

# 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: **19**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mrs.** FIRST **Courtney** MI **J.**  
NICKNAME LAST **Anderson** SUFFIX

OFFICE USE ONLY

Date Received

**RECEIVED**  
**APR 6 2023**  
BY: J Maynard

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**12615 Taylorcrest Rd. Houston TX 77024**

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(832) 651-8061**

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mrs.** FIRST **Whitney** MI **V.**  
NICKNAME LAST **Gormley** SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**12331 Boheme Drive Houston TX 77024**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(713) 292-3907**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
**1 / 16 / 23 THROUGH 3 / 27 / 23**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**5 / 6 / 23**  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**SBISD Trustee, Position 1**

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.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

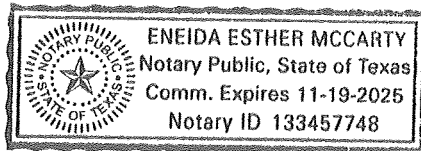
<b>15 C/OH NAME</b> Courtney J. Anderson		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,258.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 643.51
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,470.51
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,487.49
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

*Courtney J. Anderson*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by March this the 4 day of April.

20 23 to certify which, witness my hand and seal of office.

*Eneida McCarty*      *Eneida McCarty*      Ops Spc: IF  
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

Courtney J. Anderson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,958.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9827.00
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: <b>12</b>
2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/17/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dennis Gormley</b>	7 Amount of contribution (\$)  <b>\$300</b>
6 Contributor address; City; State; Zip Code <b>12331 Boheme Dr. Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1/18/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marisol Pezaman</b>	Amount of contribution (\$)  <b>\$100</b>
Contributor address; City; State; Zip Code <b>12222 Boheme Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1/19/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Natalie Warren</b>	Amount of contribution (\$)  <b>\$250</b>
Contributor address; City; State; Zip Code <b>12726 Broken Bough Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1/19/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Heidi Holcomb</b>	Amount of contribution (\$)  <b>\$2,500</b>
Contributor address; City; State; Zip Code <b>13127 Alchester Ln. Houston TX 77079</b>		
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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1 Total pages Schedule A1: **12**

2 FILER NAME **Courtney J. Anderson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/19/23**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Katrina Hudson**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**10611 Tardden Dr. Houston TX 77024**

**\$100**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

**1/19/23**

**John Anderson**  
Contributor address; City; State; Zip Code

**\$100**

**12615 Taylorcrest Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**1/20/23**

**Elizabeth Biar**  
Contributor address; City; State; Zip Code

**\$250**

**12203 Broken Bough Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**1/21/23**

**Margaret Wall**  
Contributor address; City; State; Zip Code **28210**

**\$50**

**3703 Park South Station Charlotte NC**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/22/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Masraff</b>	7 Amount of contribution (\$)  <b>\$150</b>
6 Contributor address; City; State; Zip Code <b>12620 Broken Bough Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1/23/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barrett Webster</b>	Amount of contribution (\$)  <b>\$50</b>
Contributor address; City; State; Zip Code <b>3656 Wickersham Ln. Houston TX 77027</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1/26/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Valorie Waggoner</b>	Amount of contribution (\$)  <b>\$250</b>
Contributor address; City; State; Zip Code <b>11839 Brandywine Ln. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1/26/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sandra Gonzalez Ferrier</b>	Amount of contribution (\$)  <b>\$100</b>
Contributor address; City; State; Zip Code <b>12631 Pebblebrook Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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1 Total pages Schedule A1: **12**

2 FILER NAME **Courtney J. Anderson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/26/23**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lorena Guilanshab**

7 Amount of contribution (\$)  
**\$50**

6 Contributor address; City; State; Zip Code  
**9243 Kenilworth St. Houston TX 77024**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**1/26/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Melanie White**

Amount of contribution (\$)  
**\$500**

Contributor address; City; State; Zip Code  
**14315 Cindywood Houston TX 77079**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/26/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Barbara Peterson**

Amount of contribution (\$)  
**\$500**

Contributor address; City; State; Zip Code  
**502 Longwoods Ln. Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/27/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ara Hardig**

