

# 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: 70
3 COMMITTEE NAME ALL 4 CFISD			<div style="text-align: center; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Received  <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">10:10 AM OCT 10 2023</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">BY: <i>S. Burke</i></div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Receipt #                      Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Processed  <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">10/10/2023</div> </div> <div style="border: 1px solid black; padding: 5px;"> Date Imaged  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.5em;"><i>S. Burke</i></div> </div>
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  6340 North Eldridge Pkwy Suite N402 Houston, TX 77041		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI  Daniel                      MI ----- NICKNAME                      LAST                      SUFFIX  Arizpe		
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  <input type="checkbox"/> 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	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month                      Day                      Year                                           Month                      Day                      Year 7                      /                      5                      /                      2023                      THROUGH                      9                      /                      28                      /                      2023		
11 ELECTION	ELECTION DATE Month                      Day                      Year 11                      /                      7                      /                      2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                      Description _____	

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

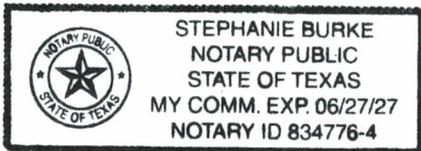
**FORM SPAC  
COVER SHEET PG 2**

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

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

<b>15</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4280.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,758.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,600.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7437.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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 10<sup>th</sup> day of Oct., 20 23, to certify which, witness my hand and seal of office.

Stephanie Burke Stephanie Burke Asst. to Director of Gen. Admin  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**(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		\$ 31,758.12
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 5,812.43
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		\$ 28,600.97
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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  7/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia <hr/> <b>6</b> Contributor address; City; State; Zip Code 6610 Barrington Garden, Houston, TX 77069	<b>7</b> Amount of contribution (\$)  500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  7/14/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah B Stephanow <hr/> <b>Contributor address;</b> City; State; Zip Code 12607 Texas Army Trail, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  7/19/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Middlebrook <hr/> <b>Contributor address;</b> City; State; Zip Code 19522 Winding Canyon LN, Katy, TX 77449	<b>Amount of contribution (\$)</b>  400.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  7/21/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) John Reed <hr/> <b>Contributor address;</b> City; State; Zip Code 2103 Tangley ST, Houston, TX 77005	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  7/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Wilson <hr/> <b>6</b> Contributor address; City; State; Zip Code 7331 Haley Woods CT, Houston, TX 77095	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  7/27/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Barsch <hr/> <b>Contributor address;</b> City; State; Zip Code 8738 Village Terrace, Houston, TX 77040	<b>Amount of contribution (\$)</b> 100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  7/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Arizpe <hr/> <b>Contributor address;</b> City; State; Zip Code 8910 English Manor DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b> 100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/10/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Davis <hr/> <b>Contributor address;</b> City; State; Zip Code 17318 Haley Falls LN, Houston, TX 77095	<b>Amount of contribution (\$)</b> 200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick Francis <hr/> <b>6</b> Contributor address; City; State; Zip Code 6919 Kelsey Rae CT, Houston, TX 77069	<b>7</b> Amount of contribution (\$)  200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/16/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Samson <hr/> <b>Contributor address;</b> City; State; Zip Code 16902 Country Bridge RD, Houston, TX 77095	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/17/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Fung <hr/> <b>Contributor address;</b> City; State; Zip Code 8623 Upshur LN, Houston, TX 77064	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany Guterrez <hr/> <b>Contributor address;</b> City; State; Zip Code 20327 Creekdale Bend, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  5.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Boin <hr/> <b>6</b> Contributor address; City; State; Zip Code 12323 Lakeshore RDG, Houston, TX 77041	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia <hr/> <b>Contributor address;</b> City; State; Zip Code 6610 Barrington Garden, Houston, TX 77069	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Flood <hr/> <b>Contributor address;</b> City; State; Zip Code 8702 Dawnblush LN, Houston, TX 77095	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Genie Middleton <hr/> <b>Contributor address;</b> City; State; Zip Code 10534 Normont DR, Houston, TX 77070	<b>Amount of contribution (\$)</b>  5.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katrina Yang <hr/> <b>6</b> Contributor address; City; State; Zip Code 13015 Fair Point Manor CT, Cypress, TX 77429	<b>7</b> Amount of contribution (\$) 10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicola Speedie <hr/> <b>Contributor address;</b> City; State; Zip Code 15314 Woodlawn Manor CT, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Williamson <hr/> <b>Contributor address;</b> City; State; Zip Code 19122 Cove Manor DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b> 100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Miller <hr/> <b>Contributor address;</b> City; State; Zip Code 13706 Casaba CT, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Moore <hr/> <b>6</b> Contributor address; City; State; Zip Code 13410 Greenwood Manor DR, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Truett <hr/> <b>Contributor address;</b> City; State; Zip Code 16222 Morning Pine TR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Callaghan <hr/> <b>Contributor address;</b> City; State; Zip Code 14610 Forest Lodge DR, Houston, TX 77070	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Krolczyk <hr/> <b>Contributor address;</b> City; State; Zip Code 8527 Brighton Lake LN, Houston, TX 77095	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle York <hr/> <b>6</b> Contributor address; City; State; Zip Code 16002 Coles Crossing DR, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeneen Garr <hr/> <b>Contributor address;</b> City; State; Zip Code 20310 Peach Mountain LN, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubrey Coburn <hr/> <b>Contributor address;</b> City; State; Zip Code 19530 Salado Creek CT, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Akin Fonville <hr/> <b>Contributor address;</b> City; State; Zip Code 21307 Drifting Oaks DR, Houston, TX 77095	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Chenier <hr/> <b>6</b> Contributor address; City; State; Zip Code 10519 Wind Walker TR, Houston, TX 77095	<b>7</b> Amount of contribution (\$)  20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/23/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerri Taylor <hr/> <b>Contributor address;</b> City; State; Zip Code 14403 Sugar Mill CIR, Houston, TX 77095	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/23/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Thompson <hr/> <b>Contributor address;</b> City; State; Zip Code 9106 Brixham DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/23/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Kent-Kowalski <hr/> <b>Contributor address;</b> City; State; Zip Code 17526 Hamilwood DR, Houston, TX 77095	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Duncan <hr/> <b>6</b> Contributor address; City; State; Zip Code 14018 Fosters Creek DR, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/24/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Wilson <hr/> <b>Contributor address;</b> City; State; Zip Code 7331 Haley Woods CT, Houston, TX 77095	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/24/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Missy Khan <hr/> <b>Contributor address;</b> City; State; Zip Code 18011 Stoney Glade CT, Houston, TX 77095	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/24/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Izaguirre <hr/> <b>Contributor address;</b> City; State; Zip Code 11610 Marwell LN, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  30.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura DenBoer <hr/> <b>6</b> Contributor address; City; State; Zip Code 13123 Golden Rainbow DR, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/24/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamara Murphy <hr/> <b>Contributor address;</b> City; State; Zip Code 13207 April Mist CT, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  30.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/27/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra English <hr/> <b>Contributor address;</b> City; State; Zip Code 7718 Wycomb LN, Houston, TX 77070	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Redix <hr/> <b>Contributor address;</b> City; State; Zip Code 21719 Winsome Rose, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Garstecki <hr/> <b>6</b> Contributor address; City; State; Zip Code 13611 Clareton LN, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Palomarez <hr/> <b>Contributor address;</b> City; State; Zip Code 15606 Stable Lake DR, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  15.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Archer <hr/> <b>Contributor address;</b> City; State; Zip Code 22103 Sheffield Gray TR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  30.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristi Macat <hr/> <b>Contributor address;</b> City; State; Zip Code 14715 Enchanted Valley DR, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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: 58

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date  
8/29/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Susan Spears

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
18019 Dockside Landing DR, Cypress, TX 77433

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carolyn Boardman

Amount of contribution (\$)

8/30/2023

Contributor address; City; State; Zip Code  
17503 Rose Garden TR, Cypress, TX 77429

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Beth May

Amount of contribution (\$)

8/30/2023

Contributor address; City; State; Zip Code  
13807 Court of Lords, Houston, TX 77069

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Baines Manning

Amount of contribution (\$)

8/30/2023

Contributor address; City; State; Zip Code  
58 Wincrest Falls DR, Cypress, TX 77429

500.00

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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/31/2023	<b>5</b> Full name of contributor Alissa Stolz <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>6</b> Contributor address; City; State; Zip Code 16318 Haden Crest, Cypress, TX 77429	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 8/31/2023	Full name of contributor MaryAnna Gannon <input type="checkbox"/> out-of-state PAC (ID#: _____) 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)
Date 8/31/2023	Full name of contributor Jennifer Orwin <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 17303 Kiowa River LN, Houston, TX 77095	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/2023	Full name of contributor Elizabeth Wallace <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 15419 Redbud Dale CT, Cypress, TX 77429	Amount of contribution (\$) 10.00
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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  8/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandylee Dawson-March <hr/> <b>6</b> Contributor address; City; State; Zip Code 13410 North Bend Lodge, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  8/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Marla Woodward <hr/> <b>Contributor address;</b> City; State; Zip Code 15135 Turquoise Mist DR, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerrin Watson <hr/> <b>Contributor address;</b> City; State; Zip Code 14507 Sunset Valley DR, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  26.35
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Miller <hr/> <b>Contributor address;</b> City; State; Zip Code 12918 Golden Rainbow DR, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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: 58

**2** FILER NAME ALL 4 CFISD

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

**4** Date  
8/31/2023

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tasha Johnson

**7** Amount of contribution (\$)  
25.00

**6** Contributor address; City; State; Zip Code  
11919 Normont DR, Houston, TX 77070

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

**9** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sheri Howard

Amount of contribution (\$)

8/31/2023

Contributor address; City; State; Zip Code  
13910 Twisting Ivy LN, Cypress, TX 77429

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Elizabeth Basinger

Amount of contribution (\$)

8/31/2023

Contributor address; City; State; Zip Code  
13814 Panola Pointe, Cypress, TX 77429

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kristin Gregg

Amount of contribution (\$)

8/31/2023

Contributor address; City; State; Zip Code  
13711 Cardinal Flowers DR, Cypress, TX 77429

20.00

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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/1/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Hughes  <b>6</b> Contributor address; City; State; Zip Code 16003 Stablepoint LN, Cypress, TX 77429 <i>Stablepoint</i>	<b>7</b> Amount of contribution (\$)  5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/1/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Middlebrook  <b>Contributor address; City; State; Zip Code</b> 19522 Winding Canyon LN, Katy, TX 77449	<b>Amount of contribution (\$)</b>  400.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/1/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzy Weaver  <b>Contributor address; City; State; Zip Code</b> 13402 Oak Valley LN, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/1/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Vrana  <b>Contributor address; City; State; Zip Code</b> 7190 Brittmoore RD, Ste 150, Houston, TX 77041	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/1/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Autumn Mashue	<b>7</b> Amount of contribution (\$)  5.00
	<b>6</b> Contributor address; City; State; Zip Code 15514 Lady Shery LN, Cypress, TX 77429	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/1/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kari Harrison	<b>Amount of contribution (\$)</b>  30.00
	<b>Contributor address;</b> City; State; Zip Code 16334 Dexter Point DR, Cypress, TX 77429	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/1/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Edelbach	<b>Amount of contribution (\$)</b>  25.00
	<b>Contributor address;</b> City; State; Zip Code 20403 Scenic Woods DT, Cypress, TX 77433	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/1/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindi M Penrod	<b>Amount of contribution (\$)</b>  36.77
	<b>Contributor address;</b> City; State; Zip Code 17526 Prospect Meadows DR, Houston, TX 77095	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/1/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Caramanica <hr/> <b>6</b> Contributor address; City; State; Zip Code 15219 Thistlebridge CT, Cypress, TX 77429	<b>7</b> Amount of contribution (\$) 200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Beard <hr/> <b>Contributor address;</b> City; State; Zip Code 18100 West RD #1212, Houston, TX 77095	<b>Amount of contribution (\$)</b> 20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Candice Watkins <hr/> <b>Contributor address;</b> City; State; Zip Code 15407 Hazel Thicket Trail, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 30.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Maureen Ayers <hr/> <b>Contributor address;</b> City; State; Zip Code 14123 Barons Bridge DR, Houston, TX 77069	<b>Amount of contribution (\$)</b> 50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/2/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenifer Jones <hr/> <b>6</b> Contributor address; City; State; Zip Code 16115 Greenport LN, Houston, TX 77084	<b>7</b> Amount of contribution (\$)  10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky Huber <hr/> <b>Contributor address;</b> City; State; Zip Code 16503 Provence LN, Houston, TX 77095	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Belinda Love <hr/> <b>Contributor address;</b> City; State; Zip Code 15326 Chichester LN, Jersey Village, TX 77040	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Frankel <hr/> <b>Contributor address;</b> City; State; Zip Code 15706 Jersey DR, Jersey Village 77040	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/2/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi Rothschild <hr/> <b>6</b> Contributor address; City; State; Zip Code 14606 Carols Way DR, Houston, TX 77070	<b>7</b> Amount of contribution (\$)  10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Bryant <hr/> <b>Contributor address;</b> City; State; Zip Code 14910 N Gray Heron CT, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristina Torres <hr/> <b>Contributor address;</b> City; State; Zip Code 7702 Oakwood Lakes DR, Houston, TX 77095	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/2/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Cruzen <hr/> <b>Contributor address;</b> City; State; Zip Code 12811 Marron CT, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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: 58

**2** FILER NAME ALL 4 CFISD

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

**4** Date  
9/2/2023

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carolyn Williams

**7** Amount of contribution (\$)

**6** Contributor address; City; State; Zip Code  
11634 Wilcant LN, Cypress, TX 77429

100.00

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

**9** Employer (See Instructions)

Date  
9/2/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Elizabeth Kendall-Lee

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
15306 Duncan DR, Cypress, TX 77429

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/2/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Senis Blume

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
12315 Aste LN, Houston, TX 77065

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/3/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Peter Wang

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
7711 Silent Star CT, Houston, TX 77095

20.00

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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/3/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stehanie Vaughn <hr/> <b>6</b> Contributor address; City; State; Zip Code 13406 General Gresham LN, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  75.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/3/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Estelle <hr/> <b>Contributor address;</b> City; State; Zip Code 19706 Fayette County DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/3/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Loyd <hr/> <b>Contributor address;</b> City; State; Zip Code 16630 Highland County DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/3/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Long <hr/> <b>Contributor address;</b> City; State; Zip Code 13719 Pristine Lake LN, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/3/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Keels ----- <b>6</b> Contributor address; City; State; Zip Code 14810 Windoak LN, Houston, TX 77040	<b>7</b> Amount of contribution (\$)  20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/3/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick Ytuarte ----- <b>Contributor address;</b> City; State; Zip Code 13602 Quail Forest DR, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/3/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen-Elizabeth Lee ----- <b>Contributor address;</b> City; State; Zip Code 6722 Ashmore DR, Houston, TX 77069	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/3/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey Torres ----- <b>Contributor address;</b> City; State; Zip Code 10519 Cobalt Falls DR, Houston, TX 77095	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/4/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alesha Mick <hr/> <b>6</b> Contributor address; City; State; Zip Code 18611 Magnolia Dell DR, Cypress, TX 77433	<b>7</b> Amount of contribution (\$)  20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/4/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristy Allen <hr/> <b>Contributor address;</b> City; State; Zip Code 12027 Cathy DR, Huston, TX 77065	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/4/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Mugavero <hr/> <b>Contributor address;</b> City; State; Zip Code 18638 Mosshill Estates LN, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/4/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Coachmman <hr/> <b>Contributor address;</b> City; State; Zip Code 7507 Bairnsdale, Houston, TX 770770	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 58

