
		•					
		Houston, TX 77020	/ 7				
┢	PURPOSE	Category (See Categories list	ed at the top of th	nis schedule)	(b)	Description	
1	OF EXPENDITURE	Contributions/Donation					ide of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder	/Political Co	ommittee		_	, officeholder living expense
ł						sustaining mem	persnip
<u> </u>							
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nar	ne	Office sou	gnt	•	Office held
⊫	· 		-		_		
١	Date	Payee name					
L	05/11/2019	Harris Co. Democratic					
	Amount (\$)	Payee address; City;	5	State; Zip Co	de		
1	\$10.00	4719 Lyons Ave					
L		Houston, TX 77020					
Γ	PURPOSE	Category (See Categories lis	ted at the top of th	his schedule)	(b)	Description	
	OF EXPENDITURE	Contributions/Donation				_	side of Texas. Complete Schedule T. K, officeholder living expense
		Candidate/Officeholde	/Political Ci	ommittee		sustaining mem	
l							
1	Complete ONLY if direct	Candidate/Officeholder na	me	Office sou	aht		Office held
1	expenditure to benefit C/O			J	J		•
┢							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Total pages Schedule F1:	2 FILER
Sch: 13/27 Rpt: 25/40	Burge

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 NAME 3 Filer ID ess, Marilyn Payee name 4 Date 06/11/2019 Harris Co. Democratic Party 6 Amount (\$) Payee address; City; State; Zip Code \$10.00 4719 Lyons Ave Houston, TX 77020 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense sustaining membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Harris Co. Democratic Party 06/29/2019 Amount (\$) Payee address; City; State; Zip Code \$5.00 4719 Lyons Ave Houston, TX 77020 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **Event Expense** Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense event fee Complete **ONLY** if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/22/2019 Houston GLBT Caucus Payee address: Amount (\$) State; Zip Code \$100.00 401 Barnard St Houston, TX 77006 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Spring Fling event fee Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

ood/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 14/27 Rpt: 26/40 Burgess, Marilyn 4 Date Payee name 04/06/2019 **Human Rights Campaign** Amount (\$) Payee address; City; State; Zip Code \$132.25 1640 Rhode Island Ave NW Washington, DC 20036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense event ticket Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/22/2019 Jane Due's Process Amount (\$) Pavee address: Citv State; Zip Code \$20,00 P.O. Box 685137 Austin, TX 78768 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee nembership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 02/21/2019 Jane Due's Process Amount (\$) Payee address; City; State: Zip Code \$20.00 P.O. Box 685137 Austin, TX 78768 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee membership Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	
Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 15/27 Rpt: 27/40	Burgess, Marilyn
Date	5 Payee name
03/23/2019	Jane Due's Process
Amount (\$)	7 Payee address; City; State; Zip Code
\$20.00	P.O. Box 685137
	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	i illetiberstiip
C. the Court of the co	Office and the Company of the Compan
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/22/2019	Jane Due's Process
Amount (\$)	Payee address; City; State; Zip Code .
\$20.00	P.O. Box 685137
	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	membership
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Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/21/2019	Jane Due's Process
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	P.O. Box 685137
420.00	, reconstruction
	Austin TV 70760
	Austin, TX 78768
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	membership
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense
Fees
Office Overhead/Rental 8

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

Candidate/Officeholder/Political Credit Card Payment	Committee 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:	
Sch: 16/27 Rpt: 28/40	Burgess, Marilyn
4 Date	5 Payee name
05/22/2019	Jane's Due Process
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$20.00	P.O. Box 685137
	Austin, TX 78768
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX. officeholder living expense
	membership
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2019	Josh Wallenstein Campaign
Amount (\$)	Payee address; City; State, Zip Code
\$50.00	14526 Old Katy Road
	Houston, TX 77079
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/03/2019	LULAC
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	6200 Gulf Fwy
	Houston, TX 77023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
[OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	parade entry fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a rategory not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide exp		ages/Contract Labor	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID
	Sch: 17/27 Rpt: 29/40	Burgess, M		,	····	
4	Date	5 Payee name	;			
	04/19/2019	LWV Hous	ton			
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de	
	\$208.59	P.O. Box 2	70269			
L	···	Houston, T	X 77277			
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(b) Description	
	EXPENDITURE	Event Exp	ense	1		ivel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense
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9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht	Office held
Ľ	expenditure to benefit C/O			Omec 300	y, ii	Office field
Γ	Date	Payee name	?			
ŀ	03/05/2019	MARRIOT	TMARQHOUSTO			
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de	
	\$20.00	1777 Walk	er St			
1						
L		Houston, T	TX 77010		·	
١.	PURPOSE OF		See Categories listed at the top of	this schedule)	(b) Description	
1	EXPENDITURE	Event Exp	ense	7		avel outside of Texas. Complete Schedule T. Ustin, TX, officeholder living expense
ĺ						AIPAC Event
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┝	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	nht	Office held
1	expenditure to benefit C/O		ncenologi name	Office 300	gne	Since neta
⊨	Data		//			
	Date 04/06/2019	Payee nam	TMARQHOUSTO			
L			<u></u>			<u> </u>
	Amount (\$)	Payee addr		State; Zip Co	de	
	\$30.00	1777 Walk	er St			
			•			
		Houston, 1	TX 77010			
	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description	
	OF EXPENDITURE	Event Exp	ense			avel outside of Texas. Complete Schedule T.
l						ustin, TX, officeholder living expense HRC Event
					1 arking - i	·
一	Complete ONLY if direct		fficeholder name	Office sou	ght	Office held
	expenditure to benefit C/O				•	
\vdash			·			

