

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">26</div>		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST James</div> <div>MI W.</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Edge</div> <div>SUFFIX</div> </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="text-align: left; font-size: 0.8em;">Date Received</div> <div style="text-align: left; font-size: 0.8em;">Date Hand-delivered or Postmarked</div> <div style="text-align: left; font-size: 0.8em;">Receipt #</div> <div style="text-align: left; font-size: 0.8em;">Amount</div> <div style="text-align: left; font-size: 0.8em;">Date Processed</div> <div style="text-align: left; font-size: 0.8em;">Date Imaged</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="background-color: black; height: 30px; width: 100%;"></div>				
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="background-color: black; height: 30px; width: 100%;"></div>				
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST William</div> <div>MI H.</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME Bill</div> <div>LAST Flores</div> <div>SUFFIX</div> </div>				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>4715 Copperfield Dr.</div> <div>Bryan</div> <div>TX 77802-5936</div> </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(979)</div> <div>436-8000</div> </div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month Day Year</div> <div>Month Day Year</div> </div> <div style="display: flex; justify-content: space-between;"> <div>01 / 31 / 2022</div> <div>THROUGH</div> <div>03 / 28 / 2022</div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year 05 / 07 / 2022 </div> <div style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Bryan City Council Single Member District 4			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 20%; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width: 80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS 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

James W. Edge

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13,625.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 4,683.27

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 8,941.73

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 10,500.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Edge this the 14th day of April,
20 22, 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

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 James W. Edge		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,625.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,683.27
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 12
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Eaton 6 Contributor address; City; State; Zip Code 7 Beacon Park Amherst NY 14228	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) District Director		9 Employer (See Instructions) U.S. House of Representatives
Date 02/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian P. Spaulding Contributor address; City; State; Zip Code 5526 Arrowgrass Ct. Noblesville IN 46062	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) VP Government Affairs		Employer (See Instructions) Indiana Apartment Association
Date 02/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Godwin Contributor address; City; State; Zip Code 2911 Aztec Ct. College Station TX 77845-6559	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Mac Bush Contributor address; City; State; Zip Code 2600 Colony Vista Dr. Bryan TX 77808	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) SVP Commercial Lending		Employer (See Instructions) Extraco Banks
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:
12**2** FILER NAME

James W. Edge

3 Filer ID (Ethics Commission Filers)**4** Date

02/17/2022

5 Full name of contributor

Steve and Julie Porter

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

P.O. Box 3963

City;

Bryan

State;

TX

Zip Code

77805

7 Amount of contribution (\$)

250.00

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

Self

Date

02/23/2022

Full name of contributor

Cameron Comire

☐ out-of-state PAC (ID#: _____)

Contributor address;

3413 Alsace Ct.

City;

Bryan

State;

TX

Zip Code

77808-1487

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2022

Full name of contributor

Doug and Marsa McKee

☐ out-of-state PAC (ID#: _____)

Contributor address;

2500 Windsor Ct.

City;

Bryan

State;

TX

Zip Code

77802-4853

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2022

Full name of contributor

Ron and Vickie Schmidt

☐ out-of-state PAC (ID#: _____)

Contributor address;

835 N. Rosemary Dr.

City;

Bryan

State; Zip Code

TX

77802

Amount of contribution (\$)

200.00

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: 12
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Granberry 6 Contributor address; City; State; Zip Code 1724 Eagle Pass Dr. College Station TX 77845	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 02/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Walston Contributor address; City; State; Zip Code 2407 Chinook Way College Station TX 77845	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Flores Contributor address; City; State; Zip Code 501 Holland Ln. Alexandria VA 22314	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Director, Client Strategy		Employer (See Instructions) Convergence Media
Date 03/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Armstrong Contributor address; City; State; Zip Code 303 Wellington Rd. Savannah GA 31410	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Hussey Gay Bell
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: 12
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M. Benham 6 Contributor address; City; State; Zip Code 803 Bethpage Ct. College Station TX 77845	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self
Date 03/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Goehring Contributor address; City; State; Zip Code 844 S. Rosemary Dr. Bryan TX 77802	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 03/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Scotti Contributor address; City; State; Zip Code 305 Gleeson Ct. College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Ricciardello Phelps Contributor address; City; State; Zip Code 4023 Chaco Canyon Dr. College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CPA/Attorney		Employer (See Instructions) Law Offices of Shane Phelps
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: 12
2 FILER NAME JamesW. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby A. Kuhn	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 805 Tanglewood Dr. Bryan TX 77802-4014	100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired
Date 03/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Bermudez	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 18800 Indian Lakes Dr. College Station TX 77845-4540	100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 03/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Farrell	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1808 Bee Creek Dr. College Station TX 77845	250.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Farrell Gjesdal Strategy Group
Date 03/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celia Goode-Haddock	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1010 Huntington Dr. College Station TX 77845-5635	100.00
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2. FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

7 Amount of contribution (\$)

100.00

9 Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

250.00

Employer (See Instructions)

