

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.2em;">19</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.1em;">Tiffany</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.1em;">Nelson</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; color: red; font-weight: bold;">OCT 11 2022</div> <div style="font-size: 1.5em; color: blue; font-weight: bold;">LEGAL</div> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 26 Baykark PL Spring TX 77382		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (312) 293-3580		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.1em;">Shelly</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.1em;">Bolender</div>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 2 Coverdell Park Place The Woodlands, TX 77382		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 419-0806		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 8 4 22 9 29 22		
11 ELECTION	ELECTION DATE Month Day Year 11 8 22	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CISD School Board	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

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OCT 11 2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

LEGAL

15 C/OH NAME Tiffany Nelson

16 Filer ID (Ethics Commission Filers)

Table with 3 columns: Category (CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS), Description (1-6), and Amount (\$ 0, \$ 6,495.00, \$ 0, \$ 2,399.80, \$ 4,095.20, \$ 0).

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

Handwritten signature of Tiffany Nelson and printed name: Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tiffany Nelson this the 11th day of October, 2022

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

Signature of officer administering oath: Ginger Morvant; Printed name of officer administering oath: Ginger Morvant; Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Tiffany Nelson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,495.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,399.80
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

Empty space for additional information or signatures.

OCT 11 2022

MONETARY POLITICAL CONTRIBUTIONS

LEGAL SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Tiffany Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 08/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Christopher Zook 6 Contributor address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Self
Date 08/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Shelley Sekula-Gibbs Contributor address; City; State; Zip Code 67 Lakeside Cove, The Woodlands, TX 77380	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/13/2022	Full name of contributor out-of-state PAC (ID#: _____) Kathrine Baumann Contributor address; City; State; Zip Code 8787 Shoreham Drive #B3 102, West hollywood, CA 90069	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Karen Reade Contributor address; City; State; Zip Code 2119 Medway Dr, Spring, TX 77386	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retierd

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

OCT 11 2022

MONETARY POLITICAL CONTRIBUTIONS

LEGAL SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 7

2 FILER NAME **Tiffany Nelson** 3 Filer ID (Ethics Commission Filers)

4 Date 08/16/2022	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> April Kerze	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 19 Herald Oak Court, SPRING, TX 77381	

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

Date 08/17/2022	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Ginger Russell	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 9902 Woodlane Blvd., Magnolia, TX 77354	

Principal occupation / Job title (See Instructions) **Retired** Employer (See Instructions) **Retired**

Date 08/20/2022	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Peter Bigler	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 53 W Night Heron Pl, Spring, TX 77382	

Principal occupation / Job title (See Instructions) **Physician** Employer (See Instructions) **Baylor College of Medicine**

Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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LEGAL SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Tiffany Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2022	5 Full name of contributor Susan Baumann out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 11300 BOSTON RD, NORTH ROYALTON, OH 441336134	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/28/2022	Full name of contributor William Baumann out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 18285 Ridge Road, North Royalton, OH 44133	Amount of contribution (\$) 280.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Baumann Enterprises, Inc
Date 08/29/2022	Full name of contributor Laura Hammer out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 3939 N Rondelet Dr, Spring, TX 77386	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 09/03/2022	Full name of contributor Mark Fusca out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code Legends Knoll, Spring, TX 77386	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Project Manger		Employer (See Instructions) Oil & Gas

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MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
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2 FILER NAME Tiffany Nelson	3 Filer ID (Ethics Commission Filers)
---------------------------------------	---------------------------------------

4 Date 09/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Reiser	7 Amount of contribution (\$) 1,250.00
	6 Contributor address; City; State; Zip Code 38 s Mews Ct. The Woodlands TX 77381	

8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions)
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Date 09/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Robert Reiser	Amount of contribution (\$) 1,250.00
	Contributor address; City; State; Zip Code 38 s Mews Ct. The Woodlands TX 77381	

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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Date 09/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Gregory Parker	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 2226 Oak Rise Dr, Conroe, TX 77304	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 09/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Dale Inman	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 411 S Rivershire Dr. Conroe TX 77304	

Principal occupation / Job title (See Instructions) Pastor	Employer (See Instructions)
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OCT 11 2022

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Tiffany Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Laura Proske 6 Contributor address; City; State; Zip Code 30 Meadow Rose Pl, Spring, TX 77382	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 09/16/2022	Full name of contributor out-of-state PAC (ID#: _____) Irona Briggs Contributor address; City; State; Zip Code 27 Harbor Cove Dr, The Woodlands, TX 77381	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Allison Winter Contributor address; City; State; Zip Code 31 Day Lily Pl, Spring, TX 77381	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/20/2022	Full name of contributor out-of-state PAC (ID#: _____) Shelly Bolender Contributor address; City; State; Zip Code 6 Coverdell Park Pl, Spring, TX 77382	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Technical Assurance

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MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Tiffany Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 09/26/2022	5 Full name of contributor out-of-state PAC (ID# _____) Laura Hammer 6 Contributor address; City; State; Zip Code 3939 N Rondelet Dr, Spring, TX 77386	7 Amount of contribution (\$) 750.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 09/26/2022	Full name of contributor out-of-state PAC (ID# _____) Laura Proske Contributor address; City; State; Zip Code 30 Meadow Rose Pl, Spring, TX 77382	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 7/31/2022	Full name of contributor out-of-state PAC (ID# _____) Tiffany Nelson Contributor address; City; State; Zip Code 26 Baykark PL Spring TX 77382	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/2022	Full name of contributor out-of-state PAC (ID# _____) Tiffany Nelson Contributor address; City; State; Zip Code 26 Baykark PL Spring TX 77382	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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2 FILER NAME Tiffany Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2022	5 Full name of contributor out-of-state PAC (ID# _____) Charles Shirley 6 Contributor address; City; State; Zip Code 3226 West Benders Landing Blvd, Spring, TX 77386	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/25/2022	Full name of contributor out-of-state PAC (ID# _____) Fon Yin Delphine Taylor Contributor address; City; State; Zip Code	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2022	Full name of contributor out-of-state PAC (ID# _____) Sharon Sheldon Contributor address; City; State; Zip Code 3911 Boden Lane, Spring, TX 77386	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