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/	e /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed a	above)
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1	Total pages Schedule F1: Sch: 18/27 Rpt: 30/40	2 FILER NAME Burgess, M			١	3 Filer ID	
4	Date	5 Payee name					
	04/06/2019	,	rmarqhousto				
6	Amount (\$)	7 Payee addre	•	e; Zip Code			
	\$26.00	1777 Walke	er St				
		Houston, T	X 77010	<u></u> -			
8	PURPOSE OF		See Categories listed at the top of this sc	:hedule) (b)	Description		-
	EXPENDITURE	Event Expe	ense		<u></u>	utside of Texas. Complete Schedule T. TX, officeholder living expense	
				}	HRC Event fee		
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9	Complete ONLY if direct		ficeholder name	Office sought		Office held	
	expenditure to benefit C/OF					· ·	
Γ	Date	Payee name				_ : 	
L	01/01/2019	Mail Chimp					
	Amount (\$)	Payee addre	•	e; Zip Code		_	
	\$31.98	675 Ponce	de Leon Ave NE # 5000				
		Atlanta, GA	A 30308				
Γ	PURPOSE	(a) Category (s	See Categories listed at the top of this so	chedule) (b)	Description		
	OF EXPENDITURE		rhead/Rental Expense			utside of Texas. Complete Schedule T.	
	ļ				email host	TX, officeholder living expense	
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r	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sought		Office held	
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	EXPENDITURE	Office Ove	rhead/Rental Expense			outside of Texas. Complete Schedule T. TX, officeholder living expense	
					email host		
ſ	Complete ONLY if direct		ficeholder name	Office sought		Office held	 * _
L	expenditure to benefit C/O	п					
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees
Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages/C	Contract Labor	OTHER (ente	er a category not listed above)
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1	Total pages Schedule F1:	2	FILER NAME	-				Į.	3 Filer ID	
	Sch: 19/27 Rpt: 31/40		Burgess, M	arilyn						
4	Date	5	Payee name							
	03/01/2019		Mail Chimp							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Coo	de			
Ì	\$31.98		675 Ponce	de Leon Ave NE	# 5000					
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			Atlanta, GA	30308						
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8	PURPOSE OF	(a,		ee Categories listed at the		hedule)	(D) [Description	utcide of Toyac C	omplete Schedule T.
1	EXPENDITURE		Office Over	head/Rental Exp	ense		, -		TX, officeholder li	
l						ļ	, L	email host		
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9	Complete ONLY if direct	Ц	Candidate/Off	iceholder name		Office soug	nht		Office	held
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	Date	ļ	Payee name			*				
L	04/01/2019	L	Mail Chimp) 				<u>/</u>		
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l		ļ	Atlanta, GA	V 30308						
\vdash	PURPOSE	(a) Category (s	See Categories listed at th	e ton al this so	hadula	(b)	Description		
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l	EXPENDITURE	1		,	>	I	Ī	Check if Austin,	TX, officeholder li	iving expense
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F	Date	7	Payee name	=:===================================		_=				
ı	05/01/2019		Mail Chimp)						
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	PURPOSE	(a		See Categories listed at th		chedule)	(b)	Description		
