

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:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Mr.</u></div> <div>FIRST <u>Chris</u></div> <div>MI <u>E.</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <u>CT</u></div> <div>LAST <u>Todd</u></div> <div>SUFFIX</div> </div>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>7238 Emerald Run Ln.</u> <u>Spring, TX 77379</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(281) 788-0460</u>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Mrs.</u></div> <div>FIRST <u>Katie</u></div> <div>MI <u>A.</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Todd</u></div> <div>SUFFIX</div> </div>	Receipt # Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>7238 Emerald Run Ln</u> <u>Spring, TX 77379</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 385-9318</u>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year <u>02 / 16 / 2021</u> THROUGH <u>10 / 02 / 2021</u>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <u>11 / 02 / 2021</u> </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) <u>Trustee #3</u>	13 OFFICE SOUGHT (if known) <u>Trustee #3</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <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

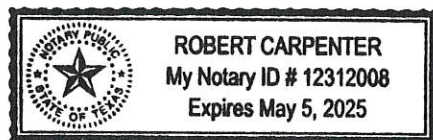
15 C/OH NAME <u>Chris Todd "LT"</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1975.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>368.44</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>368.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4015.95</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Chris Todd this the 4th day of October, 2021, to certify which, witness my hand and seal of office.
[Signature] Robert Carpenter Notary Public
 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1975.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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:

2 FILER NAME

Chris CT Todd

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Robertson

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

3014 Ash Valley Dr Austin TX 77379

8 Principal occupation / Job title (See Instructions)

Administrator

9 Employer (See Instructions)

Klein ISD

Date

9/3/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Doug Mussey

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

7127 Diamond Falls Ln Spring TX 77381

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

Klein ISD

Date

9/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jim Lavin

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

20110 Quickthe Court Spring TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rhonda Stone

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

4907 Sharon Dr Houston TX 77066

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Klein ISD

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:
2 FILER NAME Chris "CT" Todd		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/21	5 Full name of contributor Steve Beatty <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 75 Florham Park Dr Spring TX 77379		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/1/21	Full name of contributor Jim Ball <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 8810 Summer Creek Drive Spring TX 77381		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 10/2/21	Full name of contributor Julie Barnes <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 24706 Emerald Manor Lane Spring TX 77389		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Woodlawn Church Group
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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