HC ESD50-

FORM C/OH ATE

CANDIDATE / OFFICEHOLDER

| CAMPAIG | NFINANC | JE REPURI | | COVER 3 | ncel PG I |
|---|-----------------------|-----------------------------|---|--|----------------------|
| The C/OH Instruction (| Guide explains how | to complete this form. | Filer ID (Ethics Commission Filers) N/A | 2 Total pages fil | ed: 2 |
| 3 CANDIDATE/ OFFICEHOLDER | Ms/MRs/MR Ms. | FIRST Alma | мі С | OFFICE | USE ONLY |
| NAME | NICKNAME | last Cedillo | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | 936 Deerpa | | Channelview, Texas 77530 | | |
| Change of Address | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (832) 41 | PHONE NUMBER | EXTENSION | | or Date Postmarked |
| 6 CAMPAIGN | MS / MRS / MR | FIRST | Mi | Receipt # | Amount \$ |
| TREASURER NAME | | elf | OVERN | Date Processed | |
| | NICKNAME | LAST | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS Same | (NO PO BOX PLEASE); APT / S | SUITE #; CITY; | STATE; | ZIP CODE |
| (Residence or Business) | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| 9 REPORT TYPE | January 15 | 30th day before | | 15th day aff treasurer ap (Officeholde | |
| | July 15 | 8th day before el | lection Exceeded Modified Reporting Limit | X Final Repor | t (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month 01 | Day Year / 01 / 2022 | Month THROUGH 06 | Day Year / 30 / 20 |)22 |
| 11 ELECTION | ELECTION DA | TE | ELECTION TYPE | | |
| | Month Day | Year Primary | Runoff Other Description | | |
| | 05 / 07 / | 2022 Seneral | Special | | |
| 12 OFFICE | OFFICE HELD (If any) | , ye | 13 OFFICE SOUGHT (If known Commissioner |) | |
| 14 NOTICE FROM POLITICAL | THE CANDIDATE / OFFIC | CEHOLDER. THESE EXPENDITURE | S ACCEPTED OR POLITICAL EXPENDITURES M SS MAY HAVE BEEN MADE WITHOUT THE CAND IRED TO REPORT THIS INFORMATION ONLY IF T | DIDATE'S OR OFFICEHOL | DER'S KNOWLEDGE OR |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | Å SS | | |
| Additional Dance | GENERAL | COMMITTEE ADDRESS | n one | | |
| Additional Pages | SPECIFIC | COMMITTEE CAMPAIGN TRE | EASURER NAME | ů T | |
| | | COMMITTEE CAMPAIGN TR | REASURER ADDRESS | | |
| | | | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Alma C. Cedillo | | 5 Filer ID (Ethics Commission Filers) N/A | | |
|---|---|---|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | DAY \$ | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD | * C | | |
| | swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code. | nd correct and includes all information | | |
| Signature of Candidate or Officeholder | | | | |
| | | | | |
| | Please complete either option below: | | | |
| | | | | |
| WILLIAM SCOTT SMITH Notary Public, State of Texas Comm. Expires 09-25-2024 Notary ID 10620429 | | | | |
| WOTARY OTANIS (05A | | | | |
| NOTARY STAMP/SEAL Sworn to and subscribed before me by this the day of this the | | | | |
| 20 2, to certify | which witness my hand and seal of office. | N Dec | | |
| | William Scott Smith | Notary | | |
| Signature of officer administe | Printed name of officer administering oath | Title of officer administering oath | | |
| pengati ing 196 | OR | | | |
| (2) Unsworn Declarati | on | | | |
| | | | | |
| 194 | , and my date of birth is | | | |
| My address is | 90 m | te) (zip code) (country) | | |
| Executed in | (street) (city) (state of, on the day of(month) | , | | |
| | Signature of Candidate | e/Officeholder (Declarant) | | |

