

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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr** FIRST **Chris** MI **E**

NICKNAME **CT** LAST **TODD** SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
**7238 Emerald Run Ln
Spring TX 77379**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 788-0460

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mrs.** FIRST **Katie** MI **H**

NICKNAME LAST SUFFIX
TODD

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
**7238 Emerald Run Ln
Spring TX 77379**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

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 Month Day Year
10 / 03 / 21 THROUGH **10 / 25 / 21**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 02 / 21 General Special

12 OFFICE

OFFICE HELD (if any)
Trustee # 3

13 OFFICE SOUGHT (if known)

Trustee # 3

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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 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

15 C/OH NAME Chris Todd 16 Filer ID (Ethics Commission Filers)

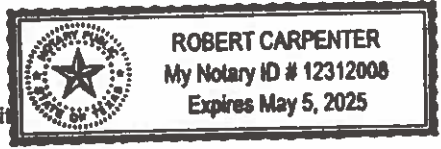
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1585.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>78.41</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2479.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3154.11</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.

[Handwritten 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 25th day of October

20 21, 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)

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
2 FILER NAME Chris Ford		3 Filer ID (Ethics Commission Filers)
4 Date 10/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) August Wunderlich	7 Amount of contribution (\$) 75.00
6 Contributor address; City; State; Zip Code PO 468 Montgomery TX 77416		
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) KSSD
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janett Maiche	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 3411 Candelbrook Dr Spring TX 77389		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steph Lund	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2008 South 2nd St Austin TX 78704		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) N/A
Date 10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Thomas	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 1 Stansgate Park CT Spring TX 77389		
Principal occupation / Job title (See Instructions) Homemaker		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.

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
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Moran	7 Amount of contribution (\$) 1000.⁰⁰
	6 Contributor address; City; State; Zip Code 15 Hickman Dr Spring TX 77379	
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) N/A
Date 10/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Cooper	Amount of contribution (\$) 100.⁰⁰
	Contributor address; City; State; Zip Code 16923 Spruce Run Dale Spring TX 77349	
Principal occupation / Job title (See Instructions) Flower		Employer (See Instructions) CFBC
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)
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)

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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: 2	
2 FILER NAME Chris Tonn		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 10/4	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FFOT PAC	8 Amount of Contribution \$ 171.73	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code PO Box 341027 Austin TX 78734		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) PAC		11 Employer (FOR NON-JUDICIAL)(See Instructions) FFOT	
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 10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FFOT PAC	Amount of Contribution \$ 366.83	In-kind contribution description Advertising
Contributor address; City; State; Zip Code PO Box 341027 Austin TX 78734		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) PAC		Employer (FOR NON-JUDICIAL)(See Instructions) FFOT	
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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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: 2	
2 FILER NAME Chris Todd		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 10/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FFOT PAC	8 Amount of Contribution \$ 1904.01	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code PO Box 341027 North TX 78734		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) PAC		11 Employer (FOR NON-JUDICIAL)(See Instructions) FFOT	
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 10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FFOT PAC	Amount of Contribution \$ 727.40	In-kind contribution description Advertising
Contributor address; City; State; Zip Code PO Box 341027 Austin TX 78734		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) PAC		Employer (FOR NON-JUDICIAL)(See Instructions) FFOT	
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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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: 1	2 FILER NAME Chris Todd	3 Filer ID (Ethics Commission Filers)
4 Date 10/01/21	5 Payee name Aimee QJ	
6 Amount (\$) 290.76	7 Payee address; City; State; Zip Code 8220 Lovell Rd #140 Spring TX 77379	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Shirts
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/04/21	Payee name SAM'S Club	
Amount (\$) 110.27	Payee address; City; State; Zip Code 8000 8000 7950 Cypress Creek Hwy Houston TX 77070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet - N - Grant
	<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
Date 10/15/21	Payee name FFOT PAC	
Amount (\$) 2000.00	Payee address; City; State; Zip Code Po Box 341027 Austin TX 78734	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Direct Mail, Door Hangers
	<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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