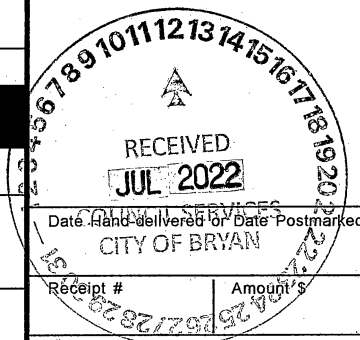


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 26
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI W.
	NICKNAME	LAST Edge	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]	[REDACTED]	[REDACTED]
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST William	MI H.
	NICKNAME Bill	LAST Flores	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;		STATE; ZIP CODE
(Residence or Business)	4715 Copperfield Dr. Bryan TX		77802-5936
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 436-8000	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 2022		THROUGH Month Day Year 06 / 30 / 2022
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Bryan City Council Single Member District 4	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	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)	\$ 14,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,108.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,491.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 12th day of July, 2022, to certify which, witness my hand and seal of office.

Mary L. Stratta Mary L. Stratta City Secretary
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	\$ 14,600.00
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	\$ 8,491.08
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: 13
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	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 7 Beacon Park Amherst NY 14228		
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	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5526 Arrowgrass Ct. Noblesville IN 46062		
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	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2911 Aztec Ct. College Station TX 77845-6559		
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	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 2600 Colony Vista Dr. Bryan TX 77808		
Principal occupation / Job title (See Instructions) SVP Commercial Lending		Employer (See Instructions) Extraco Banks
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 13
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve and Julie Porter <hr/> 6 Contributor address; City; State; Zip Code P.O. Box 3963 Bryan TX 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron Comire <hr/> Contributor address; City; State; Zip Code 3413 Alsace Ct. Bryan TX 77808-1487	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug and Marsa McKee <hr/> Contributor address; City; State; Zip Code 2500 Windsor Ct. Bryan TX 77802-4853	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron and Vickie Schmidt <hr/> Contributor address; City; State; Zip Code 835 N. Rosemary Dr. Bryan 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
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	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1724 Eagle Pass Dr. College Station TX 77845		
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	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2407 Chinook Way College Station TX 77845		
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	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 501 Holland Ln. Alexandria VA 22314		
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	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 303 Wellington Rd. Savannah GA 31410		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Hussey Gay Bell

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
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	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 803 Bethpage Ct. College Station TX 77845		
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	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 844 S. Rosemary Dr. Bryan TX 77802		
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	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 305 Gleeson Ct. College Station TX 77845		
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	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) CPA/Attorney		Employer (See Instructions) Law Offices of Shane Phelps
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
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 (\$) 100.00
	6 Contributor address; City; State; Zip Code 805 Tanglewood Dr. Bryan TX 77802-4014	
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 (\$) 100.00
	Contributor address; City; State; Zip Code 18800 Indian Lakes Dr. College Station TX 77845-4540	
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 (\$) 250.00
	Contributor address; City; State; Zip Code 1808 Bee Creek Dr. College Station TX 77845	
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 (\$) 100.00
	Contributor address; City; State; Zip Code 1010 Huntington Dr. College Station TX 77845-5635	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale and Joan Ison	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5164 Stonewater Loop College Station TX 77845		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil D. Adams	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3000 Briarcrest Dr. Ste. 508 Bryan TX 77802		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Phil Adams Company
Date 03/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Schaefer	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3743 Chaco Canyon Dr. College Station, TX 77845		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schaefer Custom Homes
Date 03/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arno Krebs	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3235 Walnut Creek Ct. Bryan TX 77807		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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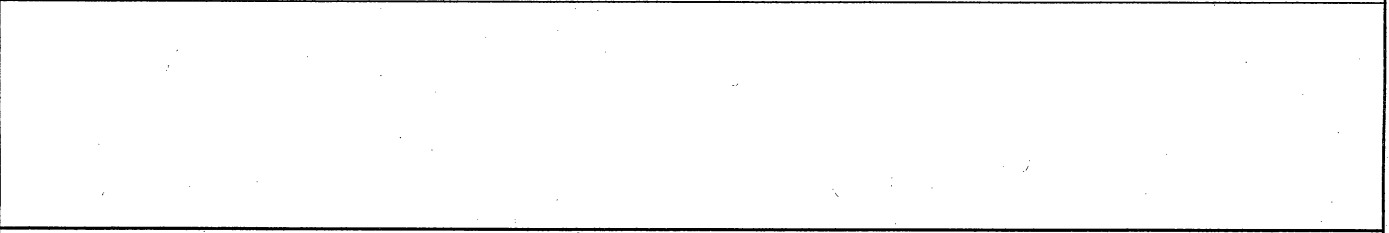
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Vincent 6 Contributor address; City; State; 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: 13
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	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 801 N. Rosemary Dr. Bryan TX 77802-4310		
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	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4324 Ledgestone Trail College Station TX 77845		
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	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 17001 Pawnee Crossing College Station TX 77845		
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	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5532 Straub Rd. College Station TX 77845		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
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
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 13
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	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 10942 Lakefront Dr. College Station TX 77845		
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	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4902 Firestone Drive College Station TX 77845		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D. White	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 200 Lee Avenue College Station TX 77840		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 04/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnis Baggett & Beverly Brown	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. Box 811 Bryan TX 77806		
Principal occupation / Job title (See Instructions) Owners		Employer (See Instructions) Lucky B Ranch
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 13
2 FILER NAME <p style="text-align: center;">James W. Edge</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p>04/02/2022</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick and Linda Ravey	7 Amount of contribution (\$) <p style="text-align: center;">25.00</p>
6 Contributor address; City; State; Zip Code 4006 Fifth St. Bryan TX 77801		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p>04/25/2022</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Natsios	Amount of contribution (\$) <p style="text-align: center;">100.00</p>
Contributor address; City; State; Zip Code 4924 Firestone Dr. College Station TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p>05/02/2022</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Mervin Peters	Amount of contribution (\$) <p style="text-align: center;">500.00</p>
Contributor address; City; State; Zip Code 810 Lee Hollow Dr. Bryan TX 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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#: _____) JamesW. 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; width: 100%; height: 20px;"></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 <input type="checkbox"/> N <input checked="" type="checkbox"/> No	Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></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)