1	EXPENDITURE	Ì	Office Ove	rhead/Rental Exp	ense			<u></u>	outside of Texas. (, TX, officeholder l	Complete Schedule T.
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\vdash	Complete ONLY if direct		Candidate/Of	ficeholder name		Office sou	aht		Office	e held
	expenditure to benefit C/C					J50 Jou	a		Onio	d
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E Printing E	xpense Expens			Travel in District Travel Out of District OTHER (enter a category not listed above)
_				The Instruction Guide expl	ains how to c	omple	ete this form.		····
1	Total pages Schedule F1:	2						3	Filer ID
	Sch: 20/27 Rpt: 32/40		Burgess, M	larilyn					
4	Date	5	Payee name	;					
	06/02/2019		Mail Chimp)					
6	Amount (\$)	7	Payee addre	ess; City; S	tate; Zip C	ode			
	\$31.98	1	675 Ponce	de Leon Ave NE # 5000)				
ŀ	į		Atlanta, GA	A 30308					
8	PURPOSE	(a	Category (s	See Categories listed at the top of th	is schedule)	(b)	Description		
l	OF	l` '		rhead/Rental Expense	is scriedule)	``		outs	ide of Texas. Complete Schedute T.
l	EXPENDITURE	ļ		·			_	, TX	, officeholder living expense
l							email host		
L		L				<u>] </u>	_i		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	Office so	ught			Office held
		_					<u></u>		
	Date		Payee name	•		,			
l	01/02/2019	ĺ	Medina, Irr	na					
Г	Amount (\$)		Payee addre	ess; City;	itate; Zip C	ode			
	\$239.51		24023 SM	OKEYGATE C					
			Spring, TX	77373					
Г	PURPOSE	(a	Category (See Categories listed at the top of th	is schedule)	(b)	Description	_	
	OF EXPENDITURE		Event Exp			1	Check if travel	outs	side of Texas. Complete Schedule T.
	EXPENDITORE		*			ļ			k, officeholder living expense
							Swearing in	Re	ception supplies
Ц	<u> </u>	L			- •••	1			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	Office so	ught			Office held
L		-				Ξ.			
l	Date	l	Payee name	e					
L	02/01/2019	L	Medina, Irı	ma 					
	Amount (\$)		Payee addr	ess; City; S	State; Zip C	ode			
ļ	\$18.55		24023 SM	OKEYGATE C					
1		1	Spring, TX	77373			•		
r	PURPOSE	(a) Category 7	See Categories listed at the top of t	nis schedule)	(b)	Description		
	OF EXPENDITURE			rhead/Rental Expense	55.104416)			louts	side of Texas, Complete Schedule T.
	FVLFIADITOKE			·			L		C, officeholder living expense
l							postage rein	uar	irsement
L		L							-
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	н	Candidate/O	fficeholder name	Office so	ought			Office held
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 21/27 Rpt: 33/40 Burgess, Marilyn 4 Date Payee name 03/01/2019 Medina, Irma Payee address; City: State; Zip Code 6 Amount (\$) 2815 Green Lodge Circle \$914.00 Spring, TX 77373 8 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement for purchases Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 06/24/2019 Morgan McAllister Payee address; State; Zip Code Amount (\$) \$60.74 623 Shadowcliff Court League City, TX 77573 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Pride supplies Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/12/2019 Parking Panda Amount (\$) Payee address; City; Zip Code \$10.00 1121 Marshall St. Baltimore, MD 21230 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense parking - Greater Houston Partnership event Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

