

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Joseph

D

NICKNAME

LAST

SUFFIX

Say

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3006 Aspen Lane

Manvel, TX

77578

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

630-8517

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Andrew

K

NICKNAME

LAST

SUFFIX

Say

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3006 Aspen Lane

Manvel, TX

77578

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

842-0574

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

04 / 02 / 2019

THROUGH

Month

Day

Year

04 / 24 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 2019

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Pearland Independent School District
Trustee Position 6

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Joseph Say	15 Filer ID (Ethics Commission Filers)
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16 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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Joseph Say	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2400.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 18320.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1856.58
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date
2019-04-02

5 Full name of contributor

out-of-state PAC (ID#: _____)

Fran Watson

7 Amount of contribution (\$)
30.00

City; State; Zip Code

5507 Effingham Drive

Houston TX 77035

8
Attorney

9 Employer (See Instructions)
Self-Employed

Date
2019-04-02

Full name of contributor

out-of-state PAC (ID#: _____)

Nisha Randle

Amount of contribution (\$)
20.00

Contributor address;

City; State; Zip Code

225 S. Heights Blvd #1112

Houston TX 77007

Principal occupation / Job title (See Instructions)

HCDP

Employer (See Instructions)

COMMS DIRECTOR

Date
2019-04-02

Full name of contributor

out-of-state PAC (ID#: _____)

Anna dela Cruz

Amount of contribution (\$)
25.00

Contributor address;

City; State; Zip Code

2508 Sunfire Lane

Pearland Texas 77584

Principal occupation / Job title (See Instructions)

CEO of my household

Employer (See Instructions)

Self-Employed

Date
2019-04-24

Full name of contributor

out-of-state PAC (ID#: _____)

Kathleen Cromley

Amount of contribution (\$)
50.00

Contributor address;

City; State; Zip Code

214 Hazelcrest

Spring TX 77382

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Cimarron

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-04-02

5 Full name of contributor

Raymond RamÃ-rez

out-of-state PAC (ID#: _____)

6 Contributor address;

1106 Fair Oaks

City; State; Zip Code

Houston TX 77023

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

Programmer

9 Employer (See Instructions)

Date

2019-04-03

Sarah Becker

out-of-state PAC (ID#: _____)

Contributor address;

1020 Cheshire lane

City; State; Zip Code

Houston TX 77018

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Caregiver

Date

2019-04-03

Full name of contributor

Chris Smith

out-of-state PAC (ID#: _____)

Contributor address;

9349 Greensward Rd

City; State; Zip Code

Houston, TX 77080

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2019-04-03

Full name of contributor

Melanie Jackson

out-of-state PAC (ID#: _____)

Contributor address;

114 Delaney

City; State; Zip Code

Houston TX 77009

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Paralegal

Employer (See Instructions)

Harris County Attorney Office

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-04-05

5 Full name of contributor

Dawn Popp

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

6036 Toomey Lane

Elkridge MD 21075

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

U.S. Dept. of HHS

Date

2019-04-08

Ben Becker

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1020 Cheshire Ln

Houston Texas 77018

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Principal Consultant

Employer (See Instructions)

Self

Date

2019-04-08

Full name of contributor

Amanda Vermillion

out-of-state PAC (ID#: _____)

1009 3rd Street

City; State; Zip Code

Seabrook Texas 77586

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

The Tea Mistress, LLC

Date

2019-04-08

Full name of contributor

Darryl Drenon

out-of-state PAC (ID#: _____)

2806 Red Oak Ln

City; State; Zip Code

Pearland Texas 77584

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Regional Sales Mgr

Employer (See Instructions)

Compugen

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-04-09

5 Full name of contributor

Travis McGee

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

5747 Lakefield Dr

Houston

Texas 77033

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Self

Date

2019-04-10

Elva Alvarez

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

7930 Ellinger Lane

Houston

Texas 77040

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Administrative Assistant

Employer (See Instructions)

City of Houston

Date

2019-04-11

Full name of contributor

Jill Abe

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5625 N Avenue

Kearney

Nebraska 68847

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

na

Employer (See Instructions)

na

Date

2019-04-17

Full name of contributor

Shannon Westin

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4026 University Blvd

Houston

Texas 77005

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

MD ANDERSON CANCER CENTER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-04-17

5 Full name of contributor

Deborah Milner

out-of-state PAC (ID#: _____)

