

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> <div style="text-align: right; font-size: 1.2em;">14</div>				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	RECEIVED OCT 4 2021			
	Mrs. Rhonda		R				
NICKNAME	LAST	SUFFIX					
Foster							
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
6322 Borg Breakpoint Drive Spring, Texas 77379							
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
( 713 ) 208-4802							
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI				
	Ms. Cheryl		D				
NICKNAME	LAST	SUFFIX					
Rivers							
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
12806 Barbers Court Missouri City, Texas 77489							
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
( 713 ) 501-5090							
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
8 / 16 / 21							
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
Month			Day	Year	Primary	Runoff	Other Description
11 / 2 / 21			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
<b>12 OFFICE</b>	OFFICE HELD (if any)			<b>13 OFFICE SOUGHT (if known)</b>			
None			Klein School Board Trustee				
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					N/A
	GENERAL	COMMITTEE ADDRESS					N/A
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					N/A
		COMMITTEE CAMPAIGN TREASURER ADDRESS					N/A

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Rhonda Foster		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)	\$ 130.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,785.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 696.48
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,886.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,028.41
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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rhonda Foster this the 4 day of October, 2021, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Christine Jackson Title of officer administering oath Notary

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**

Rhonda Foster

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,785.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 900.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,190.11
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: **9**

2 FILER NAME  
**Rhonda Foster**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/16/2021**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Elite Jungle Women's Gropu**

7 Amount of contribution (\$)

**300.00**

6 Contributor address; City; State; Zip Code  
**4717 Market, Houston, TX 77020**

8 Principal occupation / Job title (See Instructions)  
**N/A**

9 Employer (See Instructions)  
**N/A**

Date  
**09/14/2021**

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

Amount of contribution (\$)

**210.00**

Contributor address; City; State; Zip Code  
**206 Ridgeway Dr, Spring, TX 77386**

Principal occupation / Job title (See Instructions)  
**N/A**

Employer (See Instructions)  
**N/A**

Date  
**09/16/2021**

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

Amount of contribution (\$)

**200.00**

Contributor address; City; State; Zip Code  
**2812 Grand Fountains Dr, #E Houston, TX 77054**

Principal occupation / Job title (See Instructions)  
**N/A**

Employer (See Instructions)  
**N/A**

Date  
**09/22/2021**

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

Amount of contribution (\$)

**200.00**

Contributor address; City; State; Zip Code  
**23214 Royal Tiget Rd, Spring, TX 77373**

Principal occupation / Job title (See Instructions)  
**N/A**

Employer (See Instructions)  
**N/A**

**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 <b>1</b>	
2 FILER NAME <b>Rhonda Foster</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>900.00</b>	
5 Date <b>09/16/2021</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eyes Photographer</b>	8 Amount of Contribution \$ <b>500.00</b>	9 In-kind contribution description <b>Professional Photos/Videos</b>
7 Contributor address; City; State; Zip Code <b>PO Box 5086 Kailua-Kona, Hawaii 96745</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Photographer</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self-Employed</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <b>N/A</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b>			
Date <b>09/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LadyBug Vinyl</b>	Amount of Contribution \$ <b>400.00</b>	In-kind contribution description <b>Marketing/Promotional Items</b>
Contributor address; City; State; Zip Code <b>Not Provided</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Promotions/Marketing</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self-Employed</b>	
Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		Contributor's job title (FOR JUDICIAL) (See Instructions) <b>N/A</b>	
Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Rhonda Foster		3 Filer ID (Ethics Commission Filers)	
4 Date 09/16/2021		5 Payee name Chicago Bar & Grill			
6 Amount (\$) 343.20		7 Payee address; City; State; Zip Code 4444 Cypress Creek Parkway, Houston, TX 77068			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event/Solicitation/Fundraising Exp		(b) Description Fee for venue rental, food & beverages to host a fundraiser and campaign kick-off		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/23/2021		Payee name Kill Shots			
Amount (\$) 465.00		Payee address; City; State; Zip Code 11139 Riverbank Ridge Lane, Houston, TX 77089			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card - Advertising Expense		Description Professional Photos for placement on ads, video and advertisements		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/22/2021		Payee name Crazy Cheap Polical Signs			
Amount (\$) 381.91		Payee address; City; State; Zip Code service@crazycheappolicalsigns.com			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card - Advertising Expense		Description Custom Polical Signs		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rhonda Foster - Klein School Board Trustee		Office sought Office held N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED