

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

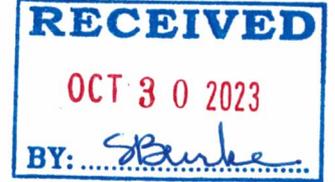
2 Total pages filed: 38

3 COMMITTEE NAME

ALL 4 CFISD

OFFICE USE ONLY

Date Received



4 COMMITTEE ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6340 North Eldridge Pkwy
Suite N402
Houston, TX 77041

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST
Daniel

MI

NICKNAME

LAST
Arizpe

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8910 English Manor Dr.
Cypress, TX 77433

7 CAMPAIGN TREASURER MAILING ADDRESS

Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 228-4482

9 REPORT TYPE

January 15

July 15

30th day before election

8th day before election

Runoff

Exceeded Modified Reporting Limit

Dissolution Report (Attached PAC-FR)

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

9 / 29 / 2023

THROUGH

Month Day Year

10 / 28 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

11 / 7 / 2023

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

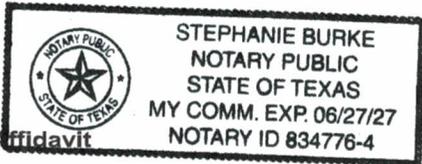
12 COMMITTEE NAME ALL 4 CFISD **13 Filer ID (Ethics Commission Filers)**

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Tonia Jaeggi, Leslie Martone, Frances Ramirez Romero Julie Hinaman
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Position 1, Position 3, Position 4 Position 2
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year / / DESCRIPTION

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,850.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,976.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,809.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,454.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

[Handwritten Signature]
 Signature of Campaign Treasurer (Declarant)



Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Arizpe, this the 30th day of October, 2023, to certify which, witness my hand and seal of office.

Stephanie Burke Stephanie Burke Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME ALL 4 CFISD

18 Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,976.98
2. <input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,483.41
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25,809.24
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 25

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/2023

5 Full name of contributor out-of-state PAC (ID#: _____)

Caitrin Benavides

6 Contributor address; City; State; Zip Code

4515 Shallow Hill CT, Houston, TX 77084

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/29/2023

Full name of contributor out-of-state PAC (ID#: _____)

Tara Magallan

Contributor address; City; State; Zip Code

19614 Blushing Meadow, Cypress, TX 77433

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/29/2023

Full name of contributor out-of-state PAC (ID#: _____)

Dylan Glass

Contributor address; City; State; Zip Code

9123 Crescent Clover DR #1308, Spring, TX 77379

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/29/2023

Full name of contributor out-of-state PAC (ID#: _____)

Becky Denton

Contributor address; City; State; Zip Code

20110 Granite Birch LN, Cypress, TX 77433

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Munoz	7 Amount of contribution (\$) 10.00
	6 Contributor address; City; State; Zip Code 15831 Maple Manor DR, Houston, TX 77095	

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

Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Henry	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 14807 Oak Bluff CT, Houston, TX 77070	

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

Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendra Parker	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 17900 Mound RD #6206, Cypress, TX 77433	

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

Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Vasquez	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 18515 Bridgeland Creek PKWY #1618, Cypress, TX 77433	

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

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Foster-Munoz <hr/> 6 Contributor address; City; State; Zip Code 15831 Maple Manor DR, Houston, TX 77095	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moe Hatfield <hr/> Contributor address; City; State; Zip Code 11502 Chelsea Oak ST, Houston, TX 77065	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Routh <hr/> Contributor address; City; State; Zip Code 20530 Daisy Bloom CT, Cypress, TX 77433	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Ostrowski <hr/> Contributor address; City; State; Zip Code 20819 Katie Marie CT, Cypress, TX 77433	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 25