LEGAL

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Tiffany Nelson	3 Filer ID (Ethics Commission Filers)
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4 Date 08/23/2022	5 Payee name Toucan Printing
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6 Amount (\$) 381.23	7 Payee address; 7 Switchbud PI Ste 192-266	City; The Woodlands	State; TX	Zip Code 77380
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/30/2022	Payee name Audra Homandberg
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Amount (\$) 150.00	Payee address; 532 20th Ave NW Apt 107	City; Washington	State; DC	Zip Code 20006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/05/2022	Payee name UZ Marketing
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Amount (\$) 975.35	Payee address; 5900 Bingle Rd	City; Houston	State; TX	Zip Code 77092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

LEGAL

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Tiffany Nelson	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2022	5 Payee name CAZ Consulting	
6 Amount (\$) 75.00	7 Payee address; 6255 Willers Way	City; State; Zip Code Houston TX 77057
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/15/2022	Payee name C3 Management	
Amount (\$) 560.00	Payee address; 6255 Willers Way	City; State; Zip Code Houston TX 77057
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bookkeeping/Accounting services
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/13/2022	Payee name CAZ Consulting	
Amount (\$) 75.00	Payee address; 6255 Willers Way	City; State; Zip Code Houston TX 77057
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Data Subscription
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

LEGAL

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Tiffany Nelson	3 Filer ID (Ethics Commission Filers)
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4 Date 08/22/2022	5 Payee name Ditter Rubber Stamp
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6 Amount (\$) 16.72	7 Payee address; 915 Old Montgomery Rd.	City; Conroe	State; TX	Zip Code 77301
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Name Tag
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/06/2022	Payee name Anedot
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Amount (\$) 0.50	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot Service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/12/2022	Payee name Anedot
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Amount (\$) 20.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OCT 11 2022

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

LEGAL

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Tiffany Nelson	3 Filer ID (Ethics Commission Filers)
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4 Date 08/13/2022	5 Payee name Anedot
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/14/2022	Payee name Anedot
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/16/2022	Payee name Anedot
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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OCT 11 2022

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

LEGAL

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Tiffany Nelson	3 Filer ID (Ethics Commission Filers)
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4 Date 08/17/2022	5 Payee name Anedot
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6 Amount (\$) 2.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/18/2022	Payee name Anedot
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/20/2022	Payee name Anedot
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Tiffany Nelson	3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2022	5 Payee name Anedot	
6 Amount (\$) 8.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/25/2022	Payee name Anedot	
Amount (\$) 15.00	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/28/2022	Payee name Anedot	
Amount (\$) 11.50	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Tiffany Nelson	3 Filer ID (Ethics Commission Filers)
4 Date 08/29/2022	5 Payee name Anedot	
6 Amount (\$) 20.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/03/2022	Payee name Anedot	
Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/03/2022	Payee name Anedot	
Amount (\$) 8.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9; 2 FILER NAME: Tiffany Nelson; 3 Filer ID (Ethics Commission Filers)

4 Date: 09/09/2022; 5 Payee name: Anedot

6 Amount (\$): 1.30; 7 Payee address: 1340 Poydras Street, Suite 1770; City: New Orleans; State: LA; Zip Code: 70112

8 PURPOSE OF EXPENDITURE: Accounting/Banking; (a) Category: Accounting/Banking; (b) Description: Anedot service fee; (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: 09/16/2022; Payee name: Anedot

Amount (\$): 4.30; Payee address: 1340 Poydras Street, Suite 1770; City: New Orleans; State: LA; Zip Code: 70112

PURPOSE OF EXPENDITURE: Accounting/Banking; Category: Accounting/Banking; Description: Anedot service fee; Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: 09/17/2022; Payee name: Anedot

Amount (\$): 4.30; Payee address: 1340 Poydras Street, Suite 1770; City: New Orleans; State: LA; Zip Code: 70112

PURPOSE OF EXPENDITURE: Accounting/Banking; Category: Accounting/Banking; Description: Anedot service fee; Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9; 2 FILER NAME: Tiffany Nelson; 3 Filer ID (Ethics Commission Filers)

4 Date: 09/20/2022; 5 Payee name: Anedot

6 Amount (\$): 4.30; 7 Payee address; City: New Orleans; State: LA; Zip Code: 70112

8 PURPOSE OF EXPENDITURE: Accounting/Banking; Description: Anedot service fee; (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: 09/26/2022; Payee name: Anedot

Amount (\$): 30.30; Payee address; City: New Orleans; State: LA; Zip Code: 70112

PURPOSE OF EXPENDITURE: Accounting/Banking; Description: Anedot service fee; (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: 09/26/2022; Payee name: Anedot

Amount (\$): 0.70; Payee address; City: New Orleans; State: LA; Zip Code: 70112

PURPOSE OF EXPENDITURE: Accounting/Banking; Description: Anedot service fee; (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

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