FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		his form.	er ID (Ethics Commission Filers)	2 Total pages filed: 3		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS Mrs. Crys		MI L	OFFICEU	ISE ONLY	
	NICKNAME LAST Car	T rbone	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / 5 2651 Pearland Pkwy. Ste 102 Pearland, TX 77581	SUITE #; CITY;	STATE; ZIP CODE		,	
Change of Address	· · · · · · · · · · · · · · · · · · ·					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUM (281) 352-6355	EXTENSION	Date Hand-delivered o	r Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRS Mr. Anti	er hony	Mi D		Amount a	
NAME	NICKNAME LAST	т	SUFFIX	Date Processed		
	•	rbone		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEA) 2651 Pearland Pkwy. Ste 102 Pearland, TX 77581	ise); APT / Suite #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN	AREA CODE PHONE NUM	IBER	EXTENSION	annan an a		
TREASURER	(281) 997-6699					
9 REPORT TYPE		Oth day before election	Runoff	15th day after treasurer app (Officeholder	ointment	
	X July 15 8th	h day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day	Year	Month	Day Year		
	01 / 01 /	23 TH	IROUGH 06	30 / 23		
11 ELECTION	ELECTION DATE					
	Month Day Year	Primary	Runoff Other Description			
		General	Special			
12 OFFICE	OFFICE HELD (if any) Pearland ISD Pos 3		13 OFFICE SOUGHT (if known) Pearland ISD Pos 3			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CO THE CANDIDATE / OFFICEHOLDER, THESE CONSENT, CANDIDATES AND OFFICEHOLDE	EXPENDITURES MAY HAV	E BEEN MADE WITHOUT THE CANDI	IDATE'S OR OFFICEHOLDE	ER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE N	IAME				
Additional Pages		DDRESS				
		AMPAIGN TREASURER	NAME	**************************************		
·.	COMMITTEE C	CAMPAIGN TREASURER	ADDRESS			
GO TO PAGE 2						

Revised 8/17/2020

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15 C/OH NAME Crystal Carbone	· · ·	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 473.57		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 1,000.00		
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information		
- ANUTA		0.		
	WANDA BARNETT tary Public, State of Texas Signature of Ca	ndidate or Officeholder		
I SA MANDERS	mm. Expires 06-06-2025 Notary ID 128634940			
		-		
	Please complete either option below	r		
(1) Affidavit				
NOTARY STAMP/SEAL				
		17th day of July		
	which, witness my hand and seal of office.			
Wanda Barn	ett Wanda Barnett	notary		
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaratio	on and a second s	,		
My name is	, and my date of birth is	•		
My address is				
	(street) (city) (s	tate) (zip code) (country)		
Executed in	County, State of, on the day of(month	, 20) (year)		
	Signature of Candid	late/Officeholder (Declarant)		

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Con Crystal Carbone	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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	\$
	<u> </u>

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	tuide explains how to complete this form. $37-48/1193$	2 Total pages fied.
S CANDIDATE / OFFICEHOLDER NAME	MS (MRB) MR FIRST MI MINICKNAME JAST SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX ADT / SUITE #. CITY. OSTATE. ZIP CODE 2323 FAIRWAY CIRCLE PEARLAND, X 7581 AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS CARE AMR FIRST MI KGBECCA NICKMAME LAST SUFFIX BECKY CORNELIUS	Receipt # Amount \$ Date Processed Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE R. CITY. JLOYO E BROAD WAY #105 PL	0, × 17581
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (7/3) 200 - 1814	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 Sth day before election Exceeded Modified Reporting Lima	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 1 15123 THROUGH 7	/15/23 * Repor /15/23 * run th
11 ELECTION	ELECTION DATE ELECTION TVI Month Day Year 5/1/22 Ceneral Special	£
12 OFFICE	SCIFDOL BOARD 13 OFFICE BOUGHT (18 MAG	em)
Addilional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE / OFFICENCIDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE C/ CONSENT. CANDIDATES AND OFFICENCIDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	NDIDATES OR OFRICENOLDER'S KNOWLEDGE OR
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