**2** FILER NAME ALL 4 CFISD

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

**4** Date  
9/5/2023

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cliff Richardson

**7** Amount of contribution (\$)

**6** Contributor address; City; State; Zip Code  
14426 XXXX, Cypress, TX 77429

50.00

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

**9** Employer (See Instructions)

Date  
9/5/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Krystal Perez

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
14515 Rustic Fields LN, Cypress, TX 77429

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/5/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Samantha Calkins

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
19526 Bella Arbor LN, Cypress, TX 77433

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/6/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cristina Ramirez

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
12414 Cove Landing DR, Cypress, TX 77433

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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/6/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Davis <hr/> <b>6</b> Contributor address; City; State; Zip Code 8422 Lake Crystal DR, Houston, TX 77095	<b>7</b> Amount of contribution (\$)  15.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/6/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elissa Batzer <hr/> <b>Contributor address; City; State; Zip Code</b> 19411 Shady Loch LN, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/6/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey Anderson <hr/> <b>Contributor address; City; State; Zip Code</b> 15703 Quiet Bay CT, Houston, TX 77095	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/6/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Ellis <hr/> <b>Contributor address; City; State; Zip Code</b> 9418 Tarton Way CT, Houston, TX 77065	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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: 58

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date  
9/6/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Darcy Mingoia

7 Amount of contribution (\$)  
250.00

6 Contributor address; City; State; Zip Code  
6610 Barrington Garden, Houston, TX 77069

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
9/7/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tanya Thomas

Amount of contribution (\$)  
10.00

Contributor address; City; State; Zip Code  
16207 Crooked Way N, Cypress, TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/7/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lisa Abuka

Amount of contribution (\$)  
25.00

Contributor address; City; State; Zip Code  
18023 Poppy Trails ST, Katy, TX 77449

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/8/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kay Routh

Amount of contribution (\$)  
50.00

Contributor address; City; State; Zip Code  
20530 Daisy Bloom CT, Cypress, TX 77433