Amount of contribution (\$)  
**\$200**

Contributor address; City; State; Zip Code  
**12207 Cobblestone Dr. Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/27/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melanie White</b>	7 Amount of contribution (\$)  <b>\$500</b>
6 Contributor address; City; State; Zip Code <b>14315 Cindywood Dr. Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1/27/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elizabeth Eggleston</b>	Amount of contribution (\$)  <b>\$25</b>
Contributor address; City; State; Zip Code <b>12230 Old Oaks Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1/31/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brett Beardsley</b>	Amount of contribution (\$)  <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>11915 Wink Rd. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/1/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cathy Cole</b>	Amount of contribution (\$)  <b>\$25</b>
Contributor address; City; State; Zip Code <b>7723 North Hunters Creekway Houston TX 77055</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/1/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erin Goddard</b>	7 Amount of contribution (\$)  <b>\$25</b>
6 Contributor address; City; State; Zip Code <b>12102 Pinerock Ln. Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2/2/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bene Hoover</b>	Amount of contribution (\$)  <b>\$150</b>
Contributor address; City; State; Zip Code <b>1602 Hillendahl Blvd. Houston TX 77055</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/2/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Stubbs</b>	Amount of contribution (\$)  <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>18 Knipp Road Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/2/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephanie Pancioli</b>	Amount of contribution (\$)  <b>\$100</b>
Contributor address; City; State; Zip Code <b>8421 Raylin Dr Houston TX 77055</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>Courtney J. Anderson</b>	3 Filer ID (Ethics Commission Filers)
---	---------------------------------------

4 Date <b>2/3/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suzanne Stiles</b>	7 Amount of contribution (\$) <b>\$250</b>
6 Contributor address; City; State; Zip Code <b>11757 Taylorcrest Rd. Houston TX 77024</b>		

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

Date <b>2/5/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Lee</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>12127 Boheme Dr Houston TX 77024</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <b>2/7/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alejandra Vitoria Rincon</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>11850 Durette Dr Houston TX 77024</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <b>2/8/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Oehl</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>7903 Hilshire Green Dr. Houston TX 77055</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME **Courtney J. Anderson** 3 Filer ID (Ethics Commission Filers)

4 Date <b>2/9/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Stoehr</b>	7 Amount of contribution (\$) <b>\$750</b>
6 Contributor address; City; State; Zip Code <b>12614 Pebblebrook Dr Houston TX 77024</b>		

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

Date <b>2/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Cooper</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>1714 Brun St. Houston TX 77019</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>2/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Ferrier</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>12631 Pebblebrook Dr. Houston TX 77024</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>2/12/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bobby Orr</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>4601 Washington Ave. Houston TX 77024</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/13/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patty Lanning</b>	7 Amount of contribution (\$) <b>\$250</b>
6 Contributor address; City; State; Zip Code <b>13919 Myrtlea Dr. Houston TX 77079</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fabian Torres</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>11902 North Durrette Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/15/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jenny Webster</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>817 E. Friar Tuck Ln. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/15/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Moody</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>3 Lorrielake Ln. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1: **12**

2 FILER NAME **Courtney J. Anderson**

3 Filer ID (Ethics Commission Filers)

4 Date **2/19/23** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **Jennifer & Rob Cooksey**

7 Amount of contribution (\$)

**\$100**

6 Contributor address; City; State; Zip Code  
**11911 Cobblestone Dr. Houston TX 77024**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**2/19/23**

**John Mallon**

**\$350**

Contributor address; City; State; Zip Code

**10210 Pine Forest Rd. Houston TX 77042**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**2/21/23**

**Paul Cagle**

**\$500**

Contributor address; City; State; Zip Code

**8 Memorial Point Ln. Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**2/23/23**

**Stacey Kearns**

**\$1,000**

Contributor address; City; State; Zip Code

**2 J. Star Ct. Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/27/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Connally Harper</b>	7 Amount of contribution (\$)  <b>\$500</b>
6 Contributor address; City; State; Zip Code <b>311 Lindenwood Dr. Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>3/5/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allison Nieto</b>	Amount of contribution (\$)  <b>\$25</b>
Contributor address; City; State; Zip Code <b>8837 Cores Drive Houston TX 77055</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/6/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bryan Basham</b>	Amount of contribution (\$)  <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>11722 Wood Lane Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jonathan Barnett</b>	Amount of contribution (\$)  <b>\$808</b>
Contributor address; City; State; Zip Code <b>329 Buckingham Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **12**

