CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT									RM C/OH EET PG 1
The C/OH Instruction G	uide explains how	o complet	e this form.	1 Filer	ID (Ellies Co	ommission Filers)	2 Tot	al pages filed	16
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	Mae	PRST	December 1		MI D		OFFICE	ISE ONLY
NAME	NICKNAME		.AST			SUFFIX	Date R	eceived	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX. 215 Seascap Dickinson, TX	e Ln		CITY	STATE.	ZIP CODE	Ma	rch 28	1,1005
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE 528-			EXTENSIO	DN	Pres	ident,?	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS NICKNAME Chee	An	FIRST I gela LAST ige			M M SUFFIX	Date In	0-28-70	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I 30000 Oakla Georgetown,	nd Hills	Dr	SUITE #,	CITY		. TELLINES . TO	STATE.	ZIIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE 1	NUMBER 5408	-	EXTENSIO	NC			
9 REPORT TYPE	January 15 July 15		30th day before		12 gp	ed Maailed		15th day alte broasurer app (Officebolder	entment
10 PERIOD			3th day b≤fore o			othing Land			ARCACAM PRO
COVERED	Month 1	/ 16	/ 25	ТН	ROUGH	Month 3	^{Day} 24	25	
11 ELECTION	ELECTION DA	E. Year	Pnmaty		Runoff	ELECTION TYPE	20 E		
	5 / 3 /		Genera	i	Special	Description			
12 OFFICE	OFFICE HELD (If any)	all talling a company	1			ought (if known		arge	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE : OFFIC CONSENT. CANDIDATES	EHOLDER. T	HESE EXPENDITUR	ES MAY HAVE	BEEN MADE	MITHOUT THE CAN	MOATE'S C	OR OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE 17PS	COMMITT	EC HARL						
Additional Pages	GENERAL		EE ADDRESS	112 24		e v mose nil		T 14 COMPAN	u = 11 u +-17mm
	SMEGIFIC		EC CAMPAIGH TR			0 - 10 - 1 K	A = 10-		
GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mae Dell Francis		16 Files ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS OR CUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAIL PLEDGES LOANS, OR GUARANTEES OF LOANS)	\$	3,507.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	493.88
	4. TOTAL POLITICAL EXPENDITURES	\$	3,657.91
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	214.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOADS AS O LAST DAY OF THE REPORTING PERIOD	\$ \$	100.00
Li.	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and i	ncludes all information
re	quired to be reported by me under Title 15, Election Code,		
	1.	1	
	Martan	111	
	Signature of Co	andidate or Officely	older
	Signature of Gr	anamate of Omogn	ana-t
	Diagna complete either entire below	4.71	
	Please complete either option below	nr.	
1	MICHELLE WASHINGTON		
(1) Affidavit	A Notary Public, State of Texas		
	Comm. Expires 12-04-2028		
L	Notary ID 11671121		
NOTARY STAMP/SEA	NL 3	7-3-	
	before me by Michelle Murray Washer this the	2046	11.00
Sworn to and subscribed	before me by	day of	March.
	which, witness my hand and seal of office.		
Minteres 10	Parker of the Michalle Washington		
Signature of officer administr	ering oath Printed name of officer administering oath	Title of of	ficer administering oath
	OR		TO THE PARTY OF TH
Eliment music (Charles			
(2) Unsworn Declarat	ion		
My name is	, and my date of birth i	\$	
			-
		(state) (zip code	(country)
Executed in	County, State ofon theday of(mon	. 20	
	(mon	th) (ye	ar)
		idata (Office) - 13 - 11	De alore et
	Signature of Cand	lidate/Officeholder (I	Jeciarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethics Commanded Dell Francis	nissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	*****	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,507.18
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	and the state of the second section of the section of the second section of the section of
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	s	100.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s	2,899.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	S	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	265.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SCHEDULE A1

if the reques	sted information is not applicable, DC) NOT inclu	de this page in the	report.
The	Instruction Guide explains how to com	plete this for	m.	1 Total pages Schedule A1 8
² FILER NAME Mae Dell F	rancis	*(F.) = (F.) (F.) (H.)		3 Filer ID (Ethics Conunission Filers)
4 Date	5 Full name of contributor out-	7 Amount of contribution (\$)		
02/03/2025	6 Contributor address; Cit 23019 Heathercroft [100.00		
8 Principal occu Manager	pation / Job little (See Instructions)		Employer (See Instruct	lons)
Date 02/03/2025	Full name of contributor our James Robinson		1	Amount of contribution (\$)
02/03/2023		ily:	State: Zip Code	25.00
Principal occup Manager	pation / Job title (See Instructions)	Sa	Employer (See Instruct Vage	ions)
Date 02/03/2025	Patricia Williams			Amount of contribution (\$)
02/03/2023	2.4.4.5.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	ity; s	State; Zip Code	50.00
Principal occup Teller	pation / Job title (See Instructions)	An	Employer (See Instruction	lions)
Date	Full name of contributor out	l-of-state PAC (IID/		Amount of contribution (\$)
	Contributor address; Cit	kurente e erekele eteksel ly:	State; Zip Code	
Principal occu	 pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to comp	olete this	form.	1 Total pages Schedute A1
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mae Dell F	ancis			
4 Date		f-state PAC	(10#)	7 Amount of contribution (\$)
00/04/0005	Angela Olige			F0 00
02/04/2025	6 Contributor address; City	<i>'</i> ;	State: Zip Code	50.00
	30000 Oakland Hills Dr. G	eorge	town, TX 78628	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ions)
Retired				
Date	Full name of contributor out-or	1-state PAC	(ID#)	Amount of contribution (\$)
	Sandra Evans			00.04
02/05/2025	Contributor address; City		State; Zip Code	26.34
	2809 Bernardo De Galvez Av	e, Gal	veston, TX 77550	
1	ation / Job title (See Instructions)	ions)		
Correctional C	omicer		Texas Department of	Corrections
Date	Full name of contributor out-p	d-state PAC	(ID#)	Amount of contribution (\$)
02/06/2025	Paula Monroe			05.00
02/06/2025	Contributor address; City		State; Zip Code	25.00
	4910 Bending Elms, Sar	n Anto	onio, TX 78247	7 8
	eation / Job title (See Instructions)		Employer (See Instruc	
Self-Employed			PAM Media Outreac	
Date	Full name of contributor out-o	of-state PAC	(ID#)	Amount of contribution (\$)
	Pearlie Jackson			
02/10/2025	Contributor address; City		State; Zip Code	104 42
	9733 Turner Lane, Bre	entwo	od, TN 37027	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Analyst			VUMC	
I				

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

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	e report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1 8
2 FILER NAME Mae Dell Fi	rancis	3 Filer ID (Fithics Commission Filers)
4 Date 02/12/2025	5 Full name of contributor out-of-state PAC (IDII:) Chasmine Williams 6 Contributor address; City; State; Zip Code 3222 Hoover St, LaMarque, TX 77568	7 Amount of contribution (\$)
8 Principal occu Lawyer	pation / Job tille (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor aut-of-state PAC (ID#:) Ora Little	Amount of contribution (S)
02/18/2025	Contributor address; City, State; Zip Code 16710 Frigate Dr. Friendswood, TX 77546	100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:) Tonia Griffin Contributor address; City; State; Zip Code 3003 Taylor Street #B, LaMarque, TX 77568	Amount of contribution (\$)
Principal occup	etion / Job title (See Instructions) Employer (See Instru	clions)
Date	Full name of contributor oul-of-state PAC (ID#)	Amount of contribution (\$)
02/18/2025	Helen Joseph Contributor address; City: State: Zip Code	100.00
	516 Oliver St, Texas City, TX 77591	M
Principal occup Retired	eation / Job title (See Instructions) Employer (See Instru	ictions)
D		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

of contributor Hughes r address; (See Instructions)	out-of-state City: 305, LaM out-of-state City;	State: Zip Code arque, TX 77568 9 Employer (See Instruct Amoco FCU PAC (ID#	Amount of contribution (\$) 50.00
/illiams r address; //wman Rd #8 s (See Instructions) of contributor	out-of-state	State: Zip Code arque, TX 77568 9 Employer (See Instruct Amoco FCU PAG (ID# 1 State: Zip Code Employer (See Instruct JPAR- The Sears G	7 Amount of contribution (\$) 25.00 ctions) Amount of contribution (\$) 50.00
/illiams r address; //wman Rd #8 s (See Instructions) of contributor	out-of-state	State: Zip Code arque, TX 77568 9 Employer (See Instruct Amoco FCU PAG (ID# 1 State: Zip Code Employer (See Instruct JPAR- The Sears G	25.00 Amount of contribution (\$) 50.00
wman Rd #8 (See Instructions) of contributor Hughes r address; (See Instructions)	out-of-state	arque, TX 77568 9 Employer (See Instruction Amoco FCU PAG (ID# 1) State: Zip Code Employer (See Instruction JPAR- The Sears G	Amount of contribution (\$) 50.00
of contributor Hughes r address; (See Instructions)	out-of-state City;	Amoco FCU PAC (ID# 1 Slate: Zip Code Employer (See Instruction of the Sears G	Amount of contribution (\$) 50.00
r address; (See Instructions)	City;	State; Zip Code Employer (See Instruc JPAR- The Sears G	50.00
r address; (See Instructions) of contributor	City;	State: Zip Code Employer (See Instruction JPAR- The Sears G	alions)
(See Instructions)		Employer (See Instruc JPAR- The Sears G	alions)
of contributor	out-of-state	JPAR- The Sears G	
	out-of-state	0.0.10.0	
lor	Full name of contributor out-of-state PAC (ID#) Tara Taylor		
r address;	City; Ct, Dicki	Slale: Zip Code	52.37
		Employer (See Instruc Texas First Bank	otions)
	out-of-state	PAC (ID#)	Amount of contribution (\$)
r address;	City;	State; Zip Code	100.00
	vara, Loas	Employer (See Instruc	Letions)
	(See Instructions) er of contributor rdon	trawberry Ct, Dicking (See Instructions) er of contributor out-of-state rdon or address; City;	trawberry Ct, Dickinson, TX 77539 (See Instructions) er Texas First Bank of contributor out-of-state PAC (ID#

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

·				
The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1
2 FILER NAME Mae Dell F	rancis			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor April Williams	7 Amount of contribution (\$)		
02/26/2025	6 Contributor address; 3222 Hoover St. L	25.00		
8 Principal occu Retired	pation / Job tille (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAG	(ID#)	Amount of contribution (\$)
02/28/2025	Contributor address;		State; Zip Code	104.42
	1455 Louisiana Ave,#4	201 Leagu		
	pation / Job litte (See Instructions) prary and Learning Resource	es	Employer (See Instruct Galveston College	ions)
Date 02/28/2025	Full name of contributor Rev. Valerie Lovelady		(10#)	Amount of contribution (\$)
02/20/2025	Contributor address; PO Box 841385,	City;	State; Zip Code	100.00
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAG	(ID#)	Amount of contribution (\$)
02/28/2025	Carla Gibson Contributor address;	Cily;	Slate; Zip Code	100.00
	5212 27th Avenue No	orth, Texas	s City, TX 77590	100.00
	pation / Job tille (See Instructions)		Employer (See Instruct	ions)
Clinical Coord	linator		Houston Methodist	4
				V

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how t	o complete ti	nis form.	1 Total pages Schedule A1
FILER NAME Mae Dell F	rancis		To a second input of second deal and in	3 I-iler ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDIf) Christina B Penrose		7 Amount of contribution (\$)	
03/07/2025		City;	State; Zip Code	104.42
B Principal occu Engineer	pation / Job title (See Instructions)	**************************************	9 Employer (See Instruc Lubrizo)	clions)
Date	Full name of contributor	oul-of-state	PAC (ID#:)	Amount of contribution (\$)
03/09/2025	Loteta Francis Contributor address;	City.	State, Zip Code	50.00
	406 Old Bayou Dr	. Dickin	son, TX 77539	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc	I ctions)
Date		out-of-slate	PAC (ID#)	Amount of contribution (\$)
	Janice Weatherspoon	**********	Trace	
Date 03/10/2025		City;	State; Zıp Code	Amount of contribution (\$)
03/10/2025	Janice Weatherspoon Contributor address;	City;	State; Zıp Code	250.00
03/10/2025	Janice Weatherspoon Contributor address; 132 23rd Street Nor	city: th, Texa	State: Zip Code s City, TX 77590	250.00
03/10/2025 Principal occup	Janice Weatherspoon Contributor address; 132 23rd Street Nor pation / Job title (See Instructions) Full name of contributor Ashlee Martin	City: th, Texa	State: Zip Code S City, TX 77590 Employer (See Instru	250.00 clions)
Principal occup	Janice Weatherspoon Contributor address; 132 23rd Street Nor pation / Job title (See Instructions) Full name of contributor	City: th, Texa	State: Zip Code S City, TX 77590 Employer (See Instru	250.00 clions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1 8
2 FILER NAME Mae Dell Fi	rancis		3 Filer ID (Ethics Commission Filers)
4 Date	Edna Courville	NC (ID#)	7 Amount of contribution (\$)
03/03/2025	6 Contributor address: City: 7401 Oriole St. Texas City, TX	Stale: Zip Code 77591	50.00
8 Principal occu Retired	pation / Job tille (See Instructions)	9 Employer (See Instruct	ions)
Dale	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
03/03/2025	Contributor address; City,	State, Zip Code	100.00
	509 Duroux LaMarque, TX 77	568	
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state Pr	AC (ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	lions)
Date	Full name of contributor out-of-state P.	VC (IDII	Amount of contribution (\$)
	Contributor address; City	State: Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		AND STILLS AND ADDRESS OF A STREET AND STREET, STREET STREET, STR	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins		

LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	OT include this page in the re	port.
The I	nstruction Guide explains how to comp	olete this form.	1 Total pages Schedule E 1
2 FILER NAME Mae Dell Frame	ncis		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$ 0.00
5 Date of loan 01/23/2025	7 Name of lender [] out-of-state Mae Francis	PAC (ID#	9 Loan Amount (\$) 100.00
6 Is lender a financial Institution?	8 Lender address: City: 215 Seascape League	State; Zip Code City TX 77539	10 Interest rate 0.00 11 Maturity date
12 Principal occupation Self-Employed	on / Job title (See Instructions)	13 Employer (See Instructions)	Antonia and the second second
14 Description of Colla	ateral	Check il personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender [] out-of-state	e PAC (ID#	Loan Amount (\$)
Is lender a financial Institution?	Lender address; Cily;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal fun account (See Instruc	ids were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranleed (\$)
not applicable	Guarantor address; City	State, Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	**************************************
If le	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE nstruction guide for additional re	

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/Politica Credi Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1.	2 FILER NAME Mae Dell Francis	#31118:441————————————————————————————————	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/10/2025	Vista Print				
6 Amount (\$)	7 Payee address, Cily: State; Zip Code				
67.09	275 Wyman St. Watham, MA 02451				
8	(a) Category (See Categories Ested at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing	Push Cards			
	(c) Check if travel outside of Toxas, Complete Schedule T.	Check + Aus	lin. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidalo / Officeholder name I	Office soughl	Office held		
Date	Payee name	ill process of the Property dilution for the foreign			
02/18/2025	FEDEX				
Amount (\$)	Payee address;	City,	State, Zip Code		
84.20	495 Bay Area Blvd Houstor	n, TX 77058-2	2639		
84.20	495 Bay Area Blvd Houston Category (See Categories listed at the top of this schedule)	n, TX 77058-2	2639		
PURPOSE OF EXPENDITURE			2639		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Signage	2639		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Printing Check if travel cutside of liexas, Complete Schodule T, Candidate / Officeholder name	Description Signage	*		
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) Printing Check if travel cutside of liexas, Complete Schodule T, Candidate / Officeholder name	Description Signage Check 4 Aus	stin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of fixes, Complete Schodule T, Candidate / Officeholder name	Description Signage Check 4 Aus	stin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas, Complete Schedule T, Candidate / Officeholder name	Description Signage Check 4 Aus	stin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/21/2025	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of fixes, Complete Schedule T, Candidate / Officeholder name Payee name Vista Print	Description Signage Check 4 Aus Office sought City,	office held		
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OF Date 02/21/2025 Amount (\$)	Category (See Categories listed at the top of this schedule) Printing Check if travel cutside of fixes, Complete Schodule T, Candidate / Officeholder name Payee name Vista Print Payee address;	Description Signage Check 4 Aus Office sought City,	office held		
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OF Date 02/21/2025 Amount (\$)	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of tissue, Complete Schodule T, Candidate / Officeholder name Payee name Vista Print Payee address: 275 Wyman St, Watham, M/	Check # Aus Office sought City, A 02451	office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/21/2025 Amount (\$) 480.03	Category (See Categories listed at the top of this schedule) Printing Check if travel cultade of liexas, Complete Schodule T, Candidate / Officeholder name Payee name Vista Print Payee address; 275 Wyman St, Watham, M/ Category (See Categories listed at the top of this schedule)	City, A 02451 Description City Signage	office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/21/2025 Amount (\$) 480.03	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of fixes, Complete Schodule T, Candidate / Officeholder name Payee name Vista Print Payee address; 275 Wyman St, Watham, M/ Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas, Complete Schedule T, Candidate / Officeholder name	City, A 02451 Description City Signage	Office held State, Zip Code		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Focs
Focd/Beverage Expense
Gill/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/f-undraising Expense Transportation Equipment & Related Expense Travel In District Travel Qui Of District Other(criter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarins/V The Instruction Guide explains how to 0	Vagus/Contract Fation	Other (enter a calegory not listed above)		
Total pages Schedule F1.	2 FILER NAME Mae Dell Francis	3 Filer ID (Ethics Commission Filers)			
Date 02/25/2025	5 Payee name Vista Print		Annual Comment of the		
0212312023 Amount (\$)	7 Payee address,	City;	State; Zip Code		