Phil Adams Company

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

100.00

Employer (See Instructions)

Schaefer Custom Homes

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

250.00

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: 12
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Vincent 6 Contributor address; City; State; Zip Code 3015 Hickory Ridge Cir. Bryan TX 77087	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/09/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Geraldine Hince Contributor address; City; State; Zip Code 4032 Austins Estates Dr. Bryan TX 77808-7300	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William S. Thornton Contributor address; City; State; Zip Code 4343 Carter Creek Pkwy. Ste.100 Bryan TX 77802	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bruchez & Goss, P.C.
Date 03/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lillian Downs Contributor address; City; State; Zip Code 2100 Quail Hollow Dr. Bryan TX 77802	Amount of contribution (\$) 500.00
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: 12
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert and Ann Horton 6 Contributor address; City; State; Zip Code 801 N. Rosemary Dr. Bryan TX 77802-4310	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Secretary/Treasurer		9 Employer (See Instructions) R.L. Horton Inc.
Date 03/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom and Susan Marty Contributor address; City; State; Zip Code 4324 Ledgestone Trail College Station TX 77845	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Telg Contributor address; City; State; Zip Code 17001 Pawnee Crossing College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark D. Humphrey Contributor address; City; State; Zip Code 5532 Straub Rd. College Station TX 77845	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Texas Region Chairman		Employer (See Instructions) Prosperity Bank
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Casey M. Oldham 6 Contributor address; City; State; Zip Code 2003 Moses Creek College Station TX 77845	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) CEO & CIO		9 Employer (See Instructions) Oldham Goodwin Group, LLC
Date 03/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Hunter Goodwin Contributor address; City; State; Zip Code 1011 Lyceum Ct. College Station TX 77840-2342	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Oldham Goodwin Group, LLC
Date 03/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph and Julie Schultz Contributor address; City; State; Zip Code 3208 Innsbruck Cir. College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Schultz Engineering
Date 03/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael O'Quinn Contributor address; City; State; Zip Code 3215 Elm Creek Ct. Bryan TX 77807	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Senior Advisor to the President		Employer (See Instructions) Texas A&M University
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy French 6 Contributor address; City; State; Zip Code 4711 Miramont Circle Bryan TX 77802	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Stylecraft Builders, Inc.
Date 03/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Osborne Contributor address; City; State; Zip Code 5124 Stonewater Loop College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sago Capital
Date 03/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aron Collins Contributor address; City; State; Zip Code 244 Southwest Pkwy E. College Station TX 77840	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Comfort Keepers
Date 03/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Flores Contributor address; City; State; Zip Code 4715 Copperfield Dr. Bryan TX 77802	Amount of contribution (\$) 5,000.00
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.		

