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 Mrs.	FIRST Crystai	MI L	OFFICE USE ONLY		
NAME	NICKNAME	LAST Carbone	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2651 Pearland Pkv Pearland, TX 7758	wy. Ste 102	ITY; STATE; ZIP CODE			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 352-6355	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER	ms / mrs / mr Mr.	FIRST Anthony	мі D			
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
	Tony	Carbone		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS () 2651 Pearland Pk Pearland, TX 7758	•	ITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	X January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	07 /	01 / 23	THROUGH 12 /	31 / 23		
11 ELECTION	ELECTION DA	TE				
	Month Day	Year Primary	Runoff Other Description			
	/ /	. General	Special			
12 OFFICE	OFFICE HELD (if any) Pearland ISD Pos		13 OFFICE SOUGHT (if known Pearland ISD Pos 3)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	······································		
GO TO PAGE 2						

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

15 C/OH NAME Crystal Carbone		16 Filer ID (E	thics 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 LAS	ST DAY \$	473.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	1,000.00
	Signature of Ca		ceholder
(1) Affidavit	LAUREN ZAHNISER NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 11/10/26 NOTARY ID 12843978-7		
	t t	LLeTH day	of January.
Jamen	which, witness my hand and seal of office.		VP of officer administering oath
Signature of officer administer	he of the Printed name of officer administering oath		
(2) Unsworn Declaratio	OR OR		
My name is	, and my date of birth is	S	
My address is	,,,	/ /	·
	(street) (city)	(state) (zip c	
Executed in	County, State of, on the day of (mont	th) 20	(year)
	Signature of Cand	idate/Officehold	er (Declarant)
	have a state to us		Revised 8/17/2020

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SUBTOTALS - C/OH

19 FILER		20 Filer ID (Ethics Co	mmission Filers)
Crys	al Carbone		
	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: 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 CO	NTRIBUTIONS	\$
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 CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$
-			

The C/OH Instruction (The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 87-48/1993 2						
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Amanda	R. ^{MI}	OFFICE USE ONLY				
NAME	NICKNAME LAST Kuhn	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: C 2303 Fairway Cir., Pearlang	TX 1758/					
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 702-6339	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS/ R3/MR FIRST Rebecca	A.	Receipt # Amount \$				
NAME	NICKNAME LAST	SUFFIX	Date Processed				
	Becky Cornelius		Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU 2640 E. Broadway #10		STATE: ZIP CODE 7758/				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 208-1814	EXTENSION					
9 REPORT TYPE	January 15 30th day before eld	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 7/15/23		Day Year 15/24				
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / 7 / 22 General	ELECTION TYPE Runoff Other Description Special					
12 OFFICE	OFFICE HELD (If any) School Board	13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRI	MAY HAVE BEEN MADE WITHOUT THE CAND.	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages							
	SPECIFIC COMMITTEE CAMPAIGN TREA	SURER NAME					
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS					
GO TO PAGE 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)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 500.°°		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 895.02		
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit				
NOTARY STAMP/SEAL	-			
	before me by this the this the	day of,		
, to certary				
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaratio	on			
My name is	, and my date of birth is _			
		,,		
		ate) (zip code) (country)		
Executed in	County, State of, on the day of (month)	, 20 (year)		
	Signature of Candida	te/Officeholder (Declarant)		

The C/OH Instruction G	uide explains how	to complet	te this form.	1 Fi	er ID (Ethics Commi	ssion Filers)	2 Total pa	ges fileo	1:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR		FIRST		М	I	OF	FICE U	ISE ONLY
NAME	NICKNAME		LAST		SI	JFFIX	Date Receive	d	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	AI	.PT / SUITE #;	CITY;	STATE; ZI	P CODE			
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE	NUMBER		EXTENSION			livered o	r Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR		FIRST		М	I	Receipt #		Amount \$
NAME	NAME ····································		Date Process	ed					
							Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX I	PLEASE); APT / S	SUITE #;	CITY;		STA	TE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE	NUMBER		EXTENSION				
TREASURER	()				22				
9 REPORT TYPE	January 15		30th day before	election	Runoff		treas		r campaign ointment Only)
	July 15		8th day before el	lection	Exceeded Reporting	d Modified J Limit	Fina	Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year			Month	Day	Year	
COVERED	/	/ ,	/	Т	HROUGH	/	/ /	/	
11 ELECTION	ELECTION DA	TE			ELE	CTION TYPE			
	Month Day	Year	Primary			Other Description			
		/	General	I	Special				
					10				
12 OFFICE	OFFICE HELD (if any)				13 OFFICE SOUG	HT (if known))		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIO THE CANDIDATE / OFFIC <i>CONSENT.</i> CANDIDATES	EHOLDER. TI	HESE EXPENDITURE	ES MAY HA	VE BEEN MADE WITHO	OUT THE CANE	DIDATE'S OR OFF	CEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	EE NAME						
	OFNEDAL	СОММІТТЕ	EE ADDRESS						
Additional Pages	GENERAL								
	SPECIFIC	COMMITTE	EE CAMPAIGN TR	EASURER	NAME				
		COMMITTE	EE CAMPAIGN TF	REASUREI	RADDRESS				
	1	<u> </u>							
			GO TO	PAG	EZ				