128.31	275 Wyman St. Watham, M	100 2 01	Glate, Zip Gode		
	(a) Category (See Categories Ested at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing	Signage			
	(c) Chack d travel outside of Texas, Comolete Scredula T.	tin. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidale / Officeholder name H	Office sought	Office held		
Date	Payee name				
03/10/2025	Texas Democratic Party				
Amount (\$)	Payee address;	Cily,	State; Zip Code		
1,115.00	314 Highland Blvd Austin TX	78752			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other VAN List purchase to call voters				
	Chock if travel outside of Texas, Complete Schedule T,	Check Aus	star. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name		THE THE PARTY AND A STREET OF THE THE PARTY AND A STREET OF THE PARTY		
03/12/2025	Corlie Jackson				
Amount (\$)	Payee address;	City,	State, Zip Code		
350.00	3209 Tern Dr. Galveston TX 7	7551			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Marketing Consultant	Printing Desig	gn		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
The state of the s	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EEDED		
			Baying 1/1/2		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokter/Politica Credit Card Payment	Fees Office Over Polling Expense Polling Expense Finding Expense Prining Expense Prining Expense Salanes AV	Event Expense Loan Repayment/Reimburzement Fees Office Overhead/Rental Expense Polling Expense Frinting Expense Frinting Expense				
1 Total pages Schedule F1	2 FILER NAME Mae Dell Francis		3 Filer ID (Ethics Commission Filers)			
4 Date 03/18/2025	5 Payee name Fast Signs of Galveston	because of the second s				
6 Amount (\$)	7 Payee address;	State; Zip Code				
539.09	1021 61st St Suite 600B Galveston TX 77551					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing	Yard signs				
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	in TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidale / Officeholder name I	Office sought	Office held			
Date	Payee name	attanan in the second s				
03/20/2025	FEDEX		×			
Amount (\$)	Payee address;	City;	State; Zip Code			
135.31	495 Bay Area Blvd Houston, TX	77058-2639				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Printing	Push Cards				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin TX, officeholder living expense				
Complete <u>ONLY</u> if chrect expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	The second secon				
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if traveloutside of Texas. Complete Schedule 1° Check if Austin, TX officeholder living exp≥rise					
	Check if travel outside of Texas. Complete Schedule 17	Gueck it Aus	thi, 17 vincenoisel wing especial			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Creds Cord Payment	Event Expense Loon Repayment/Reimbursement Fees Celfice Overhead/Reinlal Expense Foot//Beverage Expense Poiling Expense is Made By Gilt/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travet In District Travet Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G	2 FILER NAME	The Column Company of the Column Colu	3 Filer ID (Ethics Commission Filers)			
1	Mae Dell Francis					
4 Date	5 Payee name					
03/18/2025	GCounty_Apparel					
6 Amount (\$) 265.00 Reimbursement from political contributions intended	7 Payee address; 199 Vauthier LaMarque, TX 7	City: 7568	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Calegory (See Calegories listed at the top of this schedule Other	 (b) Description T-Shirt to identify campaign workers walking in neighborh and events. 				
A THE STATE OF THE	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austr	s, TX officeholder living expense			
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			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduli	e) Description				
	Check digravel outside of Texas, Complete Schedule	Check if Austr	in_TX_officehokler living expense			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name	e and the received the section of the section of				
Amount (\$) Reimbursement from political contributions intended	Payee address;	Cily,	Slate: Zip Code			
PURPOSE OF EXPENDITURE	Calegory (See Categories listed at the top of this schedule	e) Description				
	Check if travel outside of Texas, Complete Schedule	T Check 1 Austr	n TX officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	DED			



Filer name

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE	ISE ONLY		
Date Received			
March 28,2025			
Date Hand-delivered or Date Postmarked			
President's office			
Receipt#	Amount S		
Date Processed 8-2025			
Date Imaged			

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Filer ID #

- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

claiming an exem	iption from electronic filing					
Please complete	either option below:					
NOTARY STAMP/SEA Sworn to and subscribed 20 25 to certify Significant of officer administers	before me by Michele which, witness my hand and seal of of eshes to Michele	Washingto	into	JLU Signature s the 28	tof Filer May of Title of officer	March .
(2) Unsworn Declaration	on					
My name is		, an	d my date of b	oirth is		
My address is	(street)				(zip code)	
Executed in	County, State of	on the	day of	(month)	, 20 (year)	
Market Andrews			-		ler (Declarant)	Arric Service (STATE Security
FILI	ERS WHO ARE EXEMPT FRO	OM THE ELECTR	RONIC FILIN	IG REQUIF	REMENT	