

# 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: **6**

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR FIRST MI  
MR PETER A  
-----  
NICKNAME LAST SUFFIX  
LAUZON

**OFFICE USE ONLY**

Date Received

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
126 E POST OFFICE ST, WEIMAR TX 78962

APR 25 '23 1:58 PM

**5 CANDIDATE/  
OFFICEHOLDER  
PHONE**

AREA CODE PHONE NUMBER EXTENSION  
( 979 ) 320 9868

Date Hand-delivered or Date Postmarked

**6 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR FIRST MI  
MS JOYCE  
-----  
NICKNAME LAST SUFFIX  
JACOBS

Receipt # Amount \$

Date Processed

Date Imaged

**7 CAMPAIGN  
TREASURER  
ADDRESS**

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1423 DIAMOND BROOK DR, HOUSTON TX 77062

**8 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE PHONE NUMBER EXTENSION  
( 281 ) 386-9125

**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  
4 / 7 / 23 THROUGH 4 / 28 / 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)

CCISD TRUSTEE DISTRICT 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.**

COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

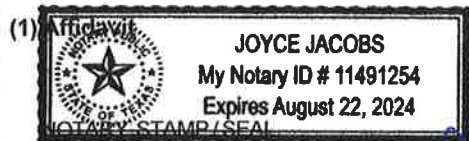
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,295.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,136.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 294.15
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Peter Lauzon*  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Peter Lauzon this the 25 day of April, 2023, to certify which, witness my hand and seal of office.

Joyce Jacobs Signature of officer administering oath  
Joyce Jacobs 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

<b>19 FILER NAME</b> PETER LAUZON		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,225.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,070.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 6,066.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

# 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: 1

2 FILER NAME  
PETER LAUZON

3 Filer ID (Ethics Commission Filers)

4 Date  
04/16/2023

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
DR DOUGLAS WEBB

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code  
15018 BLOSSOM BAY DR, HOUSTON TX 77059

8 Principal occupation / Job title (See Instructions)  
DOCTOR

9 Employer (See Instructions)  
DR DOUGLAS WEBB

Date  
04/23/2023

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

723 RESEDA DR, HOUSTON TX 77062

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)  
RETIRED

Date  
04/23/2023

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

15314 POPLAR SPRINGS LN, HOUSTON, TX 77062

Principal occupation / Job title (See Instructions)  
CONSULTANT

Employer (See Instructions)  
TEAM EXCELLENCE, INC

Date

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

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

15219 POPLAR SPRINGS LN, HOUSTON TX 77062

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: <b>1</b>	
2 FILER NAME <b>PETER LAUZON</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>04/20/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALEXANDRA MEALER for Judge</b>	8 Amount of Contribution \$ <b>2,070.00</b>	9 In-kind contribution description <b>TEXTING</b>
7 Contributor address; City; State; Zip Code <b>PO Box 30581, Houston TX 77249</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>N/A</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>N/A</b>	
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	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
		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)			

**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	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: 1	<b>2</b> FILER NAME PETER LAUZON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/12/2023	<b>5</b> Payee name AXIOM STRATEGIES	
<b>6</b> Amount (\$) <b>3,033.00</b>	<b>7</b> Payee address; City; State; Zip Code 800 W 47TH ST, STE 200, KANSAS CITY, MO 64112	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description MAILER #1
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/24/2023</b>	Payee name AXIOM STRATEGIES	
Amount (\$) <b>3,033.00</b>	Payee address; City; State; Zip Code 800 W 47TH ST, STE 200, KANSAS CITY, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MAILER #2
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/20/2023</b>	Payee name AXIOM STRATEGIES	
Amount (\$) <b>2,070.00</b>	Payee address; City; State; Zip Code 800 W 47TH ST, STE 200, KANSAS CITY, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TEXTING
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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