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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/8/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra English <hr/> <b>6</b> Contributor address; City; State; Zip Code 7718 Wycomb LN, Houston, TX 77070	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/8/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Williamson <hr/> <b>Contributor address; City; State; Zip Code</b> 19122 Cove Manor DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/8/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Henry <hr/> <b>Contributor address; City; State; Zip Code</b> 14807 Oak Bluff CT, Houston, TX 77070	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/8/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Frankel <hr/> <b>Contributor address; City; State; Zip Code</b> 15706 Jersey DR, Jersey Village, TX 77040	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/8/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Frankel <hr/> <b>6</b> Contributor address; City; State; Zip Code 15706 Jersey DR, Jersey Village, TX 77040	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/8/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley Guilmart <hr/> <b>Contributor address; City; State; Zip Code</b> 16026 Lockdale LN, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/8/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Stephanow <hr/> <b>Contributor address; City; State; Zip Code</b> 12607 Texas Army TR, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/8/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Blackshear <hr/> <b>Contributor address; City; State; Zip Code</b> 17415 Swansbury, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/8/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassie Lancaster <hr/> <b>6</b> Contributor address; City; State; Zip Code 14539 Miscindy PL, Cypress, TX 77429	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/8/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorinda A. Tuggle <hr/> <b>Contributor address; City; State; Zip Code</b> 18615 Mosshill Estates LN, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  5.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/9/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Wiginton <hr/> <b>Contributor address; City; State; Zip Code</b> 21607 W Winter Violet CT, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/9/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica McAllister <hr/> <b>Contributor address; City; State; Zip Code</b> 19106 Panther Cave CT, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/9/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Ayala <b>6</b> Contributor address; City; State; Zip Code 11622 Trudeau DR, Houston, TX 77065	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 9/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Merlo Contributor address; City; State; Zip Code 14310 Darmera CT, Cypress, TX 77429	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Sisson Contributor address; City; State; Zip Code 16326 Salinas LN, Houston, TX 77095	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Basinger Contributor address; City; State; Zip Code 13814 Panola Pointe, 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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/9/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen DeNoma <b>6</b> Contributor address; City; State; Zip Code 20818 Katie Marie CT, Cypress, TX 77434	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 9/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miya Dock Contributor address; City; State; Zip Code 11627 Magnolia Crest Cove, Cypress, TX 77433	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Stackhouse Contributor address; City; State; Zip Code 11315 Sky Ridge DR, Cypress, TX 77429	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Jones Contributor address; City; State; Zip Code 3610 Robinson RD, Missouri City, TX 77450	Amount of contribution (\$) 100.00
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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindy Garcia <hr/> <b>6</b> Contributor address; City; State; Zip Code 15506 Lago Park Loop, Cypress, TX 77433	<b>7</b> Amount of contribution (\$) 10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/10/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna McGee <hr/> <b>Contributor address;</b> City; State; Zip Code 12418 Cove Landing DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/10/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Hatfield <hr/> <b>Contributor address;</b> City; State; Zip Code 11502 Chelsea Oak ST, Houston, TX 77065	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/11/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Berry <hr/> <b>Contributor address;</b> City; State; Zip Code 14034 Conway Landing, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Knight <hr/> <b>6</b> Contributor address; City; State; Zip Code 13114 Tarbet Place CT, Cypress, TX 77429	<b>7</b> Amount of contribution (\$) 5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/11/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MaryMargaret Ninemire <hr/> <b>Contributor address;</b> City; State; Zip Code 16131 Folk Festival PL, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/11/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Fitzpatrick <hr/> <b>Contributor address;</b> City; State; Zip Code 18618 Thomas Survey DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/11/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Klaus <hr/> <b>Contributor address;</b> City; State; Zip Code 12010 Auckland PL, Cypress TX 77429	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Escobar ..... <b>6</b> Contributor address; City; State; Zip Code 15106 Heron Meadow LN, Cypress, TX 77429	<b>7</b> Amount of contribution (\$) 40.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 9/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertha Salinas ..... Contributor address; City; State; Zip Code 16422 Shining Rock LN, Houston, TX 77095	Amount of contribution (\$) 35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marciel Alvarado ..... Contributor address; City; State; Zip Code 12135 Coldwater Cove LN, Cypress, TX 77433	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Dishman ..... Contributor address; City; State; Zip Code 16217 Saint Helier, Houston, TX 77040	Amount of contribution (\$) 200.00
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Gafford <hr/> <b>6</b> Contributor address; City; State; Zip Code 13323 Misty Hills DR, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/14/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Grothaus <hr/> <b>Contributor address;</b> City; State; Zip Code 12118 Burgoyne DR, Houston, TX 77077	<b>Amount of contribution (\$)</b>  800.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Cannon <hr/> <b>Contributor address;</b> City; State; Zip Code 12222 Quail Creek DR, Houston, TX 77070	<b>Amount of contribution (\$)</b>  200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy Shoemaker <hr/> <b>Contributor address;</b> City; State; Zip Code 28 Half Moon, Hitchcock, TX 77563	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Swenke ..... <b>6</b> Contributor address; City; State; Zip Code 15207 Lakewood Forest, Houston, TX 77070	<b>7</b> Amount of contribution (\$)  100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/16/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Loner ..... <b>Contributor address;</b> City; State; Zip Code 20719 White Hyacinth DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/17/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Vasquez ..... <b>Contributor address;</b> City; State; Zip Code 18515 Bridgeland Creek PKWY #1618, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/17/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Ostrowski ..... <b>Contributor address;</b> City; State; Zip Code 20819 Katie Marie CT, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Gray <b>6</b> Contributor address; City; State; Zip Code 13131 Fry RD, Cypress, TX 77433	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 9/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra English Contributor address; City; State; Zip Code 7718 Wycomb LN, Houston, TX 77070	Amount of contribution (\$) 475.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nikole Cales Contributor address; City; State; Zip Code 20206 Prim Pine CT, Cypress. TX 77429	Amount of contribution (\$) 33.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristina Schweighardt Contributor address; City; State; Zip Code 20814 S Amber Willow TR, Cypress, TX 77433	Amount of contribution (\$) 75.00
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: 58

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date  
9/18/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kelly O'Conner

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
17310 Scenic Lake CT, Cypress, TX 77429

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
9/18/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Douglas Harbrueger

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
PO Box 634, Cypress, TX 77410

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/18/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jennifer Golden

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
19107 Breezeway Cove DR, Cypress, TX 77433

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/18/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Heidi Pinder

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
15411 Woodlands Orchard LN, Cypress, TX 77433

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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anya Lucas <hr/> <b>6</b> Contributor address; City; State; Zip Code 12600 Grant RD, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cristina Ramirez <hr/> <b>Contributor address; City; State; Zip Code</b> 19207 Water Bridge DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  1,500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caren Green <hr/> <b>Contributor address; City; State; Zip Code</b> 8123 Glenclyffe LN, Houston, TX 77070	<b>Amount of contribution (\$)</b>  45.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate Johnson <hr/> <b>Contributor address; City; State; Zip Code</b> 14311 Swan Green LN, Houston, TX 77095	<b>Amount of contribution (\$)</b>  20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Mount <hr/> <b>6</b> Contributor address; City; State; Zip Code 9515 Secret Canyon DR, Houston, TX 77095	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle Shoaf <hr/> <b>Contributor address; City; State; Zip Code</b> 12603 Pleasant Grove RD, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristi Kincaid <hr/> <b>Contributor address; City; State; Zip Code</b> 9302 Tepee TR, Houston, TX 77064	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Toledanes <hr/> <b>Contributor address; City; State; Zip Code</b> 16819 Gypsy Red DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/20/2023	<b>5</b> Full name of contributor Nadia Bull <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>6</b> Contributor address; City; State; Zip Code 19645 Cypress Church RD, Cypress, TX 77433	<b>7</b> Amount of contribution (\$) 20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 9/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cristina Appolo Contributor address; City; State; Zip Code 7406 Tunbury, Houston, TX 77095	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlee Passmore Contributor address; City; State; Zip Code 16730 Roseglad DR, Cypress, TX 77429	Amount of contribution (\$) 11.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Quintero Contributor address; City; State; Zip Code 18602 N Frio River CIR, Cypress, TX 77433	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 58