2 FILER NAME **Courtney J. Anderson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/16/23**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Elaine Khalil**

7 Amount of contribution (\$)  
**\$250**

6 Contributor address; City; State; Zip Code  
**338 Chapel Belle Ln. Houston TX 77024**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**3/19/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**KamiBuri**

Amount of contribution (\$)  
**\$500**

Contributor address; City; State; Zip Code  
**13419 Perthshire Rd. Houston TX 77079**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/22/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**KenValach**

Amount of contribution (\$)  
**\$1,000**

Contributor address; City; State; Zip Code  
**5 Lazee Trail Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/24/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tom Ramsey Campaign**

Amount of contribution (\$)  
**\$1,000**

Contributor address; City; State; Zip Code  
**P.O. Box 55385 Houston TX 77255**

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Courtney J. Anderson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>2/9/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jessica &amp; Jonathan Barrett</u>	8 Amount of Contribution \$ <u>\$100</u>	9 In-kind contribution description <u>Meet &amp; Greet</u>
7 Contributor address; City; State; Zip Code <u>329 Buckingham Dr. Houston TX 77024</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>2/15/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Melanie &amp; Matt Saunders</u>	Amount of Contribution \$ <u>\$200</u>	In-kind contribution description <u>Meet &amp; Greet</u>
Contributor address; City; State; Zip Code <u>13623 AppleTree Rd. Houston TX 77079</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Courtney J. Anderson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1/21/23</b>	5 Payee name <b>CAZ Consulting, LLC</b>
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6 Amount (\$) <b>\$300.00</b>	7 Payee address; <b>6255 Willers Way</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77057</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Campaign Logo</b>
	(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 <b>1/26/23</b>	Payee name <b>Sprint 2 Print</b>
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Amount (\$) <b>\$2,100.05</b>	Payee address; <b>8748 Clay Road, Ste 300</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77080</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Yard Signs</b>
	<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 <b>1/26/23</b>	Payee name <b>By Popular Demand (BPD)</b>
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Amount (\$) <b>\$196.22</b>	Payee address; <b>12420 Memorial Drive</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77024</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Kickoff party</b>
	<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: <b>3</b>	2 FILER NAME <b>Courtney J. Anderson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/23/23</b>	5 Payee name <b>CAZ Consulting, LLC</b>
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6 Amount (\$) <b>\$50.00</b>	7 Payee address; <b>6255 Willers Way</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77057</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Consulting Expense</b>
	(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 <b>3/10/23</b>	Payee name <b>Stacey Burke, P.C.</b>
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Amount (\$) <b>\$332.66</b>	Payee address; <b>W. 19th Street #1010</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77008</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Domain name</b>
	<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 <b>3/3/23</b>	Payee name <b>Sprint 2 Print</b>
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Amount (\$) <b>\$2100.05</b>	Payee address; <b>8748 Clay Road, Ste 300</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77080</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Yard Signs</b>
	<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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Courtney J. Anderson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/13/23	<b>5</b> Payee name CAZ Consulting, LLC
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<b>6</b> Amount (\$) \$975	<b>7</b> Payee address; 6255 Willers Way	City; Houston	State; TX	Zip Code 77057
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Palm cards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/23/23	Payee name CAZ Consulting, LLC
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Amount (\$) \$3,000.00	Payee address; 6255 Willers Way	City; Houston	State; TX	Zip Code 77057
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/17/23- 3/27/23	Payee name Anedot
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Amount (\$) \$773.02	Payee address; 1340 Poydras St. #1770	City; New Orleans	State; LA	Zip Code 70112
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Software fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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**