

# 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: **16**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	MRS	Mae	D				
	NICKNAME	LAST	SUFFIX	Date Received <b>March 28, 2025</b>			
		Francis					
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	Date Hand-delivered or Date Postmarked <b>President's office</b> Receipt # _____ Amount \$ _____ Date Processed <b>3-28-2025</b> Date Imaged _____	
	<b>215 Seascap Ln Dickinson, TX 77539</b>						
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	<b>( 832 )</b>	<b>528-7426</b>					
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI				
	MRS	Angela	M				
	NICKNAME	LAST	SUFFIX				
	Chee	Olige					
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE						
	<b>30000 Oakland Hills Dr Georgetown, TX 78628</b>						
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	<b>( 512 )</b>	<b>948-5408</b>					
<b>9 REPORT TYPE</b>	January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Required July 15 <input type="checkbox"/> 3th day before election <input type="checkbox"/> Exceeded/Missed Reporting Limit <input type="checkbox"/> Final Report (attach COM-FR)						
<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
	1	16	25		3	24	25
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	Primary	Runoff	Other Description	
	5	3	25	General	Special		
<b>12 OFFICE</b>	OFFICE HELD (if any)			<b>13 OFFICE SOUGHT (if known)</b> <b>COM Postion 6 At Large</b>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Mae Dell Francis

16 File ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN 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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 214.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

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.

*Mae Francis*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michelle Murray Washington this the 28<sup>th</sup> day of March 2025, to certify which, witness my hand and seal of office.

Michelle Washington Michelle Washington  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****Mae Dell Francis****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,507.18
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 100.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,899.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/>	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	\$

# MONETARY POLITICAL CONTRIBUTIONS

## 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 <b>8</b>
2 FILER NAME <b>Mae Dell Francis</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/03/2025</b>	5 Full name of contributor Rhoda Murray out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <b>23019 Heathercroft Dr. Katy, TX77450</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Manager</b>		9 Employer (See Instructions) <b>Marsh USA</b>
Date <b>02/03/2025</b>	Full name of contributor <b>James Robinson</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>11006 Rosewood Ct, LaPorte 77571</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>Savage</b>
Date <b>02/03/2025</b>	Full name of contributor <b>Patricia Williams</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>301 Newman Rd #805 La Marque TX 77568</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Teller</b>		Employer (See Instructions) <b>Amoco FCU</b>
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)
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**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: <b>8</b>
2 FILER NAME <b>Mae Dell Francis</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/04/2025</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Angela Olige</b> 6 Contributor address; City; State; Zip Code <b>30000 Oakland Hills Dr. Georgetown, TX 78628</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>02/05/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Sandra Evans</b> Contributor address; City; State; Zip Code <b>2809 Bernardo De Galvez Ave, Galveston, TX 77550</b>	Amount of contribution (\$) <b>26.34</b>
Principal occupation / Job title (See Instructions) <b>Correctional Officer</b>		Employer (See Instructions) <b>Texas Department of Corrections</b>
Date <b>02/06/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Paula Monroe</b> Contributor address; City; State; Zip Code <b>4910 Bending Elms, San Antonio, TX 78247</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>Self-Employed</b>		Employer (See Instructions) <b>PAM Media Outreach</b>
Date <b>02/10/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Pearlie Jackson</b> Contributor address; City; State; Zip Code <b>9733 Turner Lane, Brentwood, TN 37027</b>	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions) <b>Analyst</b>		Employer (See Instructions) <b>VUMC</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****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

**8**

2 FILER NAME

**Mae Dell Francis**

3 Filer ID (Ethics Commission Filers)

4 Date

**02/12/2025**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Chasmine Williams**

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City;

State;

Zip Code

**3222 Hoover St, LaMarque, TX 77568**

8 Principal occupation / Job title (See Instructions)

**Lawyer**

9 Employer (See Instructions)

Date

**02/18/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Ora Little**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**16710 Frigate Dr. Friendswood, TX 77546**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**02/18/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Tonia Griffin**

Amount of contribution (\$)

**25.00**

Contributor address;

City;

State;

Zip Code

**3003 Taylor Street #B, LaMarque, TX 77568**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**02/18/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Helen Joseph**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**516 Oliver St, Texas City, TX 77591**

Principal occupation / Job title (See Instructions)

**Retired**

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.