15 C/OH NAME		16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUT PLEDGES, LOANS, OR GUARANTEES OF LC CONTRIBUTIONS MADE ELECTRONICALLY)	-	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR)	ANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITU	RE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTA OF REPORTING PERIOD	INED AS OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE	\$
	wear, or affirm, under penalty of perjury, that the accom quired to be reported by me under Title 15, Election Code.	panying report is true and co	orrect and includes all information
	Nane	ette Weimer	
		Signature of Candidate	or Officeholder
	Please complete eithe	r option below:	
(1) Affidavit			
NOTARY STAMP/SEA	1		
	before me by	this the	dav of
	which, witness my hand and seal of office.		,
Signature of officer administe	ring oath Printed name of officer administerin	a ooth	Title of officer administering oath
	OR	ig oam	The of oncer administering bath
(2) Unsworn Declarati	on		
My name is	, an	d my date of birth is	
My address is	·,,		,
	(street)		(zip code) (country)
Executed in	County, State of, on the	day of	, 20 (year)
		Signature of Candidate/Offi	ceholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: 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 CO	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City; Stat		
8	Principal occu	pation / Job title (See Instructions) 9 E	nployer (See Instructi	ons)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City; Stat	e; Zip Code	
	Principal occup	ation / Job title (See Instructions)	nployer (See Instructi	ons)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City; Stat	e; Zip Code	
	Principal occup	ation / Job title (See Instructions)	nployer (See Instructi	ons)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City; Stat	e; Zip Code	
	Principal occup	ation / Job title (See Instructions)	nployer (See Instructi	ons)
		ATTACH ADDITIONAL COPIES OF THI If contributor is out-of-state PAC, please see Instruction		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ті	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM	E		3 Filer ID (Ethics Col	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	 	de of Toyan, Complete Schedule T
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outsic	le of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
lf contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		-	requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explains how to	complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES			\$	
5	Date		state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City			Check if travel outs	 . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See		de of lexas. complete ochedule 1.
	,					
	Date	Full name of pledgor 🗌 out-of-	state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
				e; Zip Code		 .
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	Date		state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City		e; Zip Code		
						ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)		Employer (See	Instructions)	
	Date	Full name of pledgor Out-of-	state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City	/; State;	Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	lf	ATTACH ADDITIO			-	requirements.

LOA	NS
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SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF U	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender Out-of-state P	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupa	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Connone	llateral	15 Check if personal fun account (See Instruc	ids were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occup	ation (See Instructions)	21 Employer (See Instructions)	1	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupa	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Co	llateral	Check if personal funds were deposited into political		
none		account (See Instruc	tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicabl	2			
Principal Occupa	tion (See Instructions)	Employer (See Instructions)		
lf	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NE		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		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 Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Accounting/Banking		Office Ove Polling Exp e Printing Ex		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense	
		The Instruction Guide ex	plains how to c	omplete this form.			
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL OF UNITEN		IPAID INCURRED O	BLIGATION	S	\$		
5 Date	6 Payee	name		·			
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE		Political	Non-Po	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aus	tin, TX, officeholder living e	expense	
I1 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					ld		
Date	Payee	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE		Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top	of this schedule)	Description			
		Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Au	ıstin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder name	e C	ffice sought	Office he	ld	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