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lori Thompson

7 Amount of contribution (\$)

9/20/2023

6 Contributor address; City; State; Zip Code  
6522 Pebble Beach DR, Houston, TX 77069

10.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ashley Duffy

Amount of contribution (\$)

9/20/2023

Contributor address; City; State; Zip Code  
17118 Texas Lancer DR, Cypress, TX 77433

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Regan Armstrong

Amount of contribution (\$)

9/20/2023

Contributor address; City; State; Zip Code  
17538 Whispering Star CT, Houston, TX 77095

40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Anurdha Kadam

Amount of contribution (\$)

9/21/2023

Contributor address; City; State; Zip Code  
18710 Terrapin DR, Cypress, TX 77433

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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Everest <hr/> <b>6</b> Contributor address; City; State; Zip Code 11250 West RD, Ste 12, Houston, TX 77065	<b>7</b> Amount of contribution (\$) 50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 9/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Traci Melly <hr/> <b>Contributor address; City; State; Zip Code</b> 6707 Ashmore DR, Houston, TX 77069	<b>Amount of contribution (\$)</b> 6.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 9/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Ginger <hr/> <b>Contributor address; City; State; Zip Code</b> 13211 Lake Mist CT, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 9/23/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jen Williams <hr/> <b>Contributor address; City; State; Zip Code</b> 12803 West Shadow Lake LN, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Kirwin <hr/> <b>6</b> Contributor address; City; State; Zip Code 9202 Bent Spur LN, Houston, TX 77064	<b>7</b> Amount of contribution (\$)  10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/23/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Baker <hr/> <b>Contributor address; City; State; Zip Code</b> 5418 Olympia Fields LN, Houston, TX 77069	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/23/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Travis <hr/> <b>Contributor address; City; State; Zip Code</b> 20714 Feron LN, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/23/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Krause <hr/> <b>Contributor address; City; State; Zip Code</b> 15531 Hazel Thicket TRL, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/23/2023	<b>5</b> Full name of contributor Paul Graber <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>6</b> Contributor address; City; State; Zip Code 17011 Laguna Springs DR, Houston, TX 77095	<b>7</b> Amount of contribution (\$) 1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 9/24/2023	<b>Full name of contributor</b> Michael Wilson <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Contributor address; City; State; Zip Code</b> 7331 Haley Woods CT, Houston, TX 77095	<b>Amount of contribution (\$)</b> 25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 9/24/2023	<b>Full name of contributor</b> Missy Khan <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Contributor address; City; State; Zip Code</b> 18011 Stoney Glade CT, Houston, TX 77095	<b>Amount of contribution (\$)</b> 100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 9/24/2023	<b>Full name of contributor</b> Ashley Mutschler <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Contributor address; City; State; Zip Code</b> 16306 Wytchwood CIR, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 58

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date  
9/24/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lara Edge

7 Amount of contribution (\$)

20.00

6 Contributor address; City; State; Zip Code  
15342 Glenwood Park DR, Houston, TX 77095

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
9/24/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kurt Edelbach

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code  
16023 Pebble Creek TR, Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/25/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Shannon Butler

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code  
17802 Mound RD Apt 28107, Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/25/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Owens

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code  
27106 Windy Grove LN, Cypress, TX 77433

