

**RECEIVED**  
JUL 15 2024

# 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:																					
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">MS / MRS / MR</td> <td style="font-size: small;">FIRST</td> <td style="font-size: small;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Lisa</td> <td>A</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Alpe</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Lisa	A	NICKNAME	LAST	SUFFIX		Alpe		<b>OFFICE USE ONLY</b>										
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td>7827 Brykerwoods</td> <td></td> <td>Houston, TX</td> <td></td> <td>77055</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	7827 Brykerwoods		Houston, TX		77055											
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	Cone																							
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<b>12 OFFICE</b>	OFFICE HELD (if any) SBISD Board of Trustees Position 5	<b>13 OFFICE SOUGHT</b> (if known)																						
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>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.</small>																							
Additional Pages	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS															
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**GO TO PAGE 2**

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BY: \_\_\_\_\_

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

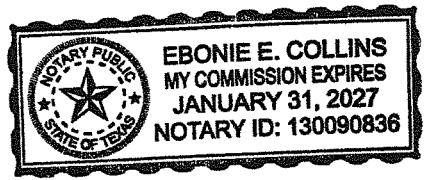
<b>15 C/OH NAME</b> Lisa A. Alpe		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,001.25
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Lisa Andrews Alpe*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by LISA A. ALPE this the 15 day of JULY, 2024, to certify which, witness my hand and seal of office.

*[Signature]* EBONIE E. COLLINS NOTARY PUBLIC  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)