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

8

Mae Dell Francis

7 Amount of contribution (\$)

out-of-state PAC ID# \_\_\_\_\_

## Patricia Williams

02/18/2025

6 Contributor address;

City:

State; Zip Code

301 Newman Rd #805, LaMarque, TX 77568

25.00

Teller

Amoco FCU

out-of-state PAC (ID# \_\_\_\_\_)

Doreen Hughes

02/18/2025

Contributor address;

City:

State; Zip Code

Amount of contribution (\$)

50.00

Realtor

JPAR- The Sears Group

out-of-state PAC (ID# \_\_\_\_\_)

Tara Taylor

02/20/2025

Contributor address:

City:

State: Zip Code

Amount of contribution (\$)

4003 Strawberry Ct, Dickinson, TX 77539

52.37

AVP, Banking Ctr Manager

Texas First Bank

out-of-state PAC ID#

Heidi Gordon

02/21/2025

Contributor address:

City:

State: Zip Code

Amount of contribution (\$)

1201 Newport Boulevard, League City, TX 77573

100.00

Employer (See Instructions)

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







**MONETARY POLITICAL CONTRIBUTIONS****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

**8**

2 FILER NAME

**Mae Dell Francis**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/02/2025**

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Amylin Hicks**

6 Contributor address;

City;

State;

Zip Code

**901 Farm to Market 517 Road West, #121, Dickinson, TX 77539**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

**Admin. & Grants Coordinator**

9 Employer (See Instructions)

**Mary Moody Northern Endowment**

Date

**03/02/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Whitnie Hawkins**

Contributor address;

City;

State;

Zip Code

**90 Romana Ave, San Francisco, CA 94103**

Amount of contribution (\$)

**520.87**

Principal occupation / Job title (See Instructions)

**Advertising Ex.**

Employer (See Instructions)

**APPLE**

Date

**03/02/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Joel Clay**

Contributor address;

City;

State;

Zip Code

**PO Box 893, LaMarque, TX 77568**

Amount of contribution (\$)

**543.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/04/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Kim Washington**

Contributor address;

City;

State;

Zip Code

**301 Highland Street, Texas City, TX 77591**

Amount of contribution (\$)

**26.34**

Principal occupation / Job title (See Instructions)

**Practice Lead**

Employer (See Instructions)

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

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1 Total pages Schedule A1

**8**

2 FILER NAME

**Mae Dell Francis**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/07/2025**

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Christina B Penrose**

7 Amount of contribution (\$)

**104.42**

6 Contributor address;

City;

State;

Zip Code

**506 Fairdale St. Friendswood, TX 7546**

8 Principal occupation / Job title (See Instructions)

**Engineer**

9 Employer (See Instructions)

**Lubrizol**

Date

**03/09/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Loteta Francis**

Amount of contribution (\$)

**50.00**

Contributor address;

City;

State;

Zip Code

**406 Old Bayou Dr. Dickinson, TX 77539**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/10/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Janice Weatherspoon**

Amount of contribution (\$)

**250.00**

Contributor address;

City;

State;

Zip Code

**132 23rd Street North, Texas City, TX 77590**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/12/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Ashlee Martin**

Amount of contribution (\$)

**500.00**

Contributor address;

City;

State;

Zip Code

**4706 Devon Street, Houston, TX 77027**

Principal occupation / Job title (See Instructions)

**Lawyer**

Employer (See Instructions)