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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindi M Penrod <hr/> <b>6</b> Contributor address; City; State; Zip Code 17526 Prospect Meadows DR, Houston, TX 77095	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/25/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicki R. Snokhous <hr/> <b>Contributor address;</b> City; State; Zip Code 16718 Harbor Falls DR, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/25/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellye Sandlin <hr/> <b>Contributor address;</b> City; State; Zip Code 10127 Blanchard Park LN, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/25/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Watts <hr/> <b>Contributor address;</b> City; State; Zip Code 13611 Danbury Run DR, Houston, TX 77041	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Harvey <b>6</b> Contributor address; City; State; Zip Code 13611 Danbury Run DR, Houston, TX 77041	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 9/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristi Kincaid Contributor address; City; State; Zip Code 9302 Tepee TR, Houston, TX 77064	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia Contributor address; City; State; Zip Code 6610 Barrington Garden, Houston, TX 77069	Amount of contribution (\$) 175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Garcia Contributor address; City; State; Zip Code 14439 Gleaming Rose DR, Cypress, TX 77429	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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Rospierski <hr/> <b>6</b> Contributor address; City; State; Zip Code 16611 Darby House ST, Cypress, TX 77429	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/26/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Sharp <hr/> <b>Contributor address; City; State; Zip Code</b> 11427 Carson Field LN, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/27/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Midkiff <hr/> <b>Contributor address; City; State; Zip Code</b> 15419 Dundas DR, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/27/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Martin <hr/> <b>Contributor address; City; State; Zip Code</b> 10330 Holden Creek LN, Cypress, TX 77433	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Frank <hr/> <b>6</b> Contributor address; City; State; Zip Code 12919 Peach Meadow, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/27/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie McCollister <hr/> <b>Contributor address;</b> City; State; Zip Code 16014 Elmwood Manor, Cypress, TX 77429	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/27/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Myers <hr/> <b>Contributor address;</b> City; State; Zip Code 9130 Eaglecove DR, Houston, TX 77064	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/27/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Smith <hr/> <b>Contributor address;</b> City; State; Zip Code 10606 Jaycreek DR, Houston, TX 77070	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Fritsche <hr/> <b>6</b> Contributor address; City; State; Zip Code 12202 Huffmeister RD #7208, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Angie Cheaney <hr/> <b>Contributor address;</b> City; State; Zip Code 6518 Walton Heath DR, Houston, TX 77069	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Davis <hr/> <b>Contributor address;</b> City; State; Zip Code 16823 Gentle Stone DR, Houston, TX 77095	<b>Amount of contribution (\$)</b>  10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Lofton <hr/> <b>Contributor address;</b> City; State; Zip Code 16113 Congo LN, Jersey Village, TX 77040	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Vaello  ..... <b>6</b> Contributor address; City; State; Zip Code 14234 Rosetta DR, Cypress, TX 77429	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Hurtado  ..... <b>Contributor address; City; State; Zip Code</b> 5202 Verdant Way, Housston, TX 77069	<b>Amount of contribution (\$)</b>  250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  9/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Munoz  ..... <b>Contributor address; City; State; Zip Code</b> 15831 Maple Manor DR, Houston, TX 77095	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  7/10/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia  ..... <b>Contributor address; City; State; Zip Code</b> 6610 Barrington Garden, Houston, TX 77069	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  7/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert M Hull <hr/> <b>6</b> Contributor address; City; State; Zip Code 15707 Frio Springs Lane, Cypress, TX 77429	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  7/18/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Stephanow <hr/> <b>Contributor address; City; State; Zip Code</b> 12607 Texas Army Trail, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonia Jaeggi for CFISD Trustee <hr/> <b>Contributor address; City; State; Zip Code</b> 16635 Spring Cypress RD, Cypress, TX 77410-2938	<b>Amount of contribution (\$)</b> 1,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  8/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie A Martone for CFISD Trustee <hr/> <b>Contributor address; City; State; Zip Code</b> 13230 Barker-Cypress RD Ste 600, Box 434, Cypress, TX 77429	<b>Amount of contribution (\$)</b> 250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 58
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher S. Harrison <b>6</b> Contributor address; City; State; Zip Code 4409 Almeda RD, Houston, TX 77004	<b>7</b> Amount of contribution (\$) 500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 8/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark McShaffry Contributor address; City; State; Zip Code 17422 West Blooming Rose CT, Cypress, TX 77429-6725	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian R Sandel Contributor address; City; State; Zip Code 12014 Gardenglen DR, Houston, TX 77070	Amount of contribution (\$) 1,400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/2023	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 (\$) 500.00
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: 58

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date  
8/28/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tonia Jaeggi for CFISD Trustee

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
16635 Spring Cypress RD, Cypress, TX 77410-2938

2,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
8/31/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Debbie Gibson

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
8830 Outview CT, Houston, TX 77040

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/7/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Adrian Domingues

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
21011 E Kelsey Creek TR, Cypress, TX 77433

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/7/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Brian R Sandel

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
12014 Gardenglen DR, Houston, TX 77070

1,300.00

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: 58

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date  
9/7/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Julie Hinaman for CFISD Trustee

7 Amount of contribution (\$)

1,500.00

6 Contributor address; City; State; Zip Code  
9638 Caddo Ridge LN, Cypress, TX 77433

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carolyn Spillane

Amount of contribution (\$)

9/11/2023

500.00

Contributor address; City; State; Zip Code  
6122 Rolling Water DR, Houston, TX 77039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Leonard Brautigam

Amount of contribution (\$)

9/13/2023

400.00

Contributor address; City; State; Zip Code  
12718 Chriswood DR, Cypress, TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert J Adam

Amount of contribution (\$)