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

Kelley Wiginton

9/30/2023

6 Contributor address; City; State; Zip Code

20.00

21607 W Winter Violet CT, Cypress, TX 77433

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Vicki Snokhous

9/30/2023

Contributor address; City; State; Zip Code

20.00

16718 Harbor Falls DR, Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Elizabeth Basinger

9/30/2023

Contributor address; City; State; Zip Code

20.00

13814 Panola Pointe, Cypress, TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

MaryAnn Harvey

9/30/2023

Contributor address; City; State; Zip Code

20.00

10534 Normont DR, Houston, TX 77070

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 ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Chaney <hr/> 6 Contributor address; City; State; Zip Code 6923 Pebble Beach DR, Houston, TX 77069	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah B Stephanow <hr/> Contributor address; City; State; Zip Code 12607 Texas Army Trail, Cypress, TX 77429	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Carpenter <hr/> Contributor address; City; State; Zip Code 18515 Bridgeland Creek PKWY #1302, Cypress, TX 77433	Amount of contribution (\$) 35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedro Navarrete <hr/> Contributor address; City; State; Zip Code 15607 Stable Brook CIR, Cypress, TX 77429	Amount of contribution (\$) 35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Hart <hr/> 6 Contributor address; City; State; Zip Code 16834 Ranger Ridge DR, Cypress, TX 77429	7 Amount of contribution (\$) 41.98
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Edelbach <hr/> Contributor address; City; State; Zip Code 20403 Scenic Woods DR, Cypress, TX 77433	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Dorsey <hr/> Contributor address; City; State; Zip Code 7410 E Suddley Castle, Houston, TX 77095	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelin Leyva <hr/> Contributor address; City; State; Zip Code 15243 Shapiro Springs LN, Houston, TX 77095	Amount of contribution (\$) 50.00
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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 25

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
James DeNoma

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

50.00

9/30/2023

13003 Andover Manor DR, Cypress, TX 77429

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Rick Ellis

Contributor address; City; State; Zip Code

75.00

9/30/2023

9418 Tarton Way CT, Houston, TX 77065

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Scott Davis

Contributor address; City; State; Zip Code

100.00

9/30/2023

14023 Armant Place DR, Cypress, TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Debbie Blackshear

Contributor address; City; State; Zip Code

300.00

9/30/2023

17415 Swansbury, Cypress, TX 77429

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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Sandlin 6 Contributor address; City; State; Zip Code 10127 Blanchard Park LN, Cypress, TX 77433	7 Amount of contribution (\$) 305.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristina Schweighardt <hr/> Contributor address; City; State; Zip Code 20814 S Amber Willow TR, Cypress, TX 77433	Amount of contribution (\$) 315.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Ussery <hr/> Contributor address; City; State; Zip Code 12326 Crest Haven LN, Cypress, TX 77433	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loretta Shumway <hr/> Contributor address; City; State; Zip Code 7110 Willow Bridge CIR, Houston, TX 77095	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Dickerson 6 Contributor address; City; State; Zip Code 13902 Wessex Park DR, Cypress, TX 77429	7 Amount of contribution (\$) 15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Wilson Contributor address; City; State; Zip Code 16838 Country Bridge TR, Houston, TX 77095	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David McEvoy Contributor address; City; State; Zip Code 11415 N Creekwood Hills LN, Houston, TX 77070	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MaryAnna Gannon Contributor address; City; State; Zip Code 5607 Court of Lions ST, Houston, TX 77069	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 25

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date 10/4/2023
5 Full name of contributor Angie Angus out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

21303 Fairhaven Island CT, Cypress, TX 77433

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 10/4/2023
Full name of contributor Thomas Worrall out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

13711 Greenwood Manor DR, Cypress, TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/6/2023
Full name of contributor Phyllis Roberts out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code

14419 Lakeside View Way, Cypress, TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/6/2023
Full name of contributor Noelle Coen out-of-state PAC (ID#: _____)

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

15201 Mason RD, Ste 1000-332, Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Gohlke <hr/> 6 Contributor address; City; State; Zip Code 19403 S Cottonwood Green LN, Cypress, TX 77433	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Ostrowski <hr/> Contributor address; City; State; Zip Code 20414 Concord Hills DR, Cypress, TX 77433	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellye Sandlin <hr/> Contributor address; City; State; Zip Code 10127 Blanchard Park LN, Cypress, TX 77433	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen Walker <hr/> Contributor address; City; State; Zip Code 21015 Pricewood Manor CT, Cypress, TX 77433	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miya Dock 6 Contributor address; City; State; Zip Code 11627 Mangolia Crest Cove CT, Cypress, TX 77433	7 Amount of contribution (\$) 30.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 10/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Balez Contributor address; City; State; Zip Code 18806 Cove Vista LN, Cypress, TX 77433	Amount of contribution (\$) 2,000.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 10/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joslyn Robeau Contributor address; City; State; Zip Code 13642 Cardinal Flowers DR, Cypress, TX 77429	Amount of contribution (\$) 10.00
-------------------	--	--------------------------------------

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

Date 10/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Rodriguez Contributor address; City; State; Zip Code 11214 Chestnut River LN, Cypress, TX 77433	Amount of contribution (\$) 25.00
-------------------	--	--------------------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/9/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Dillon <hr/> 6 Contributor address; City; State; Zip Code 16727 Roseglade DR, Cypress, TX 77429	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Lyle <hr/> Contributor address; City; State; Zip Code 16807 Madrone CT, Houston, TX 77095	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Figueroa <hr/> Contributor address; City; State; Zip Code 15702 Park Poetry CT, Cypress, TX 77433	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Hancock <hr/> Contributor address; City; State; Zip Code 589 Ravenwood LN, Grand Junction, CO 81507	Amount of contribution (\$) 50.00
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: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Ryan <hr/> 6 Contributor address; City; State; Zip Code 12706 Timberland Trace, Houston, TX 77065	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Blain <hr/> Contributor address; City; State; Zip Code 5303 Verdant Way, Houston, TX 77069	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaka Hannah <hr/> Contributor address; City; State; Zip Code 18303 Pedemales Springs DR, Cypress, TX 77433	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Trevino <hr/> Contributor address; City; State; Zip Code 16321 St Helier ST, Jersey Village, TX 77040	Amount of contribution (\$) 25.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason VanderKooi <hr/> 6 Contributor address; City; State; Zip Code 15530 Rainbow Trout DR, Cypress, TX 77433	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Newitt <hr/> Contributor address; City; State; Zip Code 9106 Eagles Brook CT, Cypress, TX 77433	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geraldine Adams <hr/> Contributor address; City; State; Zip Code 19718 Cardiff Park LN, Houston, TX 77094	Amount of contribution (\$) 800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Missi Scott <hr/> Contributor address; City; State; Zip Code 15506 Mossy Park, Cypress, TX 77429	Amount of contribution (\$) 25.00
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: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeni Kimrey <hr/> 6 Contributor address; City; State; Zip Code 15210 Prairie Dog Town LN, Cypress, TX 77433	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viv Bennett <hr/> Contributor address; City; State; Zip Code 10822 Keystone Fairway DR, Houston, TX 77095	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianna Passmore <hr/> Contributor address; City; State; Zip Code 13526 Greenwood Manor DR, Cypress, TX 77429	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Balletto-Wooten <hr/> Contributor address; City; State; Zip Code 7007 Falling Waters DR, Spring, TX 77379	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 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: 25

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
Melissa Batchelder

7 Amount of contribution (\$)

10/14/2023

6 Contributor address; City; State; Zip Code
26323 Millies Creek LN, Cypress, TX 77433

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Theresa Malone

Amount of contribution (\$)

10/15/2023

Contributor address; City; State; Zip Code
16915 Scenic Lakes Way, Houton, TX 77095

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Terra Almogabar-Lozano

Amount of contribution (\$)

10/15/2023

Contributor address; City; State; Zip Code
12619 Campos DR, Houston, TX 77065

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Anne DonLevy

Amount of contribution (\$)

10/16/2023

Contributor address; City; State; Zip Code
11614 Meadowchase DR, Houston, TX 77065

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Ray <hr/> 6 Contributor address; City; State; Zip Code 10330 Sablebrook LN, Houston, TX 77095	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vishal Patel <hr/> Contributor address; City; State; Zip Code 12006 Sunset Haven DR, Cypress, TX 77433	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Linekin <hr/> Contributor address; City; State; Zip Code 11330 Water Oak LN, Cypress, TX 77429	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katharine Cevallos <hr/> Contributor address; City; State; Zip Code 18010 Widcombe DR, Houston, TX 77084	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Hart 6 Contributor address; City; State; Zip Code 11726 Imperials Woods, Cypress, TX 77429	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Chao Contributor address; City; State; Zip Code 8726 Ballinger DR, Houston, TX 77064	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Azaiez Contributor address; City; State; Zip Code 17219 Red Oak Bend Dr, Cypress, TX 77433	Amount of contribution (\$) 4.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Bradley Contributor address; City; State; Zip Code 16326 Rolling View TR, Cypress, TX 77433	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Bruce <hr/> 6 Contributor address; City; State; Zip Code 14502 Trophy Club RD, Houston, TX 77095	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Giddens <hr/> Contributor address; City; State; Zip Code 10507 Paula Bluff LN, Cypress, TX 77433	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebekah Dixon <hr/> Contributor address; City; State; Zip Code 19707 Lake Theo, Cypress, TX 77433	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick Williams <hr/> Contributor address; City; State; Zip Code 19435 Maidenhair Fern, Cypress, TX 77433	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Murr <hr/> 6 Contributor address; City; State; Zip Code 6914 Mickwayne, Houston, TX 77069	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Wilson <hr/> Contributor address; City; State; Zip Code 7331 Haley Woods CT, Houston, TX 77095	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eve Myers <hr/> Contributor address; City; State; Zip Code 22734 Timberlake Creek RD, Tomball, TX 77377	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Wells <hr/> Contributor address; City; State; Zip Code 15503 Rippling Springs DR, Cypress, TX 77429	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Correction: Janeen Garr 6 Contributor address; City; State; Zip Code 20310 Peach Mountain LN, Cypress, TX 77429	7 Amount of contribution (\$) -450.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penny Sue Johnson Contributor address; City; State; Zip Code 16010 Lockdale LN, Cypress, TX 77429	Amount of contribution (\$) 170.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jen Williams Contributor address; City; State; Zip Code 12803 West Shadow Lake LN, Cypress, TX 77429	Amount of contribution (\$) 180.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert W Hughes Contributor address; City; State; Zip Code 5610 Hampton Ridge LN, Houston, TX 77069	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Schluter <hr/> 6 Contributor address; City; State; Zip Code 12211 Preece CT, Cypress, TX 77429	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian R Sandel <hr/> Contributor address; City; State; Zip Code 12014 Gardenglen DR, Houston, TX 77070	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather S Bergman <hr/> Contributor address; City; State; Zip Code 8714 Debbie Terrace DR, Cypress, TX 77433	Amount of contribution (\$) 285.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonia Jaeggi <hr/> Contributor address; City; State; Zip Code 18415 Cypress Church RD, Cypress, TX 77433	Amount of contribution (\$) 425.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Covey 6 Contributor address; City; State; Zip Code 17110 Ledgefield, Cypress, TX 77433	7 Amount of contribution (\$) 996.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Hinaman for CFISD Trustee Contributor address; City; State; Zip Code 9638 Caddo Ridge Lane, Cypress, TX 77433	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonia Jaeggi for CFISD Trustee Contributor address; City; State; Zip Code 16635 Spring Cypress RD, Cypress, TX 77410-2938	Amount of contribution (\$) 3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie A Martone for CFISD Trustee Contributor address; City; State; Zip Code 13230 Barker-Cypress RD Ste 600, Box 434, Cypress, TX 77429	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark McShaffry <hr/> 6 Contributor address; City; State; Zip Code 17422 West Blooming Rose CT, Cypress, TX 77429-6725	7 Amount of contribution (\$) 375.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Dominguez <hr/> Contributor address; City; State; Zip Code 21011 E Kelsey Creek TR, Cypress, TX 77433	Amount of contribution (\$) 375.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristi Giron <hr/> Contributor address; City; State; Zip Code 14343 Millstone Estates LN, Cypress, TX 77429	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia <hr/> Contributor address; City; State; Zip Code 6610 Barrington Garden, Houston, TX 77069	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/30/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah B Stephanow <hr/> 7 Contributor address; City; State; Zip Code 12607 Texas Army Trail, Cypress, TX 77429	8 Amount of Contribution \$ 10.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Food & Beverages
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 10/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Covey <hr/> Contributor address; City; State; Zip Code 17110 Ledgefield, Cypress, TX 77433	Amount of Contribution \$ 2,350.03 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Billboard
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		Employer (FOR NON-JUDICIAL)(See Instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/7/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark McShaffry <hr/> 7 Contributor address; City; State; Zip Code 12607 Texas Army Trail, Cypress, TX 77429	8 Amount of Contribution \$ 200.00	9 In-kind contribution description Advertising/Booth Sponsorship at Event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Backyard Grill	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Bradley <hr/> Contributor address; City; State; Zip Code 12922 Tall Spruce Dr, Cypress, TX 77429	Amount of Contribution \$ 375.00	In-kind contribution description Advertising/ Venue Rental <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	3
2 FILER NAME ALL 4 CFISD		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/11/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia	8 Amount of Contribution \$ 48.38	9 In-kind contribution description Food & Beverages
7 Contributor address; City; State; Zip Code 6610 Barrington Garden, Houston, TX 77069		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 10/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apollo Productions	Amount of Contribution \$ 4,500.00	In-kind contribution description Photography Services
Contributor address; City; State; Zip Code 18218 Bayou Branch DR, Houston, TX 77084		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Photography Services		Employer (FOR NON-JUDICIAL) (See Instructions) Self Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME All 4 CFISD	3 Filer ID (Ethics Commission Filers)
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4 Date 9/29/2023	5 Payee name Amegy Bank
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6 Amount (\$) 2.00	7 Payee address; City; State; Zip Code Amegy Bank of Texas, PO Box 265407, Salt Lake City, UT 84126
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank Fees
	(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
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Date 10/1/2023	Payee name Home Depot
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Amount (\$) 173.22	Payee address; City; State; Zip Code 17928 Spring Cypress RD, Cypress, TX 77429
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T Posts, Post Driver, Cable Ties & Cable Cutting Pliers
	<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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Date 10/1/2023	Payee name Home Depot
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Amount (\$) 77.99	Payee address; City; State; Zip Code 6800 Highway 6 North, Husston, TX 77084
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Cable Ties
	<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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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: 7	2 FILER NAME All 4 CFISD	3 Filer ID (Ethics Commission Filers)
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4 Date 10/2/2023	5 Payee name StickerMule
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6 Amount (\$) 250.02	7 Payee address; 336 Forest Ave, Amsterdam, NY 12010	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ads in September Issue
	(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
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Date 10/3/2023	Payee name NBD Graphics
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Amount (\$) 2,259.18	Payee address; 917 S Mason Rd, Katy, TX 77450	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Road Signs
	<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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Date 10/4/2023	Payee name Cypress Signs LLC
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Amount (\$) 108.25	Payee address; 13626 Kluge RD, Unit A, Cypress, TX 77429	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs for Events
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME All 4 CFISD	3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2023	5 Payee name NBD Graphics	
6 Amount (\$) 554.07	7 Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Road Signs
	(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 10/6/2023	Payee name Clear Channel Outdoor	
Amount (\$) 2,350.03	Payee address; City; State; Zip Code 12852 Westheimer RD, Houston, TX 77077	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Billboard
	<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 10/6/2023	Payee name NBD Graphics	
Amount (\$) \$514.19	Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Road Signs & Push Cards
	<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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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: 7	2 FILER NAME All 4 CFISD	3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2023	5 Payee name StickerMule	
6 Amount (\$) 528.66	7 Payee address; City; State; Zip Code 18218 Bayou Branch DR, Houston, TX 77084	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Round Buttons & Stickers
	(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 10/8/2023	Payee name Guitar Center	
Amount (\$) 924.39	Payee address; City; State; Zip Code 24429 Katy Freeway Katy, TX 77494-1376"	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Speaker & Microphone
	<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 10/8/2023	Payee name Coles Crossing Community Center	
Amount (\$) 375.00	Payee address; City; State; Zip Code 13050 Barker Cypress RD, Cypress, TX 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Rental Fees
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME All 4 CFISD	3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2023	5 Payee name Home Depot	
6 Amount (\$) 768.32	7 Payee address; City; State; Zip Code 2455 Paces Ferry RD, Atlanta, GA 30339	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Cabel Ties, Metal Fence Post Driver, and T Posts
	(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		
Date 10/13/2023	Candidate / Officeholder name Amazon Marketplace NA PA	
Amount (\$) 387.57	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies/Linens
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date 10/16/2023	Payee name Kwik Kopy Printing	
Amount (\$) 172.64	Payee address; City; State; Zip Code 9744 Whithorn DR, Houston, TX 77095	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

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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: 7	2 FILER NAME All 4 CFISD	3 Filer ID (Ethics Commission Filers)
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4 Date 10/18/2023	5 Payee name Proforma Impact Promotions
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6 Amount (\$) 1,372.61	7 Payee address; City; State; Zip Code 7710 Cherry Park DR Ste T-375, Houston, TX 77095
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Tee Shirts
	(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
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Date 10/18/2023	Payee name Johnston Campaigns
Amount (\$) 12,518.72	Payee address; City; State; Zip Code 1140 FM 2094 #116, Kemah, TX 77565

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<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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Date 10/21/2023	Payee name Chris Young
Amount (\$) 1,975.68	Payee address; City; State; Zip Code 2919 Helberg, Houston, TX 77092

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal/Consulting Expense	Description Robo Calls/Texts
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME All 4 CFISD	3 Filer ID (Ethics Commission Filers)
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4 Date 10/23/2023	5 Payee name Home Depot
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6 Amount (\$) 276.89	7 Payee address; City; State; Zip Code 17928 Spring Cypress RD, Cypress, TX 77429
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Cable Ties, Staples, Stapler, Ladder, Strips for 2 X 8 signs and T Posts
	(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
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Date	Payee name Home Depot
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Amount (\$) 161.83	Payee address; City; State; Zip Code 412727 FM 1960 West, Houston, TX 77065
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T Posts
	<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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Date 10/28/2023	Payee name Anedot
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Amount (\$) 57.98	Payee address; City; State; Zip Code 1201 W Peachtree ST NW Ste.2625 PMB 43460, Atlanta, GA 30309
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description CC Fees
	<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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