9		
	TE / OFFICEHOLDER	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 THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	s) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	8. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS (LAST DAY OF THE REPORTING PERIOD	DF THE \$1395.02
(1) Affidavit	Please complete either option belo	GINA GUZZETTA Votary Public, State of Texas Comm. Expires 06-07-2025 Notary ID 1231337-4
Signature of officer administr	before me by <u>AMANAAR heakuhn</u> this the which, witness my hand and seal of office. <u>MAN</u> <u>GINA GIVNEHN</u> sring oath Printed name of officer administering oath	day of JU14 NO tuny Tille of officer administering cath
(2) Unsworn Declarati	on	
My name is	, and my date of birth I	\$
Executed in		(state) (zip code) (country) , 20 th) (year)
	Signature of Cand	idate/Officeholder (Declarant)

		1	and the second se
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Dr. Kristofer	MI R.	OFFICE USE ONLY
NAME	NICKNAME LAST Kris Schoeffler	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 1601 N Main St Pearland, TX 77581	CITY: STATE; ZIP CODE	
	AREA CODE PHONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 409-3248	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Dr. Eric	МІ	Receipt # Amount \$
NAME		P(IEE)Y	Date Processed
status)	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / 1601 N Main St Pearland, TX 77581	SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(281) 485-2496		
9 REPORT TYPE	January 15 30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before a	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	1 / 1 / 23	тнкоидн 6	/ 30 / 23
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primar	ry Runoff Other Description	
	5 / 6 / 23 Genera	al Special	
12 OFFICE	OFFICE HELD (if any) Pearland ISD Trustee, Po	05. 2 Same)
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITUR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQ	RES MAY HAVE BEEN MADE WITHOUT THE CAND	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
Houldonai 1 agos	SPECIFIC COMMITTEE CAMPAIGN T	REASURER NAME	
	COMMITTEE CAMPAIGN 1	TREASURER ADDRESS	
	GO TO	D PAGE 2	

5 50 50 Str. 10 50 50	······································	
15 C/OH NAME Kristofer Schoeffler		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 11.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,527.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	^{T DAY} \$ 841.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	тне \$ 4,400.96
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	8
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the _	day of,
	which, witness my hand and seal of office.	
Signature of officer administe		Title of officer administering oath
(2) Unsworn Declarati	OR	
1/	<u>^</u>	
My name is KRISTO		$\frac{12}{12} \frac{13}{12} 13$
My address is <u>[60]</u>		tate) (zip code) (country)
Executed in BRAZER	IA County, State of TEXAS, on the 13 day of Ture	. 20 23.
	B. School	(year)
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FI	LER NAME 20 Filer ID (Ethics	Commise	sion Filers)			
Kris	tofer Schoeffler					
	CHEDULE SUBTOTALS IME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	600.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$	927.78			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1,527.78			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	32			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	- \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	50 mm			
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: 1			
2 FILER NAME Kristofer S	Schoeffler		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Cliff Schoeffler	7 Amount of contribution (\$)				
03/15/2023	⁶ Contributor address: City: 9315 Sandy Ln, Manvel,	State; Zip Code TX 77578	100.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC Thomas Alexander	(ID#:)	Amount of contribution (\$)			
03/31/2023		State; Zip Code J, TX 77581	250.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		(ID#:)	Amount of contribution (\$)			
03/15/2023	Pat Hill Contributor address; City; 2710 Gree Tee, Pearland, TX 7	State; Zip Code	250.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

LOANS	d information is not applicable, DO NO	T include this page in the re	SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
FILER NAME	oeffler		3 Filer ID (Ethics Commission File
	NITEMIZED LOANS		\$
Date of Ioan 04/05/2023	Kristofer Schoeffler	PAC (ID#)	9 Loan Amount (\$) 927.78
Is lender a financial Institution?	⁸ Lender address; City; 1601 N Main St, Pearland, TX 7	State; Zip Code 77581	10 Interest rate 0.00 11 Maturity date
🗌 Y 🔳 N			01/01/2099
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Col	ateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
0 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	J
Date of loan	Name of lender out-of-state f	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
Description of Col	ateral	Check if personal fun account (See Instruc	ds were deposited into political
none	Name of guarantor		Amount Guaranteed (\$)
GUARANTOR			
GUARANTOR INFORMATION			
	Guarantor address; City;	State; Zip Code	