9/14/2023

500.00

Contributor address; City; State; Zip Code  
13218 Pine DR, Cypress, TX 77429

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: 58

2 FILER NAME ALL 4 CFISD

3 Filer ID (Ethics Commission Filers)

4 Date  
9/14/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jane Humphreys

7 Amount of contribution (\$)  
300.00

6 Contributor address; City; State; Zip Code  
6923 Walton Heath DR, Houston, TX 77069

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 3	
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date  7/6/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia <hr/> <b>7</b> Contributor address; City; State; Zip Code 6610 Barrington Garden, Houston, TX 77069	<b>8</b> Amount of Contribution \$  66.29	<b>9</b> In-kind contribution description  Food & Beverages
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions) Retired	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>  8/7/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Apollo Productions <hr/> <b>Contributor address;</b> City; State; Zip Code 18218 Bayou Branch DR, Houston, TX 77084	<b>Amount of Contribution \$</b>  3,600.00	<b>In-kind contribution description</b>  Photography Services
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> Photography Services		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b> Self Employed	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 3	
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date  8/10/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Stephanow ..... <b>7</b> Contributor address; City; State; Zip Code 12607 Texas Army Trail, Cypress, TX 77429	<b>8</b> Amount of Contribution \$  66.14	<b>9</b> In-kind contribution description  Food & Beverages  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions) Retired	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>  8/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia ..... <b>Contributor address;</b> City; State; Zip Code 6610 Barrington Garden, Houston, TX 77069	<b>Amount of Contribution \$</b>  40.00	<b>In-kind contribution description</b>  Food & Beverages  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b> Retired		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b> Retired	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 3	
<b>2</b> FILER NAME ALL 4 CFISD		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 9/7/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elena Tubb Graphic Designer  <b>7</b> Contributor address; City; State; Zip Code 13106 Lynn Haven St, Cypress, TX 77429	<b>8</b> Amount of Contribution \$ 2,040.00	<b>9</b> In-kind contribution description Graphic Designs  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Graphic Designer		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions) Self Employed	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>Contributor address;</b> City; State; Zip Code	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME All 4 CFISD	<b>3</b> Filer ID (Ethics Commission Filers)
--	---------------------------------	--

<b>4</b> Date 8/14/2023	<b>5</b> Payee name Global Mail & Printing
-------------------------	--

<b>6</b> Amount (\$) 183.82	<b>7</b> Payee address; City; State; Zip Code 6340 N Eldridge Parkway, Ste #N, Houston, TX 77041
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description PO Box
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 8/14/2023	Payee name Squarespace
-------------------	---------------------------

Amount (\$) 192.00	Payee address; City; State; Zip Code 8 Clarkson Street, New York, NY 10014
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	<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 8/17/2023	Payee name NBD Graphics
-------------------	----------------------------

Amount (\$) 3,561.43	Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard 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
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME All 4 CFISD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/21/2023	<b>5</b> Payee name Communy Impact News	
<b>6</b> Amount (\$) 4,150.00	<b>7</b> Payee address; City; State; Zip Code Community Impact News, 16225 Impact Way, Pflugerville, TX 78660	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Ads in September Issue
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/22/2023	Candidate / Officeholder name Office sought Office held	
Amount (\$) 170.98	Payee name Kwik Kopy Printing	
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code 9744 Whithorn DR, Houston, TX 77095	
	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		
Date 8/22/2023	Payee name NBD Graphics	
Amount (\$) 362.64	Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	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		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME All 4 CFISD	<b>3</b> Filer ID (Ethics Commission Filers)
--	---------------------------------	--

<b>4</b> Date 8/30/2023	<b>5</b> Payee name NBD Graphics
----------------------------	-------------------------------------

<b>6</b> Amount (\$) 3,561.43	<b>7</b> Payee address; 917 S Mason Rd, Katy, TX 77450 City; State; Zip Code
----------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Yard Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 8/31/2023	Payee name Amegy Bank
-------------------	--------------------------

Amount (\$) 2.75	Payee address; Amegy Bank of Texas, PO Box 265407, Salt Lake City, UT 84126 City; State; Zip Code
---------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank 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
--	-------------------------------	---------------	-------------

Date 9/6/2023	Payee name Communty Impact News
------------------	------------------------------------

Amount (\$) 5,410.00	Payee address; Community Impact News, 16225 Impact Way, Pflugerville, TX 78660 City; State; Zip Code
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ads in October Issue + Daily Email Banners
	<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
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME All 4 CFISD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/6/2023	<b>5</b> Payee name Apollo Productions	
<b>6</b> Amount (\$) 1,812.38	<b>7</b> Payee address; City; State; Zip Code 18218 Bayou Branch DR, Houston, TX 77084	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Photography Services
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/15/2023	Payee name Chris Young	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 2919 Helberg, Houston, TX 77092	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Legal & Consulting Services
	<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 9/15/2023	Payee name NBD Graphics	
Amount (\$) 1,228.42	Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME All 4 CFISD	<b>3</b> Filer ID (Ethics Commission Filers)
--	---------------------------------	--

<b>4</b> Date 9/18/2023	<b>5</b> Payee name Proforma Impact Promotions
-------------------------	---

<b>6</b> Amount (\$) 1,820.01	<b>7</b> Payee address; City; State; Zip Code 7710 Cherry Park DR Ste T-375, Houston, TX 77095
-------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Tee Shirts
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/21/2023	Payee name NBD Graphics
----------------	----------------------------

Amount (\$) 3,561.43	Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450
----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard 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
--	-------------------------------	---------------	-------------

Date 9/27/2023	Payee name Chris Young
----------------	---------------------------

Amount (\$) 1,346.24	Payee address; City; State; Zip Code 2919 Helberg, Houston, TX 77092
----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Legal & Consulting Services
	<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
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME All 4 CFISD	<b>3</b> Filer ID (Ethics Commission Filers)
--	---------------------------------	--

<b>4</b> Date 9/28/2023	<b>5</b> Payee name Anedot
----------------------------	-------------------------------

<b>6</b> Amount (\$) 237.44	<b>7</b> Payee address; 1201 W Peachtree ST NW Ste.2625 PMB 43460, Atlanta, GA 30309	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description CC Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> 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
-------------	----------------	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**