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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: 12	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	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: 12	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; State; Zip Code Austin TX 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 Office held U.S. Representative U.S. Representative
Date 02/25/2022	Payee name Office Depot	
Amount (\$) 88.09	Payee address; 715 Texas Ave.	City; State; Zip Code College Station TX 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; State; Zip Code Bryan TX 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

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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 | 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: 12	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; City; State; Zip Code 2121 E. William J. Bryan Pkwy. Bryan TX 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; 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 02/27/2022	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

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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	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: 12		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		Candidate / Officeholder name		Office sought	Office held
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		Candidate / Officeholder name		Office sought	Office held
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		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 | 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: 12	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)
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4 Date 03/08/2022	5 Payee name Anedot, Inc.
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6 Amount (\$) 14.60	7 Payee address; 1340 Poydras St. New Orleans LA 70112
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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
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Date 03/08/2022	Payee name Signsonthecheap.com
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Amount (\$) 169.98	Payee address; 11525 A. Stonehollow Dr. Ste. 100 Austin TX 78758
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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
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Date 03/10/2022	Payee name Lowe's #103
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Amount (\$) 18.92	Payee address; 3225 Freedom Blvd. Bryan TX 77802
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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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	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; State; Zip Code New Orleans LA 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 03/14/2022	Payee name Texas GOP Store	
Amount (\$) 972.36	Payee address; 404 I-45 S.	City; State; Zip Code Huntsville TX 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	Candidate / Officeholder name	Office sought Office held
Date 03/16/2022	Payee name Anedot, Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras St.	City; State; Zip Code 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	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: 12	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)
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4 Date 03/17/2022	5 Payee name Lowes #103
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6 Amount (\$) 66.06	7 Payee address; 3225 Freedom Blvd.	City; Bryan	State; TX	Zip Code 77802
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8 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
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Date 03/22/2022	Payee name Marta Nicole Photography
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Amount (\$) 866.00	Payee address; 1303 Francis Dr.	City; College Station	State; TX	Zip Code 77840
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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
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Date 03/22/2022	Payee name Nolan Keegan
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Amount (\$) 530.00	Payee address; 2300 Cottage Ln.	City; College Station	State; TX	Zip Code 77845
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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
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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)

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|--|-------------------------------|--------------------------------|--|
| 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: 12	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)
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4 Date 03/21/2022	5 Payee name Name.com
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6 Amount (\$) 96.00	7 Payee address; 414 14th St. #200	City; Denver	State; CO	Zip Code 80202
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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	Candidate / Officeholder name	Office sought	Office held
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Date 03/22/2022	Payee name Anedot, Inc.
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Amount (\$) 217.20	Payee address; 1340 Poydras St.	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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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Date 3/23/2022	Payee name Anedot, Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras St.	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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	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: 12	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)
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4 Date 03/27/2022	5 Payee name Marta Nicole Photography
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6 Amount (\$) 757.75	7 Payee address; 1004 Shady Drive	City; College Station	State; TX	Zip Code 77840
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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	Candidate / Officeholder name	Office sought	Office held
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Date 03/24/2022	Payee name Facebook, Inc.
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Amount (\$) 20.00	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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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	Candidate / Officeholder name	Office sought	Office held
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Date 03/25/2022	Payee name Facebook, Inc,
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Amount (\$) 10.00	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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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	Candidate / Officeholder name	Office sought	Office held
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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: 12	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)
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4 Date 03/28/2022	5 Payee name Facebook, Inc.
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6 Amount (\$) 55.00	7 Payee address; 1 Hacker Way Menlo Park CA 94025	City;	State;	Zip Code
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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
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Date 04/11/2022	Payee name James Edge
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Amount (\$) 500.00	Payee address; 	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Loan to campaign repayment
	<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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Date 04/11/2022	Payee name James Edge
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Amount (\$) 10,000.00	Payee address; 	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Loan to campaign repayment
	<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	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: 12	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)
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4 Date 04/25/2022	5 Payee name Facebook, Inc.
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6 Amount (\$) 19.99	7 Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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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
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Date 5/17/2022	Payee name Proudest Monkey
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Amount (\$) 110.71	Payee address; 108 S. Main Street	City; Bryan	State; TX	Zip Code 77803
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Swearing-in reception
	<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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Date 06/21/2022	Payee name Copy Corner
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Amount (\$) 11.17	Payee address; 2307 Texas Ave. S.	City; College Station	State; TX	Zip Code 77840
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Table cards for reception
	<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 | 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: 12	2 FILER NAME James W. Edge	3 Filer ID (Ethics Commission Filers)
4 Date 06/21/2022	5 Payee name Dell Business	
6 Amount (\$) 1,243.79	7 Payee address; City; State; Zip Code One Dell Way Round Rock TX 78682	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description Laptop computer
	(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 06/23/2022	Payee name Fellico.com	
Amount (\$) 39.99	Payee address; City; State; Zip Code 325 Russell Street Hadley MA 01035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead	Description Adode Acrobat software
	<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

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