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Version V1.1.0ef01a4a

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 22/27 Rpt: 34/40 Burgess, Marilyn 4 Date Payee name 06/30/2019 Paypal Payee address; Amount (\$) City; State; Zip Code \$20.25 2211 N. 1st Street San Jose, CA 95131 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Processing Fee 9 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/31/2019 Planned Parenthood Gulf Coast State; Zip Code Amount (\$) Payee address; \$1,500.00 4600 Gulf Freeway Houston, TX 77023 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 06/23/2019 Ryder Truck Rental Amount (\$) Payee address; City; State; Zip Code \$205.48 Wallisville Rd Houston, TX 77029 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF **Event Expense** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Pride truck rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By		Food/Beverage Expense Gift/Awards/Memorials Exp		xpens	е	1	ravel in District ravel Out of District	
Candidate/Officeholder/Political Credit Card Payment	Committee	Legal Services The Instruction Guide		-	/Contract Labor ete this form.	C	OTHER (enter a category not listed ab	ove)
1 Total pages Schedule F1:	2 FILER NAM	E			-	3 F	Filer ID	
Sch: 23/27 Rpt: 35/40	Burgess, N	Marilyn						
4 Date	5 Payee nam	e					· · · · · · · · · · · · · · · · · · ·	
01/02/2019	Snively, Ju	ıdith			·			
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode				
\$47.81	15206 win	dy cove drive			*15.			
	Houston,	ΓX 77095						
8 PURPOSE	(a) Category	See Categories listed at the to	op of this schedule)	(b)	Description			
OF EXPENDITURE	Event Exp				<u>L</u>		e of Texas. Complete Schedule T.	
							fficeholder living expense	
					Citourning in 1		Pagit onblace	
Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office so	L ught			Office held	
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05/01/2019	Sprint2Pri			<u></u>				
Amount (\$)	Payee addr	, , , , , , , , , , , , , , , , , , , ,	State; Zip C	ode				
\$165.00	6/48 Clay	Rd. Ste 300			. //			
	Houston,	TX 77080						
PURPOSE	(a) Category	See Categories listed at the t	op of this schedule)	(b)	Description			
OF EXPENDITURE	Printing E	xpense			<u></u>		e of Texas. Complete Schedule T. Ifficeholder living expense	
			*		banner	.,	A Side living superior	
Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office so	ught			Office held	
Date	Payee nam	e		=	,			
02/16/2019	Steven Ha	alvorsen Campaign						
Amount (\$)	Payee add	ress; City;	State; Zip C	ode				
\$50.00	1013 W E	llaine Ave						
	Pasadena	ı, TX 77506						
PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description	_		
OF EXPENDITURE		ons/Donations Made					e of Texas. Complete Schedule T.	
•	Candidate	e/Officeholder/Politic	ai Committee		Donation	1, 1X, (officeholder living expense	
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Complete ONLY if direct	Candidate/C	fficeholder name	Office so	ught			Office held	
expenditure to benefit C/O				J				
	-							

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political		mmittee	Gift/Awards/Memorials Legal Services		Printing Exp Printing Exp Salaries/Wa	ense	act Labor	Travel in D Travel Out OTHER (e	of District	not listed above)
	Credit Card Payment			The Instruction G	uide explains l	how to com	plete thi	s form.			
1	Total pages Schedule F1:	2	FILER NAME	=					3 Filer ID		
1	Sch: 24/27 Rpt: 36/40		Burgess, M	arilyn				Ì			
4	Date	5	Payee name								
	03/23/2019		TDW Harris	s Co.							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	е				
	\$250.00 ¹		766 Thornb	ranch Dr							
		l									
			Houston, T	X 77079							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	b) Des	•			
	OF EXPENDITURE			ns/Donations Ma					outside of Texas TX, officeholde	Complete School	edule T.
	•		Candidate/	Officeholder/Pol	ilucai Comm	iillee			۸r. McKinn		
							,			,	
9	Complete ONLY if direct		Candidate/Off	iceholder name		Office soug	ht		Offic	ce held	_ , , ,
L	expenditure to benefit C/OI	Н		·							
Г	Date		Payee name								
l	03/05/2019	ŀ	TX Dem W	omen of Harris	County						
Г	Amount (\$)	Г	Payee addre	ess; City;	State	; Zip Coo	le				
	\$130.00		766 Thornb	oranch Dr							
1		1									
1			Houston, T	X 7 7 079							
Г	PURPOSE	(a) Category	See Categories listed at	the top of this sch	nedule)	(b) Des	cription			
ł	OF EXPENDITURE	ļ		ns/Donations M						. Complete Sch	
		1	Candidate/	Officeholder/Po	litical Comm	nittee		es, Ad, lun		r living expense	
								, , , , , , , , , , , , , , , , , , , ,			
\vdash	Complete ONLY if direct		Candidate/Off	ficeholder name		Office soug	ıht		Offi	ce held	
	expenditure to benefit C/O										
Г	Date		Payee name								
١	05/08/2019		Texas Free	edom Network							
Γ	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de .	·			
ĺ	\$20.00	1	608 W 22n	d St.							
		l									
		1	Austin, TX	78705							
	PURPOSE	(a	Category (See Categories listed at	the top of this sch	hedule)	(b) Des	cription			
	OF EXPENDITURE	1		ons/Donations M						s. Complete Sch	
	- ·	1	Candidate/	/Officeholder/Po	olitical Comn	nittee		Check if Austin nation	, IX, officeholde	er living expense	•
1		1				}	uoi	,			
-	Complete ONLY if direct	Ь.	Candidate/Of	ficeholder name		Office sou	nht		Offi	ice held	
1	expenditure to benefit C/O	Н	_ 5		·	J00 000	y. ' '		Jii		
H											
	·										