| | | xplains how to complete this form. pe" on page 1 is marked "Final Report" •• | |
|--------------------------|--|--|---|
| т с/он NA Alma (| ме C. Cedillo | 2 Filer ID (Ethics Commission File N/A |) (1) |
| 3 SIGNAT | | | |
| 1111 LL VIII 1111 1111 1 | | I expenditures in connection with my candidacy. I understand that high treasurer appointment. I also understand that I may not accept as without a campaign treasurer appointment on file. Amas C, Calcles Signature of Candidate / Officeholder | lo |
| 4 FILER | WHO IS NOTAN OFFICEHOLDER | eholder. •• | |
| A. | CAMPAIGNFUNDS | | |
| Check | only one: | | |
| | I do not have unexpended contributions or unexp | oended interest or income earned from political contributions. | |
| 5. Check | may not convert unexpended political contribution personal use. I also understand that I must fill unexpended contributions or unexpended interest filing this final report. Further, I understand that interest or income earned on political contribution. ASSETS k only one: I do not retain assets purchased with political contribution. | Interest or income earned from political contributions. I understand one or unexpended interest or income earned on political contributes an annual report of unexpended contributions and that I may not stor income earned on political contributions longer than six years at i must dispose of unexpended political contributions and unexpending in accordance with the requirements of Election Code, § 254.204. Intributions or interest or other income from political contributions. I uncontributions or interest or other income from political contributions. I uncontributions or interest or other income from political contributions or interest or other income from political contributions or interest or other income from political contributions in accordance to signature of Candidate. | it retain after ad lerstand itions to |
| | | | |
| 5 OFFIC | EHOLDER nplete this section only if you are an officeho | しょうし しょうしょう しょく せん せん たい せいにん しょうだ ち 哲 音音 英雄 (一) ディディ かん | |
| X 1 | The state of the s | ents applicable to an officeholder who does not have a campalgn treas reports of unexpended contributions if, after filling the last required re- erest or other income from political contributions, or assets purchase a from political contributions. Alma C. Calil Signature of Officeholder | |

HC ESD 50- 2022 commeles

| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT | | | FORM C/OH COVER SHEET PG 1 | |
|---|-------------------------------|------------------------------|--|--|
| The C/OH Instruction | Guide explains ho | w to complete this form. | Filer ID (Ethics Commission Filers) N/A | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR Mrs. | Brenda | м! J | OFFICE USE ONLY |
| 1 V/ Wiles | NICKNAME | LAST Biggers | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BO 16042 Avei | | city; state; zip code Channelview, Texas 77530 | |
| Change of Address | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (281) 4 | PHONE NUMBER 52-0153 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | МІ | Receipt # Amount \$ |
| NAME | NICKNAME | ŁAST | SUFFIX | Date Processed Date Imaged |
| | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | same | (NO PO BOX PLEASE); APT / S | UITE #; CITY; | STATE; ZIP CODE |
| (Residence or Business) | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER Same | EXTENSION | |
| 9 REPORT TYPE | January 15 | 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| Uplika marka | X July 15 | 8th day before ele | Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month | Day Year | Month | Day Year |
| | 01 | / 01 / 2022 | THROUGH 06 | 30 / 2022 |
| 11 ELECTION | ELECTION DA | | ELECTION TYPE Runoff Other | |
| | Month Day | rear | Description | |
| | 05 / 07 / | / 2022 M General | Special | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | |
| A NOTICE FORM | Commiss | | Commissioner | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFICE | CEHOLDER. THESE EXPENDITURES | MAY HAVE BEEN MADE WITHOUT THE CANDI | DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEL(O) | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | COMMITTEE ADDRESS | 16 | |
| Additional Pages | SPECIFIC | COMMITTEE CAMPAIGN TREA | SURER NAME | |
| | | COMMITTEE CAMPAIGN TRE | ASURER ADDRESS | |
| GO TO PAGE 2 | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Brenda J. Bigg | 16 Filer ID (Ethics Commission Filers) N/A | | | |
|--|--|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | ST DAY \$ | | |
| O <mark>UTSTANDING</mark> LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | * THE \$ | | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true | e and correct and includes all information | | |
| | - FAC | | | |
| | Signature of Ca | ndidate or Officeholder | | |
| | Drend | as bugge | | |
| Please complete either option below: | | | | |
| (1) Affidavit WILLIAM SCOTT SMITH Notary Public, State of Texas Comm. Expires 09-25-2024 Notary ID 10620429 | | | | |
| Sworn to and subscribed before me by Sucra Bissas this the day of the day of the state of the st | | | | |
| 20, to certify | which, witness my hand and seal of office. | Notary | | |
| Signature of officer administe | | Title of officer administering oath | | |
| (2) Unsworn Declaration | | | | |
| , | | | | |
| | , and my date of birth is | • | | |
| My address is | (street) (city) (s | tate) (zip code) (country) | | |
| Executed in | County, State of, on the day of(month | , | | |
| | (month |) (year) . | | |
| | Signature of Candid | ate/Officeholder (Declarant) | | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | The Instruction Guide explains how to complete this for | m. | | | |
|---|---|--|--|--|--|
| •• Complete only if "Report Type" on page 1 is marked "Final Report" •• | | | | | |
| 1 C/OH N | | 2 Filer ID (Ethics Commission Filers) | | | |
| Brend | da J. Biggers | N/A | | | |
| 3 SIGNA | | | | | |
| | | | | | |
| designa | t expect any further political contributions or political expenditures in connection with my ating a report as a final report terminates my campaign treasurer appointment. I also us a ginal report terminates my campaign treasurer appointment and campaign treasurer appointment or make any campaign expenditures without a campaign treasurer appointment. Signature | nderstand that I may not accept any | | | |
| | WHO IS NOT AN OFFICEHOLDER splete A & B below <i>only</i> if you are not an officeholder. •• | | | | |
| A. | CAMPAIGN FUNDS | | | | |
| Check | k only one: | | | | |
| | I do not have unexpended contributions or unexpended interest or income earned fro | om political contributions. | | | |
| | I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement | me earned on political contributions to contributions and that I may not retain ibutions longer than six years after al contributions and unexpended | | | |
| B. | ASSETS | | | | |
| Check | k only one: | | | | |
| | I do not retain assets purchased with political contributions or interest or other income | e from political contributions. | | | |
| | I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204. | r income from political contributions to | | | |
| | Site | gnature of Candidate | | | |
| | EHOLDER | | | | |
| X | I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | after filing the last required report as | | | |