**Gerger Hennessey Martin & Peterson****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

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 <b>8</b>
2 FILER NAME <b>Mae Dell Francis</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/03/2025</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Edna Courville</b> 6 Contributor address; City; State; Zip Code <b>7401 Oriole St. Texas City, TX 77591</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>03/03/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Debra Gary</b> Contributor address; City; State; Zip Code <b>509 Duroux LaMarque, TX 77568</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		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)
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**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 E <b>1</b>	
2 FILER NAME <b>Mae Dell Francis</b>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan <b>01/23/2025</b>		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mae Francis</b>		9 Loan Amount (\$) <b>100.00</b>	
6 Is lender a financial institution? <b>Y</b> <input type="checkbox"/> <b>N</b>		8 Lender address; City: State: Zip Code <b>215 Seascapes League City TX 77539</b>		10 Interest rate <b>0.00</b>	
				11 Maturity date	
12 Principal occupation / Job title (See Instructions) <b>Self-Employed</b>				13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none				15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION		17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable		18 Guarantor address; City: State: Zip Code			
20 Principal Occupation (See Instructions)				21 Employer (See Instructions)	
Date of loan		Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)		Loan Amount (\$)	
Is lender a financial institution? <b>Y</b> <input type="checkbox"/> <b>N</b>		Lender address; City: State: Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Description of Collateral <b>none</b>				Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION		Name of guarantor		Amount Guaranteed (\$)	
not applicable		Guarantor address; City: State: Zip Code			
Principal Occupation (See Instructions)				Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

# 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  
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 <b>3</b>	2 FILER NAME <b>Mae Dell Francis</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>02/10/2025</b>	5 Payee name <b>Vista Print</b>	
6 Amount (\$) <b>67.09</b>	7 Payee address, City, State, Zip Code <b>275 Wyman St. Watham, MA 02451</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>Push Cards</b>
	(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
Date <b>02/18/2025</b>	Payee name <b>FEDEX</b>	
Amount (\$) <b>84.20</b>	Payee address, City, State, Zip Code <b>495 Bay Area Blvd Houston, TX 77058-2639</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Signage</b>
	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
Date <b>02/21/2025</b>	Payee name <b>Vista Print</b>	
Amount (\$) <b>480.03</b>	Payee address, City, State, Zip Code <b>275 Wyman St. Watham, MA 02451</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Signage</b>
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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.

<b>1</b> Total pages Schedule F1 3	<b>2</b> FILER NAME Mae Dell Francis	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/25/2025	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) 128.31	<b>7</b> Payee address, City, State, Zip Code 275 Wyman St. Watham, MA 02451	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Signage
	<b>(c)</b> Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/10/2025	Payee name Texas Democratic Party	
Amount (\$) 1,115.00	Payee address, City, State, Zip Code 314 Highland Blvd Austin TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description VAN List purchase to call voters
	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 03/12/2025	Payee name Corlie Jackson	
Amount (\$) 350.00	Payee address, City, State, Zip Code 3209 Tern Dr. Galveston TX 77551	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing Consultant	Description Printing Design
	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
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 <b>3</b>	2 FILER NAME <b>Mae Dell Francis</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/18/2025</b>	5 Payee name <b>Fast Signs of Galveston</b>	
6 Amount (\$) <b>539.09</b>	7 Payee address; City; State; Zip Code <b>1021 61st St Suite 600B Galveston TX 77551</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>Yard signs</b>
	(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
Date <b>03/20/2025</b>	Payee name <b>FEDEX</b>	
Amount (\$) <b>135.31</b>	Payee address; City; State; Zip Code <b>495 Bay Area Blvd Houston, TX 77058-2639</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Push Cards</b>
	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G 1	2 FILER NAME Mae Dell Francis	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2025	5 Payee name GCounty_Apparel	
6 Amount (\$) 265.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 199 Vauthier LaMarque, TX 77568	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description T-Shirt to identify campaign workers walking in neighborhoods and events.
	(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	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## 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.

Filer name	Filer ID #
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OFFICE USE ONLY	
Date Received  March 28, 2025	
Date Hand-delivered or Date Postmarked President's office	
Receipt #	Amount \$
Date Processed 3-28-2025	
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.
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 \_\_\_\_\_.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Mae Franck  
Signature of Filer

Sworn to and subscribed before me by Michelle Washington this the 28<sup>th</sup> day of March, 2025, to certify which, witness my hand and seal of office.  
Michelle Washington Michelle Washington  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**