1

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)

Advert(sing Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense ons Made By Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Qut Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 1	2 FILER NAME Kristofer Schoeffler		3 Filer ID (Ethics C	ommission Filers)		
4 Date	5 Payee name					
04/05/2023	Campaigns & Promotions					
6 Amount (\$) 1,516.68	7 Payee address; 404 I-45, Huntsville, TX 77488	City;	State;	Zip Code		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE	Printing Expense	Road and ya	rd sians			
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Au	istin, TX, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Of	fice held		
expenditure to benefit C/OI	Kristofer Schoeffler	* Trustee, Pearland ISE	Pos 2 Same			
Date	Payee name			,		
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sc	hedule) Description				
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Au				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	fice held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	hedule) Description				
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Au	stin, TX, officeholder living exp	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

		2000 C				1000 B	
The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID ((Ethics Com	mission Filers)	2 Total pages fi	^{ed:} 2
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mrs. Nanette		MI			OFFICE USE ONLY	
NAME	NICKNAME Nan	LAST Weimer			SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 3513 E. Plu		сіту: s Pearland	TATE;	zip code 77581		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (713-)	PHONE NUMBER 816-4279	Ē	XTENSION		Date Hand-delivered Receipt #	or Dale Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr Mrs.	FIRST Donna			MI	Date Processed	
NAME	NICKNAME	LAST			SUFFIX		
		Watkins				Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	NO PO BOX PLEASE): APT /	SUITE #:	CITY;		STATE;	ZIP CODE
ADDRESS	1808 Sleep	y Hollow		Pearla	nd	ТХ	77581
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	E	XTENSION			
TREASURER PHONE	(281) 99	96-1516					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						ppointment
	X July 15	8th day before e	lection	Exceed Reportin	ed Modified ng Limit	Final Repor	t (Atlach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year 15 23	THROUG	ЭН	Month	Day Year / 15 / 23	
11 ELECTION	ELECTION DA	Year Primary			ECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (If any) School Bo	ard Trustee	13 o	FFICE SOU	IGHT (if known)		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN	MADE WITH	HOUT THE CANDI	DATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			1		
Additional Pages	GENERAL	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TR	EASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDR	ESS			
		GO TO	PAGE 2				

15 C/OH NAME	lanette Weimer	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)	\$ ₀			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 0			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	^{тне} \$ 0			
	wear, or affirm, under penalty of perjury, that the accompanying report is true puired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	Nanette Weime				
	Signature of Ca	ndidate or Officeholder			
	Please complete either option below	/:			
(1) Affidavít					
NOTARY STAMP/SEA	-				
Sworn to and subscribed	before me by this the _	day of			
20, to certify which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declaration	on				
My name isNanett	e Weimer, and my date of birth is	05/23/1951			
and the second second second		<u>FX 77581 USA </u>			
		tate) (zip code) (country)			
Executed in Brazor	iaCounty, State ofTexas, on the23_day ofU (month Nanette We	ine <u>, 20 23 .</u>) (year) .			
		late/Officeholder (Declarant)			

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this for		o complete this form.	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Sean	мі Р	OFFICE USE ONLY	
NAME	NICKNAME	LAST Murphy	SUFFIX	Date Received	, 664 - 165 -
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 3014 Green Pearland Tx	Гее	CITY: STATE; ZIP CODE		
Change of Address	AREA CODE				
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	PHONE NUMBER 412-8000	EXTENSION	Date Hand-delivered	-
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	мі	Receipt #	Amount \$
NAME		Anthony LAST	SUFFIX	Date Processed	
		Carbone	00117	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS () 2651 Pearlan Pearland Tx	-	SUITE #; CITY:	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	()			Section at	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 / 1 / 23 тнгоидн 6 / 30 / 23				
11 ELECTION	ELECTION DA	те	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	1 1	General	Special		
12 OFFICE	OFFICE HELD (if any) Pearland IS	SD Trustee	13 OFFICE SOUGHT (If known	n)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURI	B ACCEPTED OR POLITICAL EXPENDITURES IN SS MAY HAVE BEEN MADE WITHOUT THE CAN JIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS	<i></i>		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS		
		GO TO	PAGE 2		