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. N/A MS / MRS / MR MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mr. Jimmy Ε NAME Date Received NICKNAME LAST SUFFIX Owens 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: CITY; ZIP CODE OFFICEHOLDER 15508 Avenue C Channelview, Texas MAILING 77530 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (832) 477-0187 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN MI TREASURER Toni Q. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Owens STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER same ADDRESS (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE same 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified X July 15 8th day before election X Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Day Year COVERED 01 06 30 2022 01 2022 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Description X General 05 / 07 / 2022 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (If known) Commissioner Commissioner 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE none COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Jimmy E. Owe | ns | 16 Filer ID (Ethics Commission Filers) N/A | |
|---|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | ST DAY \$ | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | FTHE \$ | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code. | and correct and includes all information | |
| | 660 | 3 | |
| | Signature of Ca | ndidate or Officeholder | |
| Please complete either option below: | | | |
| WILLIAM SCOTT SMITH Notary Public, State of Texas Comm. Expires 09-25-2024 Notary ID 10620429 | | | |
| Sworn to and subscribed | () Carant | day of day | |
| 20, to certify | which witness my hand and seal of office. William Scott Simite | Notary | |
| Signature of officer administer | ing oath Printed name of officer administering oath | Title of officer administering oath | |
| Charles Street III | OR | | |
| (2) Unsworn Declaration | on . | | |
| My name is | , and my date of birth is | | |
| My address is | | | |
| | (street) (city) (s | tate) (zip code) (country) | |
| Executed in | County, State of, on the day of |) , 20 (year) | |
| | Signature of Candid | ate/Officeholder (Declarant) | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| The Instruction Guide explains how to complete this form. | | | | | |
|---|---|--|--|--|--|
| •• Complete only if "Report Type" on page 1 is marked "Final Report" •• | | | | | |
| 1 C/OH NAME | 2 Filer ID (Ethics Commission Filers) | | | | |
| Jimmy E. Owens | N/A | | | | |
| 3 SIGNATURE | | | | | |
| | | | | | |
| I do not expect any further political contributions or political expenditures in connection with | • | | | | |
| designating a report as a final report terminates my campaign treasurer appointment. I also campaign contributions or make any campaign expenditures without a campaign treasurer a | | | | | |
| | (6 | | | | |
| | ture of Candidate / Officeholder | | | | |
| Startat | ture of Candidate / Officendider | | | | |
| 4 FILER WHO IS NOT AN OFFICEHOLDER | | | | | |
| •• Complete A & B below only if you are not an officeholder. •• | | | | | |
| A. CAMPAIGN FUNDS | | | | | |
| | | | | | |
| Check only one: | form molitical acceptate at a second | | | | |
| I do not have unexpended contributions or unexpended interest or income earned f | from political contributions. | | | | |
| l have unexpended contributions or unexpended interest or income earned from po | olitical contributions. I understand that I | | | | |
| may not convert unexpended political contributions or unexpended interest or inc personal use. I also understand that I must file an annual report of unexpended | | | | | |
| unexpended contributions or unexpended interest or income earned on political cor | | | | | |
| filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended | | | | | |
| interest or income earned on political contributions in accordance with the requirem | ients of Election Code, § 204.204. | | | | |
| B. ASSETS | | | | | |
| Check only one: | | | | | |
| I do not retain assets purchased with political contributions or interest or other incor | me from political contributions. | | | | |
| I do retain assets purchased with political contributions or interest or other income f | from political contributions. I understand | | | | |
| that I may not convert assets purchased with political contributions or interest or oth | her income from political contributions to | | | | |
| personal use. I also understand that I must dispose of assets purchased with polition requirements of Election Code, § 254.204. | cal contributions in accordance with the | | | | |
| · · | | | | | |
| | Signature of Candidate | | | | |
| | | | | | |
| OFFICEHOLDER Complete this section only if you are an officeholder | | | | | |
| | | | | | |
| I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on | | | | | |
| file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with | | | | | |
| political contributions or interest or other income from political contributions | | | | | |
| | 403 | | | | |
| S | Signature of Officeholder | | | | |