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2 FILER NAME James W. Edge				3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Flores			7 Amount of contribution (\$) 50.00	
	6 Contributor address; City; State; Zip Code 5380 Laithbank Ln. Alpharetta GA 30022				
8 Principal occupation / Job title (See Instructions) VP of Strategic Growth			9 Employer (See Instructions) Promise 686		
Date 03/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Somogye			Amount of contribution (\$) 50.00	
	Contributor address; City; State; Zip Code 1301 Richmond Ave. #558 Houston TX 77006				
Principal occupation / Job title (See Instructions) Political Associate			Employer (See Instructions) Blakemore & Associates		
Date 03/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Bookman Peters			Amount of contribution (\$) 500.00	
	Contributor address; City; State; Zip Code P.O. Box 4744 Bryan TX 77805-4744				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Ogden			Amount of contribution (\$) 250.00	
	Contributor address; City; State; Zip Code 4125 Knightsbridge Ln. Bryan TX 77802				
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) Ogden Resources Corporation		
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: 12
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug and Cheryl Pederson <hr/> 6 Contributor address; City; State; Zip Code 10942 Lakefront Dr. College Station TX 77845	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Owners		9 Employer (See Instructions) Twin City Properties
Date 03/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Laue <hr/> Contributor address; City; State; Zip Code 4902 Firestone Drive College Station TX 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> 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: 1
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/08/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) James W. Edge	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	10 Interest rate 0 0/0
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions) Self
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 <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 02/18/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) James W. Edge	Loan Amount (\$) 10,000.00
Is lender a financial Institution? Y N No	Lender address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	Interest rate 0 0/0
		Maturity date n/a
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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	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: 10	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2022	5 Payee name Republican Women of the Brazos Valley	
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	
	(b) Description Monthly luncheon meeting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/23/2022	Payee name Anedot, Inc.	
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras St. New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/24/2022	Payee name Anedot, Inc.	
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras St. New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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**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 PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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: 10	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)		
4 Date 02/24/2022	5 Payee name Michael McCaul for Congress			
6 Amount (\$) 250.00	7 Payee address; 815 A Brazos St. PMB 230	City; Austin	State; TX	Zip Code 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions made by candidate		(b) Description Political Contribution	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael T. McCaul		Office sought U.S. Representative	Office held U.S. Representative
Date 02/25/2022	Payee name Office Depot			
Amount (\$) 88.09	Payee address; 715 Texas Ave.	City; College Station	State; TX	Zip Code 77840
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Envelopes	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/25/2022	Payee name Accuprint			
Amount (\$) 310.01	Payee address; 3616 E. 29th. St.	City; Bryan	State; TX	Zip Code 77802
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Letterhead and Donor Cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)	
4 Date 02/25/2022		5 Payee name U.S.P.S.			
6 Amount (\$) 116.00		7 Payee address; 2121 E. William J. Bryan Pkwy.		City; Bryan	State; TX
				Zip Code 77801	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Postage		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 02/26/2022		Payee name Anedot, Inc.			
Amount (\$) 20.30		Payee address; 1340 Poydras St.		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 02/27/2022		Payee name Anedot, Inc.			
Amount (\$) 4.30		Payee address; 1340 Poydras St.		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)	
4 Date 03/01/2022		5 Payee name Anedot, Inc			
6 Amount (\$) 10.30		7 Payee address; 1340 Poydras St.		City; New Orleans	State; LA Zip Code 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Credit Card Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/02/2022		Payee name Anedot, Inc.			
Amount (\$) 8.60		Payee address; 1340 Poydras St.		City; New Orleans	State; LA Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/04/2022		Payee name Anedot, Inc			
Amount (\$) 10.30		Payee address; 1340 Poydras St.		City; New Orleans	State; LA Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)	
4 Date 03/08/2022		5 Payee name Anedot, Inc.			
6 Amount (\$) 14.60		7 Payee address; 1340 Poydras St.		City; New Orleans	State; LA
				Zip Code 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Credit Card Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 03/08/2022		Payee name Signsonthecheap.com			
Amount (\$) 169.98		Payee address; 11525 A. Stonehollow Dr. Ste. 100		City; Austin	State; TX
				Zip Code 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign Riders		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 03/10/2022		Payee name Lowes #103			
Amount (\$) 18.92		Payee address; 3225 Freedom Blvd.		City; Bryan	State; TX
				Zip Code 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Zip Ties for Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)	
4 Date 03/10/2022		5 Payee name Anedot, Inc.			
6 Amount (\$) 20.30		7 Payee address; 1340 Poydras St.		City; New Orleans	State; LA Zip Code 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Credit Card Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/14/2022		Payee name Texas GOP Store			
Amount (\$) 972.36		Payee address; 404 I-45 S.		City; Huntsville	State; TX Zip Code 77340
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 48"X48" Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/16/2022		Payee name Anedot, Inc.			
Amount (\$) 4.30		Payee address; 1340 Poydras St.		City; New Orleans	State; LA Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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.

1 Total pages Schedule F1: 10	2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)	
4 Date 03/17/2022	5 Payee name Lowes #103			
6 Amount (\$) 66.06	7 Payee address; 3225 Freedom Blvd.		City; Bryan	State; TX Zip Code 77802
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Zip Ties and T-Posts	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/22/2022	Payee name Marta Nicole Photography			
Amount (\$) 866.00	Payee address; 1303 Francis Dr.		City; College Station	State; TX Zip Code 77840
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Branding Session/Photography	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/22/2022	Payee name Nolan Keegan			
Amount (\$) 530.00	Payee address; 2300 Cottage Ln.		City; College Station	State; TX Zip Code 77845
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website Development	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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: 10	2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)	
4 Date 03/21/2022	5 Payee name Name.com			
6 Amount (\$) 96.00	7 Payee address; 414 14th St. #200	City; Denver	State; CO	Zip Code 80202
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Web hosting service	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 03/22/2022	Candidate / Officeholder name Anedot, Inc.			
Amount (\$) 217.20	Payee address; 1340 Poydras St.	City; New Orleans	State; LA	Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 3/23/2022	Candidate / Officeholder name Anedot, Inc.			
Amount (\$) 2.30	Payee address; 1340 Poydras St.	City; New Orleans	State; LA	Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
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: 10		2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)	
4 Date 03/27/2022		5 Payee name Marta Nicole Photography			
6 Amount (\$) 757.75		7 Payee address; 1004 Shady Drive		City; College Station	State; TX
				Zip Code 77840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Branding Session/Photography		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/24/2022		Payee name Facebook, Inc.			
Amount (\$) 20.00		Payee address; 1 Hacker Way		City; Menlo Park	State; CA
				Zip Code 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Facebook Ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/25/2022		Payee name Facebook, Inc.			
Amount (\$) 10.00		Payee address; 1 Hacker Way		City; Menlo Park	State; CA
				Zip Code 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Facebook Ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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:	2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/2022	5 Payee name Facebook, Inc.			
6 Amount (\$) 55.00	7 Payee address; 1 Hacker Way		City; Menlo Park	State; CA Zip Code 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads.	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	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			
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			
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			
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