

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 32
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST James	MI
	NICKNAME Prestage	LAST Grady	SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 8415 Quailcrest	APT / SUITE #:	CITY: Missouri City TX	STATE:	ZIP CODE: 77489
<input type="checkbox"/> Change of Address					

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 403-8000	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Samuel	MI
	NICKNAME Stewart	LAST	SUFFIX L

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 15526 Winter Briar	APT / SUITE #:	CITY: Missouri City TX	STATE:	ZIP CODE: 77489
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8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 729-5761	EXTENSION
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9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach CAO - FR)

10 PERIOD COVERED	Month Day Year 07/01/08	THROUGH	Month Day Year 12/31/08
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11 ELECTION	ELECTION DATE Month Day Year / /			ELECTION TYPE			
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special			

12 OFFICE	OFFICE HELD (if any) Precinct 2 County Commissioner	13 OFFICE SOUGHT (if known) Precinct 2 County Commissioner
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..	
	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
<input type="checkbox"/> additional pages		

OFFICE USE ONLY
RECEIVED

JAN 15 2009

FORT BEND COUNTY ELECTIONS

Date Received

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME James Grady Prestage 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2,874.63
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,374.63
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 12,049.31
	4. TOTAL POLITICAL EXPENDITURES	\$ 34,931.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,119.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

James Grady Prestage
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Grady Prestage, this the 11th day of January, 2009, to certify which, witness my hand and seal of office.

Katie L. Herrington *Katie L. Herrington* *Nickery*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/7/08

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

Joseph B. Swindank

6 Contributor address; City; State; Zip Code

P.O. Box 19129
Houston, TX 77224

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/8/08

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

CH 2M Hill PAC

Contributor address; City; State; Zip Code

12377 Merit Dr 10th Floor
Dallas, TX 75251

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/08

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

Linebarger Grogan Blair & Sampson

Contributor address; City; State; Zip Code

P.O. Box 17428
Austin, TX 78760

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/08

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

David Collins

Contributor address; City; State; Zip Code

2925 Briarpark Dr. #950
Houston, TX 77042

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/08

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

Neeta Sane

Contributor address; City; State; Zip Code

4139 Midstream Dr.
Missouri City, TX 77459

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **9**

2 FILER NAME
James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/10/08

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

6 Contributor address: City: State: Zip Code
**12102 Arroyo Verde
Houston, TX 77041**

7 Amount of contribution (\$) **250⁰⁰**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/10/08

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

Contributor address: City: State: Zip Code
**4100 Clinton Dr
Houston, TX 77020**

Amount of contribution (\$) **500⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/10/08

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

Contributor address: City: State: Zip Code
**1410 Mustang Lake Ct.
Richmond, TX 77469**

Amount of contribution (\$) **250⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/10/08

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

Contributor address: City: State: Zip Code
**16210 Rolling View Trl
Cypress, TX 77433**

Amount of contribution (\$) **250⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/10/08

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

Contributor address: City: State: Zip Code
**32 Bradford Circle
Sugar Land, TX 77479**

Amount of contribution (\$) **250⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **9**

2 FILER NAME

James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/08

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

Prasad Kolluru

6 Contributor address; City; State; Zip Code

**4823 Periwinkle Ct.
Sugar Land, TX 77479**

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/15/08

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

Herbert V. Johnson

Contributor address; City; State; Zip Code

**2719 Tudor Manor
Houston, TX 77082**

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/08

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

Mark W Heidaker

Contributor address; City; State; Zip Code

**7703 Breezeway Bend Lane
Katy, TX 77494**

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/08

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

Bernerd Johnson

Contributor address; City; State; Zip Code

**11 Twin Circle
Houston, TX 77042**

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/08

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

Bob W Bass

Contributor address; City; State; Zip Code

**2514 Espernada
Richmond, TX 77469**

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME
James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date: 12/15/08
5 Full name of contributor out-of-state PAC (ID#: _____)
James E. Gonzales

7 Amount of contribution (\$) 250⁰⁰
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1803 Huisache Dr.
Richmond, TX 77469

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 12/17/08
Full name of contributor out-of-state PAC (ID#: _____)
LAN PAC

Amount of contribution (\$) 250⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2925 Briarpark 4th Floor
Houston, TX 77042

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 12/17/08
Full name of contributor out-of-state PAC (ID#: _____)
Cleotha Aldridge

Amount of contribution (\$) 250⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2111 Hammerwood Dr
Missouri City, TX 77489

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 12/18/08
Full name of contributor out-of-state PAC (ID#: _____)
Shaniqua Smith

Amount of contribution (\$) 250⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10213 Hollyglen St.
Houston, TX 77016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 12/18/08
Full name of contributor out-of-state PAC (ID#: _____)
Calvin Ladner

Amount of contribution (\$) 250⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4903 Candle tree
Houston, TX 77018

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME James Grady Prestage		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/18/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George Klempeter, Jr	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4176 Canal St New Orleans, LA 70119		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/18/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles A. Taylor	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7315 Mission Ct Houston, TX 77003		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clinton F. Wong	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1616 S. Voss Rd #618 Houston, TX 77057		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John A. VanDe Wiele	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4715 Menlo Park Dr Sugar Land, TX 77479		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary W Cook	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8101 Desert Jewel Circle Las Vegas, NV 89128		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 9	
2 FILER NAME James Grady Prestage				3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/22/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanie J. Jones	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 1410 Meadow Bay Ct Sugar Land, TX 77479		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 12/22/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darryl B. Carter	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 11501 Ivory Creek Pearland, TX 77584		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/22/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter D. Davis	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code PO Box 30466 Houston, TX 77236		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/22/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Freider, Collins & Mott	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1235 North Loop W., Ste 600 Houston, TX 77008		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/22/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freddie Woolridge, Jr	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 214 S. Espinade Way Stafford, TX 77477		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **9**