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Office Sit/Awards/Memorials Expense I Committee Food/Beverage Expense Folling Expense Frinting Expense Frinting Expense Salaries/Wages/Contract Labor Formation 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.
. Total pages Schedule F1: Sch: 25/27 Rpt: 37/40	2 FILER NAME 3 Filer ID Burgess, Marilyn
Date 05/19/2019	5 Payee name The Post Oak Hotel
\$ Amount (\$) \$18.00	7 Payee address; City; State; Zip Code 1600 W Loop South
	Houston, TX 77027
B PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking for Victory Fund Brunch
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/30/2019	Theo's
Amount (\$) \$50.32	Payee address; City; State; Zip Code 812 Westheimer Rd Houston, TX 77006
PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal with Evie
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/07/2019	Payee name Total Event
Amount (\$) \$65.00	Payee address; City; State; Zip Code 401 Edgewater Place, Suite 400
	Wakefield, MA 01880
51155655	(a) Category (See Categories listed at the top of this schedule) Office Overhead (Rental Expanse) Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PRIDE parade insurance

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)							
ļ.	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1: Sch: 26/27 Rpt: 38/40	2 FILER NAME Burgess, Marilyn		3 Filer ID							
<u> </u>		5 Payee name		L							
	04/12/2019	US Craft LLC	**								
6	Amount (\$)	7 Payee address; City; State;	Zip Code								
1	\$1,080.00	1934 Griffin Ave # 1									
		Los Angeles, CA 90031	•								
8	PURPOSE	(a) Category (See Categories listed at the top of this sch	(b) Description								
ľ	OF	Printing Expense	······································	outside of Texas. Complete Schedule T.							
	EXPENDITURE	Filling Expense		n, TX, officeholder living expense							
			HCDC wristb	and giveaways							
1			!								
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held							
Ľ	expenditure to benefit C/OH										
Г	Date	Payee name									
l	01/13/2019	USPS	•								
Г	Amount (\$)	Payee address; City; State;	Zip Code								
l	\$35.00	1300 W. 19th St									
			•	•							
]		Houston, TX 77008									
	PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description								
ł	OF	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T.							
l	EXPENDITURE			n, TX, officeholder living expense							
l		PO Box rental									
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
Date Payee name											
	05/27/2019	Urban Eats									
Г	Amount (\$)	Payee address; City; State	; Zip Code								
l	\$25.16	3414 Washington									
ı		_									
ł		Houston, TX 77007									
L		Houston, 12 11001									
	PURPOSE OF	(a) Category (See Categories listed at the top of this sch	· · · · · · · · · · · · · · · · · · ·								
ì	EXPENDITURE	Food/Beverage Expense		l outside of Texas. Complete Schedule T.							
		1	meal with Ju	n, TX, officeholder living expense							
			MICAL WICH JU	Mari I							
L				<u></u>							
	Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held							
L	- CAPCHARIATE TO DETIENT C/O										
ì											

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Co		egal Services The Instruction Guide			ntract Labor this form.	OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID		
L	Sch: 27/27 Rpt: 39/40	L	Burgess, Ma	rilyn						
4	Date	5	Payee name							1
L	02/11/2019	L	Victory Fund							
6	Amount (\$)	7	Payee address	· ·	State; Zip	Code				
	\$250.00		1225 Street	: NW Suite 525						
L			Washington,							
8	PURPOSE	(a)		Categories listed at the t	op of this schedule)	(b) D	escription			
ļ	OF EXPENDITURE		Event Expen	se		┤┟	_1	outside of Texas. Com , TX, officeholder living		
l		l				L	J check il Ausun, ponsorship	, TX, onicendider living	g expense	
l							porisorsmp			
Ļ			2: 1:4:4 105	-6-14-		ــــــــــــــــــــــــــــــــــــ		0.00	-14	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	Office s	ought		Office he	eld	
╚		_								
	Date		Payee name							
L	06/21/2019		Walmart 							
Г	Amount (\$)		Payee address		State; Zip	Code				
1	\$33.06		13750 East F	=wy		4				
{		l						*		
Į.			Houston, TX	77015						i
	PURPOSE	(a	Category (See	Categories listed at the t	op of this schedule)	(b) D	escription			
l	OF EXPENDITURE	l	Event Expen					outside of Texas. Com		
1		ĺ						TX, afficeholder living	g expense	
l							ride Parade	supplies		
L		L								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	enolder name	Office s	ought		Office h	eld	
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 40/40 2 FILER NAME Burgess, Marilyn 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 01/31/2019 Amegy Bank \$15.00 6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 27459 Houston, TX 77248 Purpose for which amount is received Check if political contribution returned to filer



RECORDER'S MEMORANDUM:

At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

Refund of Fees