City; State; Zip Code

532 W 23rd St

Houston

Texas 77008

7 Amount of contribution (\$)

50.00

8 Counsel

Counsel

9 Employer (See Instructions)

Vinson & Elkins LLP

Date

2019-03-31

Kimberly Denise

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

500 Denise Rd Rochester

New York

14616-2751

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

none

Employer (See Instructions)

none

Date

2019-01-30

Full name of contributor

Ellen Robillard

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

221 Hilltop Lane

Spencerport New York, 14559

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Investigator

Employer (See Instructions)

American Red Cross

Date

2019-04-07

Full name of contributor

Mindy Wilson

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1026 Chantilly Ln

Houston

TX 77018

Amount of contribution (\$)

\$250.00

Geoscientist

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME
Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date
2019-04-04

5 Full name of contributor out-of-state PAC (ID#: _____)
Deanna Lowrey-Green

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
1311 Airport Rd La Grange TX 78945

8 Principal occupation / Job title (See Instructions)
Family Services Director

9 Employer (See Instructions)
Combined Community Action

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)
Paralegal

Employer (See Instructions)
Self Employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Joseph Say		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1830.00	
5 Date 04/15/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jovy Lopez	8 Amount of Contribution \$ 1830	9 In-kind contribution description Campaign Work
7 Contributor address; City; State; Zip Code 4211 Clay Hill Dr. Apt 1416 Houston, TX 77084		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Campaign Manager		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self Employed	
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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2019	5 Payee name Facebook FB.ME/ADS	
6 Amount (\$) (\$125.00)	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook targeted Campaign Ads
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 4/9/2019	Payee name SNODOG'S PEARLAND CARD	
Amount (\$) 14.91	Payee address; City; State; Zip Code 8209 Broadway Pearland, TX 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 4/12/2019	Payee name MARCOS PIZZA	
Amount (\$) 29.66	Payee address; City; State; Zip Code 7902 Broadway St #124, Pearland, TX 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2019	5 Payee name Microsoft	
6 Amount (\$) 42.70	7 Payee address; City; State; Zip Code One Microsoft Way, Redmond, WA 98052	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Webhosting and Email Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/12/2019	Payee name JOVY LOPEZ	
Amount (\$) 167.24	Payee address; City; State; Zip Code 4211 Clay Hill Dr. Apt 1416 Houston, TX 77084	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office expenses
	Candidate / Officeholder name Office sought Office held	
Date 4/15/2019	Payee name MARCOS PIZZA - 5035 PEARLAND	
Amount (\$) 33.15	Payee address; City; State; Zip Code 7902 Broadway St #124, Pearland, TX 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff
	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2019	5 Payee name PRINT N SIGN WESTSIDE CARD:	
6 Amount (\$) 351.81	7 Payee address; City; State; Zip Code 7350 Harwin Dr Ste 316a Houston TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pushcards for canvassing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/22/2019	Payee name MARCOS PIZZA - 5035 PEARLAND	
Amount (\$) 45.39	Payee address; City; State; Zip Code 7902 Broadway St #124, Pearland, TX 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverages	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff
	Candidate / Officeholder name Office sought Office held	
Date 4/23/2019	Payee name DOORDASH*SMASHBURGER	
Amount (\$) 50.71	Payee address; City; State; Zip Code 10228 FM518 Suite 140, Pearland, TX 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverages	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2019	5 Payee name SQ *MARQ'E COFFEE & MANVEL	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 2632 CR 59, Manvel TX 77578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-02	Payee name WePay	
Amount (\$) 1.47	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-02	Payee name WePay	
Amount (\$) 1.27	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-04-03	5 Payee name WePay	
6 Amount (\$) .69	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-05	Payee name WePay	
Amount (\$) 1.08	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-08	Payee name WePay	
Amount (\$) 1.08	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	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

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-04-08	5 Payee name WePay	
6 Amount (\$) 19.80	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-08	Payee name WePay	
Amount (\$) \$.69	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-09	Payee name WePay	
Amount (\$) (\$2.25)	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	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

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-04-10	5 Payee name WePay	
6 Amount (\$) 1.27	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-11	Payee name WePay	
Amount (\$) 4.20	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-17	Payee name WePay	
Amount (\$) 4.20	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	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

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-04-17	5 Payee name WePay	
6 Amount (\$) .4.20	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-24	Payee name WePay	
Amount (\$) 2.25	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-24	Payee name WePay	
Amount (\$) 1.08	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	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

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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-04-24	5 Payee name WePay	
6 Amount (\$) .225	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

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