2 FILER NAME

James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/22/08

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

Ronald L. Rogers, Sr

6 Contributor address; City; State; Zip Code

**15511 Oaklawn Park Dr
Houston, TX 77069**

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/22/08

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

Mourhaf Sabouni

Contributor address; City; State; Zip Code

**23 Palm Blvd
Missouri City, TX 77459**

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/08

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

Etienne G. Zak

Contributor address; City; State; Zip Code

**126 Kingsway
Stafford, TX 77477**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/08

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

Othni M. Smith

Contributor address; City; State; Zip Code

**2922 Meadowcreek
Missouri City, TX 77459**

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/08

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

Gregory R. Wine

Contributor address; City; State; Zip Code

**4914 Christen Point Ct
Sugar Land, TX 77478**

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME
James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date: 12/22/08
5 Full name of contributor out-of-state PAC (ID#: _____)
Raymond Sewell

7 Amount of contribution (\$) 100⁰⁰
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2228 Waterford Village Blvd
Missouri City, TX 77459

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 12/22/08
Full name of contributor out-of-state PAC (ID#: _____)
Horace S. Whitfield

Amount of contribution (\$) 100⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
15418 Monte Vista Dr.
Houston, TX 77083

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 12/31/08
Full name of contributor out-of-state PAC (ID#: _____)
Jean N. Galloway

Amount of contribution (\$) 100⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10206 Balmforth Ln
Houston, TX 77096

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 12/31/08
Full name of contributor out-of-state PAC (ID#: _____)
Ralph Parrott, Jr

Amount of contribution (\$) 250⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
15215 Park Glen Dr
Sugar Land, TX 77478

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 12/31/08
Full name of contributor out-of-state PAC (ID#: _____)
Allen Boone Humphries Robinson, LLP

Amount of contribution (\$) 250⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3200 Southwest Freeway # 2600
Houston, TX 77027

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME James Grady Prestage		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/25/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fheryl J. Prestage	7 Amount of contribution (\$) 700⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8415 Quailcrest Missouri City, TX 77489		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **18**

2 FILER NAME

James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/16/08

5 Payee name

Jacqueline Baly Chaumette Campaign

6 Payee address; City; State; Zip Code

**5007 Weatherstone
Sugar Land, TX 77479**

7 Amount (\$)

100⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/14/08

Payee name

Alexander Resource Services

Payee address; City; State; Zip Code

**1618 Dusty Ridge
Missouri City TX 77459**

Amount (\$)

750⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Catering services for campaign event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/14/08

Payee name

Fort Bend Stars

Payee address; City; State; Zip Code

**P.O. Box 353
Fresno, TX 77545**

Amount (\$)

100⁰⁰

Purpose of payment (See instructions regarding type of information required.)

donation for youth sports group

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/21/08

Payee name

Jazz It Up Cafe

Payee address; City; State; Zip Code

**2899 Dulles Ave
Missouri City, TX 77459**

Amount (\$)

500⁰⁰

Purpose of payment (See instructions regarding type of information required.)

rental of restaurant for campaign event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **18**

2 FILER NAME

James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/25/08

5 Payee name

Alexander Resource Services

6 Payee address; City; State; Zip Code

**1618 Dusty Ridge
Missouri City TX 77459**

7 Amount (\$)

400⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Catering services

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/25/08

Payee name

Eric Prestage

Payee address; City; State; Zip Code

**7506 Water Lilly Lane
Pearland, TX 77581**

Amount (\$)

100⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Assistance for event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/30/08

Payee name

Jazz It Up Cafe

Payee address; City; State; Zip Code

**2899 Duiles Ave
Missouri City, TX 77459**

Amount (\$)

500⁰⁰

Purpose of payment (See instructions regarding type of information required.)

rental of restaurant for event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/16/08

Payee name

W. Hotel, French Quarter

Payee address; City; State; Zip Code

**316 Chartres St.
New Orleans, LA**

Amount (\$)

429¹⁴

Purpose of payment (See instructions regarding type of information required.)

hotel Payment for political event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **18**

2 FILER NAME

James Grady Prestage

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/22/08

5 Payee name

Verizon Wireless

6 Payee address; City; State; Zip Code

**PO Box 660108
Dallas, TX 75266**

7 Amount (\$)

426⁴¹

8 Purpose of payment (See instructions regarding type of information required.)

phone expenses

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/22/08

Payee name

Minuteman Press

Payee address; City; State; Zip Code

**9150 S. Main
Houston, TX 77054**

Amount (\$)

85⁷³

Purpose of payment (See instructions regarding type of information required.)

Printing for event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/28/08

Payee name

Ralston Discount Liquor

Payee address; City; State; Zip Code

**3013 N. Main
Stafford, TX 77477**

Amount (\$)

247²⁵

Purpose of payment (See instructions regarding type of information required.)

Supplies for event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/28/08

Payee name

Sams Club

Payee address; City; State; Zip Code

**12300 Southwest Freeway
Stafford, TX 77477**

Amount (\$)

212³⁸

Purpose of payment (See instructions regarding type of information required.)

Supplies for event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED