

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: 13																												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8px;">MS / MRS / MR</td> <td style="width: 40%; font-size: 8px;">FIRST</td> <td style="width: 40%; font-size: 8px;">MI</td> </tr> <tr> <td>Mrs</td> <td>Julie</td> <td>M</td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td>Hinaman</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs	Julie	M				NICKNAME	LAST	SUFFIX		Hinaman		OFFICE USE ONLY														
MS / MRS / MR	FIRST	MI																													
Mrs	Julie	M																													
NICKNAME	LAST	SUFFIX																													
	Hinaman																														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width: 10%; font-size: 8px;">APT / SUITE #;</td> <td style="width: 20%; font-size: 8px;">CITY;</td> <td style="width: 10%; font-size: 8px;">STATE;</td> <td style="width: 29%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td>PO Box 205</td> <td></td> <td>Cypress TX</td> <td></td> <td>77410</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 205		Cypress TX		77410	Date Received																			
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																											
PO Box 205		Cypress TX		77410																											
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8px;">AREA CODE</td> <td style="width: 30%; font-size: 8px;">PHONE NUMBER</td> <td style="width: 50%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>(832)</td> <td>655-9392</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(832)	655-9392		Date Hand-delivered or Date Postmarked																							
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6 CAMPAIGN TREASURER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8px;">MS / MRS / MR</td> <td style="width: 40%; font-size: 8px;">FIRST</td> <td style="width: 40%; font-size: 8px;">MI</td> </tr> <tr> <td>Mr</td> <td>Alan</td> <td>R</td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td>Hinaman</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Alan	R				NICKNAME	LAST	SUFFIX		Hinaman		Receipt #	Amount \$													
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Mr	Alan	R																													
NICKNAME	LAST	SUFFIX																													
	Hinaman																														
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 10%; font-size: 8px;">APT / SUITE #;</td> <td style="width: 20%; font-size: 8px;">CITY;</td> <td style="width: 10%; font-size: 8px;">STATE;</td> <td style="width: 10%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td>9638 Caddo Ridge Ln</td> <td></td> <td>Cypress TX</td> <td></td> <td>77433</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	9638 Caddo Ridge Ln		Cypress TX		77433	Date Processed 10/10/2023																			
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9 REPORT TYPE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> January 15</td> <td style="width: 20%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width: 20%;"><input type="checkbox"/> Runoff</td> <td style="width: 40%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)																				
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10 PERIOD COVERED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 20%;">THROUGH</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td>7</td> <td>/</td> <td>1</td> <td></td> <td>9</td> <td>/</td> <td>28</td> </tr> <tr> <td></td> <td></td> <td>/</td> <td></td> <td></td> <td></td> <td>/</td> </tr> <tr> <td></td> <td></td> <td>23</td> <td></td> <td></td> <td></td> <td>23</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	/	1		9	/	28			/				/			23				23
Month	Day	Year	THROUGH	Month	Day	Year																									
7	/	1		9	/	28																									
		/				/																									
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11 ELECTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">ELECTION DATE</td> <td colspan="3" style="width: 60%; border-bottom: 1px solid black;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td style="width: 20%;"><input type="checkbox"/> Primary</td> <td style="width: 20%;"><input type="checkbox"/> Runoff</td> <td style="width: 40%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td>11 / 7 / 23</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	11 / 7 / 23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																	
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12 OFFICE	12 OFFICE HELD (if any) Cypress-Fairbanks ISD Trustee, Position 2	13 OFFICE SOUGHT (if known) Cypress-Fairbanks ISD Trustee, Position 2																													
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.																														
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GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Julie M. Hinaman		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)	\$ 790.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,863.77
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 164.17
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,432.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,188.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.

Julie Hinaman
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Julie Hinaman, and my date of birth is [REDACTED]
My address is 9638 Caddo Ridge Ln, Cypress, TX, 77433 US
(street) (city) (state) (zip code) (country)
Executed in Harris County, State of Texas, on the 10th day of October, 2023.
(month) (year)
Julie Hinaman
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Julie M. Hinaman	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,863.77
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	\$ 3,363.33
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	\$ 69.00
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: **7****2** FILER NAME

Julie M. Hinaman

3 Filer ID (Ethics Commission Filers)**4** Date

07/03/2023

5 Full name of contributor

Kathy Benz

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**31.56****6** Contributor address;

City;

State;

Zip Code

16119 Dusty Path Ln

Cypress

TX

77429

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Paula Morgan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

52.40

Contributor address;

City;

State;

Zip Code

13507 Yukon Cove Drive Cypress TX 77377

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/11/2023

Full name of contributor

Silvia Smith

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

52.40

Contributor address;

City;

State;

Zip Code

14226 Spindle Arbor Road Cypress TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/13/2023

Full name of contributor

Darcy Mingoia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

521.15

Contributor address;

City;

State;

Zip Code

6610 Barrington Garden Houston TX 77069

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.

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: **7****2** FILER NAME

Julie M. Hinaman

3 Filer ID (Ethics Commission Filers)**4** Date

07/24/2023

5 Full name of contributor

Michael Wilson

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

7331 Haley Woods Court Houston TX 77095

7 Amount of contribution (\$)**30.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/29/2023

Full name of contributor

Hoang Pham

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

11526 Galbreath Dr Houston TX 77066

Amount of contribution (\$)

104.48

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/30/2023

Full name of contributor

David Spears

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

18019 Dockside Landing Drive Cypress TX 77433

Amount of contribution (\$)

31.56

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/31/2023

Full name of contributor

Megan Bradley

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

12922 Tall Spruce Cypress TX 77429

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

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1 Total pages Schedule A1: **7****2** FILER NAME

Julie M. Hinaman

3 Filer ID (Ethics Commission Filers)**4** Date

08/01/2023

5 Full name of contributor

Mary Smith

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

11627 Vailrun Drive Houston TX 77070

7 Amount of contribution (\$)**260.73****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

08/03/2023

Full name of contributor

Mark Saffer

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

14214 Saddlebend Drive Houston TX 77070

Amount of contribution (\$)

104.48

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/11/2023

Full name of contributor

Amber Fielding

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

15102 Blue Thistle Dr Cypress TX 77433

Amount of contribution (\$)

31.56

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2023

Full name of contributor

Ravindra Thakur

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

338 Bayview Ave Douglaston NY 11363

Amount of contribution (\$)

104.48

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 7
2 FILER NAME Julie M. Hinaman		3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kristin Rampy	7 Amount of contribution (\$) 31.56
	6 Contributor address; City; State; Zip Code 15234 Ledgewood Park Dr Cypress TX 77429	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
--	--------------------------------------

Date 08/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Tom Karsten	Amount of contribution (\$) 521.15
	Contributor address; City; State; Zip Code 3526 W. Vickery Fort Worth TX 76107	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 08/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Rafe Colburn	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 100 Jay St. Apt 19C Brooklyn NY 11201	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
--	------------------------------------

Date 08/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Christine Ciro	Amount of contribution (\$) 52.40
	Contributor address; City; State; Zip Code 5611 Barton Falls Houston TX 77041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Julie M. Hinaman		3 Filer ID (Ethics Commission Filers)
4 Date 08/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Amber Fielding <hr/> 6 Contributor address; City; State; Zip Code 15102 Blue Thistle Dr Cypress TX 77433	7 Amount of contribution (\$) 31.56
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Bob Covey <hr/> Contributor address; City; State; Zip Code 17110 Ledgefield Cypress TX77433	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: _____) David Spears <hr/> Contributor address; City; State; Zip Code 18019 Dockside Landing Dr Cypress TX 77433	Amount of contribution (\$) 31.56
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Comfort Miller <hr/> Contributor address; City; State; Zip Code 13723 Cardinal Flowers Dr Cypress TX 77429	Amount of contribution (\$) 521.15
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.		

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

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1 Total pages Schedule A1: **7****2** FILER NAME

Julie M. Hinaman

3 Filer ID (Ethics Commission Filers)**4** Date

08/31/2023

5 Full name of contributor

Heather Arnold

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

13106 Avalange Ct Cypress TX 77429

7 Amount of contribution (\$)**52.40****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/03/2023

Full name of contributor

Douglas Harbrueger

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

PO Box 634 Cypress TX 77410

Amount of contribution (\$)

104.48

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2023

Full name of contributor

Paul Moak

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

3395 Del Monte Dr Houston TX 77019

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2023

Full name of contributor

Rupinder Singh

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

14107 Ashland Landing Dr Cypress TX 77429

Amount of contribution (\$)

521.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Julie M. Hinaman		3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Amber Fielding 6 Contributor address; City; State; Zip Code 15102 Blue Thistle Dr Cypress TX 77433	7 Amount of contribution (\$) 31.56
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1: 2	2 FILER NAME Julie M. Hinaman	3 Filer ID (Ethics Commission Filers)
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4 Date 07/27/2023	5 Payee name KP21 Productions
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6 Amount (\$) 750.00	7 Payee address; 13615 Danbury Run Dr	City; Houston	State; TX	Zip Code 77041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting Services
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/21/2023	Payee name ALL4CFISD
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Amount (\$) 500.00	Payee address; 6340 N Eldridge PKWY, Ste N #402	City; Houston	State; TX	Zip Code 77041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donations Made by Candidate/Officeholder/Political Committee	Description Campaign Contribution
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/06/2023	Payee name KP21 Productions
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Amount (\$) 449.16	Payee address; 13615 Danbury Run Dr	City; Houston	State; TX	Zip Code 77041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Services
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 2	2 FILER NAME Julie M. Hinaman	3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2023	5 Payee name ALL4CFISD	
6 Amount (\$) 1,500.00	7 Payee address; 6340 N Eldridge PKWY, Ste N #402	City; State; Zip Code Houston TX 77041
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Campaign Contribution
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 1	2 FILER NAME Julie M. Hinaman	3 Filer ID (Ethics Commission Filers)
4 Date 07/23/2023	5 Payee name Cardmember Services	
6 Amount (\$) 69.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; PO Box 6294	City; State; Zip Code Carol Stream IL 60197
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expenses	(b) Description Post office box
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	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 (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	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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