Tr	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CRED	DIT CARD	SCHEDULE F4					
If the requested information is not applicable, DO NOT include this page in the report.								
EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$					
5 Date	6 Payee name							
7 Amount (\$)	8 Payee address;	City;	State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule) (b) Description						
	(c) Check if travel outside of Texas. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense					
11 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					
TYPE OF EXPENDITURE	Political	Non-Political						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description						
	Check if travel outside of Texas. Comp	elete 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	S OF THIS SCHEDULE AS N	EEDED					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
4 -		0	-		•	0		
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
4 [Date	5 Payee nar	ne					
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee add	Iress;		City;	State;	Zip Code	
8 E	PURPOSE OF EXPENDITURE	(a) Category	(a) Category (See Categories listed at the top of this schedule) (b) Description					
		(c) (Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living ex	pense	
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
[Date	Payee nar	ne					
1	Amount (\$)	Payee add	Iress;		City;	State;	Zip Code	
	Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description			
			Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held	
[Date	Payee nar	ne					
/	Amount (\$)	Payee add	lress;		City;	State;	Zip Code	
	Reimbursement from political contributions intended							
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
-	_	•	IS HOW LO	complete this form.			
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Business	name					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description			
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candid	ate / Officeholder name		Office sought		Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description			
	C	Check if travel outside of Texas. Complete Sch	iedule T.	Check if Austin,	, TX, officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	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/O		ate / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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 I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)		
4 Date	5 Payee name		1				
6 Amount (\$)	7 Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	∍ instructions regar	ding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	∍ instructions rega	rding type of	information		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Forms provided by Texas Ethics Commission

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

,	1 Total pages Sche	dule K:				
2 FILER NA	3 Filer ID (Ethics	s Commission Filers)				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; Sta	te; Zip Code				
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.

The Instruct	tion Guide	1 Total pages Schedule T:							
2 FILER NAME	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
5 Contribution / Expenditu	ire reported	on:							
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1								
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS								
6 Dates of travel 7	7 Name of	person(s) tra	veling						
8	8 Departur	e city or name	e of departure locatio	n					
\$	9 Destinatio	on city or nar	ne of destination loca	ation					
10 Means of transportation	ı	11 Purpose	of travel (including n	ame of conference, se	minar, or other event)				
Name of Contributor / C	orporation o	or Labor Orga	nization / Pledgor / F	Payee					
Contribution / Expenditu	are reported	on:							
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
Dates of travel	Name of	person(s) tra	veling						
	Departur	e city or nam	e of departure locatio	n					
	Destinati	on city or nar	ne of destination loca	ation					
Means of transportation	۲	Purpose	of travel (including n	ame of conference, se	minar, or other event)				
Name of Contributor / C	orporation o	or Labor Orga	nization / Pledgor / F	Payee					
Contribution / Expenditu	ire reported	on:							
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
Dates of travel	Name of person(s) traveling								
	Departure city or name of departure location								
	Destination city or name of destination location								
Means of transportation	1	Purpose	of travel (including n	ame of conference, se	minar, or other event)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1	C/OH NAME	2 Filer ID	(Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

The C/OH Instruction G	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Dr. Kristofer	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME Schoeffler	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1601 N Main	APT / SUITE #; C St, Pearland, TX 7	SITY; STATE; ZIP CODE 77581	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 409	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Dr. Eric	FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged
	Vance			
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / SL St, Pearland, TX		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) 485	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	7 /	1 / 2023	THROUGH 12	/ 31 / 2023
11 ELECTION	ELECTION DAT	Primary	ELECTION TYPE	
	Month Day 56		Description	
		2023 General		
12 OFFICE	OFFICE HELD (if any)	·	13 OFFICE SOUGHT (if known)
	Pearland ISD	Trustee, Position 2		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

15 C/OH NAME Kristofer Schoeffler		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUARANTEES	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$ ₀
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	
	4. TOTAL POLITICAL EXPENDITURES		\$ ₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		* DAY \$841.73
OUTSTANDING LOAN TOTALS			
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.			
K. Shit			
Signature of Candidate or Officeholder			
Please complete either option below:			
(1) Affidavit			
NOTARY STAMP/SEA	Ł		
Sworn to and subscribed	before me by	this the	day of,
20, to certif	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 Declarat			
My name is	r R. Schoeffler	, and my date of birth is .	12/17/1980
My address is 1601 N	Main St, Pearland, TX 77581, US	<u>م</u> ,	,
Brazoria	(street)	(), (tate) (zip code) (country)
Executed in	County, State of Texas, on	ay of our day of our day), 20 2 (year)
		nymy	 ate/Officeholder (Declarant)
		J	· · · · · · · · · · · · · · · · · · ·