Forms provided by Texas Ethics Commission

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15 C/OH NAME	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
Not Co	GINA GUZZETTA tary Public, State of Texas signature of Candidate signature of Candidate Notary ID 1231337-4 Please complete either option below:	e or Officeholden
	a before me by <u>Sean P MUYDW</u> this the <u>3C</u> y which, witness my hand and seal of office. <u>UAW</u> <u>GUAULA</u> bring oath Printed name of officer administering oath OR	day of <u>JUNC</u> , <u>NOTUN</u> Title of officer administering oath
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (state) County, State of, on the day of (month)	(zip code) (country) , 20 (year)
	Signature of Candidate/O	

The C/OH Instruction G	uide explains how	to complete this form.	1 Filler ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	Toni	β	OFFICE USE ONLY	
NAME	NICKNAME	Calle	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 4115 F. P.J.al	APT / SUITE # C Tamingo (Nana Tx	CH- 77584		
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (2-81)	PHONE NUMBER	EXTENSION 5524	Date Hand-delivered	I or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS I MRS I MR	Rosenan	e A	Date Processed	
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (911 L	NO PO BOX PLEASE; APT / SI		STATE;	ZIP CODE
(Residence or Business)	Pear	have T	0 175821		
8 CAMPAIGN TREASURER PHONE	AREA CODE (7/3)	PHONE NUMBER 826-185	EXTENSION		
9 REPORT TYPE	January 15	30th day before e		15th day af treasurer a (Officientoide	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH Lp	Day Year /12/2	3
11 ELECTION	ELECTION DA	Year Primary 23 General	ELECTION TYPE Runoff Other Description Special	I 	
12 OFFICE	OFFICE HELD (if any)	ISSTAS	13 OFFICE SOUGHT (it know	1.72	note.
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES I MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	(
Additional Pages	GENERAL	COMMITTEE ADDRESS		L	
		COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
GO TO PAGE 2					

FORM C/OH COVER SHEET PG 2

	RECEIPTION AND DESCRIPTION OF A		and the second		
15 C/OH NAME			16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$ 2		
	2. TOTAL POLITICAL CONTRIBUTI (OTHER THAN PLEDGES, LOANS, C		\$ \$		
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE				
	4. TOTAL POLITICAL EXPENDITUR	RES	\$ X		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAS	ST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		F THE \$		
Signature of Candidate or Officeholder					
	Please complete	either option below	v:		
(1) Affidavit		GINA GUZZETTA Notary Public, State of Te Comm. Expires 06-07-20 Notary ID 1231337-4	xas 25 4		
NOTARY STAMP/SEA					
Sworn to and subscribed before me by <u>TONIP. Carter</u> this the <u>12</u> day or <u>June</u> ,					
Sworn to and subscribed before me by <u>TONIP. Carter</u> this the <u>12</u> day of <u>June</u> , 20, <u>33</u> , to certify which, witness my hand and seal of office. <u>Juna Lugura</u> <u>Gina Guzzetta</u> <u>Notary</u>					
Signature of officer administe			Title of officer administering oath		
	OH.				
(2) Unsworn Declarati					
My name is		, and my date of birth is	,		
My address is		_ ہے۔	,,,		
	(street)	(city) (s	state) (zip code) (country)		

Executed in _____ County, State of _____, on the ____day of _____, 20___. (wonth) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	s X
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 72
4.	SCHEDULE E: LOANS	\$ 78
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s X
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	5
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s X
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s X
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s Q