

# 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: <div style="text-align: right;">9</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Ms.	FIRST Rebecca	MI J.
	NICKNAME Becky	LAST Downs	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: 2423 Elmgate Dr.		
<input type="checkbox"/> Change of Address	APT / SUITE #:	CITY: Houston	STATE: TX ZIP CODE 77080
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE ( 713 )	PHONE NUMBER 817-2978	EXTENSION
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Paul	MI J.
	NICKNAME Jacob	LAST Lipp	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 10202 Barwood Dr.		CITY: Houston STATE: TX ZIP CODE 77043
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE ( 281 )	PHONE NUMBER 546-5558	EXTENSION
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input 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 checked="" 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 04 / 04 / 2023    THROUGH    04 / 26 / 2023		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year 05 / 06 / 2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> Spring Branch ISD School Bd Pos. 2	
<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.		
<input type="checkbox"/> Additional Pages	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

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,260.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 170.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,090.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

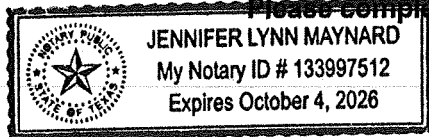
\$

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 Rebecca Downs this the 28 day of April,

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

*J Maynard*

*Jennifer Maynard*

*notary*

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)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,260.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 507.42
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.

<b>The Instruction Guide explains how to complete this form.</b>	<b>1 Total pages Schedule A1:</b> 4
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<b>2 FILER NAME</b> Rebecca Downs	<b>3 Filer ID (Ethics Commission Filers)</b>
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<b>4 Date</b> 4/7/2023	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Ardell	<b>7 Amount of contribution (\$)</b> 500.00
	<b>6 Contributor address; City; State; Zip Code</b> 1111 Hermann Dr. Houston TX 77006	

<b>8 Principal occupation / Job title (See Instructions)</b> Retired	<b>9 Employer (See Instructions)</b>
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<b>Date</b> 4/25/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Berel-Harrop	<b>Amount of contribution (\$)</b> 100.00
	<b>Contributor address; City; State; Zip Code</b> 3047 Eric Ln Farmers Branch TX 75234	

<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
--	------------------------------------

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address; City; State; Zip Code</b>	

<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
--	------------------------------------

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address; City; State; Zip Code</b>	

<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
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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.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 4
<b>2</b> FILER NAME Rebecca Downs		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Hiatt	<b>7</b> Amount of contribution (\$) 25.00
<b>6</b> Contributor address; City; State; Zip Code 777 S. Mayde Creek Dr. Houston TX 77079		
<b>8</b> Principal occupation / Job title (See Instructions) Leadership Coach		<b>9</b> Employer (See Instructions) EDP Renewables
<b>Date</b> 4/18/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendell Zumwalt	<b>Amount of contribution (\$)</b> 100.00
<b>Contributor address; City; State; Zip Code</b> 2310 Greyburn Ln Houston TX 77080		
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 3/12/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mari Nicholson-Preuss	<b>Amount of contribution (\$)</b> 100.00
<b>Contributor address; City; State; Zip Code</b> 9732 Truscon Dr. Houston TX 77080		
<b>Principal occupation / Job title (See Instructions)</b> Director		<b>Employer (See Instructions)</b> Lone Star College System
<b>Date</b> 4/18/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Tagtow	<b>Amount of contribution (\$)</b> 25.00
<b>Contributor address; City; State; Zip Code</b> 11550 N. Lou Al Dr. Houston TX 77024		
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</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.		

# 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: 4
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2 FILER NAME Rebecca Downs	3 Filer ID (Ethics Commission Filers)
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4 Date 4/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Buschlen	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 1709 Cranway Dr. Houston TX 77055	

8 Principal occupation / Job title (See Instructions) IT	9 Employer (See Instructions) CVS
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Date 4/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nina Lian	Amount of contribution (\$) 35.00
	Contributor address; City; State; Zip Code 679 Strey Ln Houston TX 77024	

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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Date 4/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Elmore	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 719 Electra Dr. Houston TX 77079	

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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Date 4/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Mello	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 11418 Oak Spring Dr. Houston TX 77043	

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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: 4
2 FILER NAME Rebecca Downs		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Milburn	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 2308 Triway Ln. Houston TX 77043		
8 Principal occupation / Job title (See Instructions) Compliance Assistant		9 Employer (See Instructions) BakerRipley
Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averill Conn	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 14330 Cindywood Houston TX 77079		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vitol
Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Drake	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1 Blalock Woods Houston TX 77024		
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) Self Employed
Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley Briones Campaign	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 325 W. 18th St Houston TX 77008		
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Harris County
<p align="center"><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.</p>		

# 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: 1	
2 FILER NAME Rebecca Downs		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 507.42	
5 Date 04/17/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spring Branch Democratic Club	8 Amount of Contribution \$ 507.42	9 In-kind contribution description Yard Signs
7 Contributor address; City; State; Zip Code Houston TX		<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) N/A	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Rebecca Downs	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/10/2023	<b>5</b> Payee name Canva US	
<b>6</b> Amount (\$) 170.00	<b>7</b> Payee address; 3212 E. Cesar Chavez St.	City; State; Zip Code Austin TX 78702
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>(b) Description</b> Campaign Push Card Printing
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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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