CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRS / MR FIRST Mr. Dallas	MI I	OFFICE USE ONLY	
IVAIVIE	NICKNAME LAST Pipes	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 200 Menger Springs, Boerne TX 78006			
Change of Address				
6 CANDIDATE/ OFFICEHOLDER PHONE	(210) PHONE NUMBER 906-9315	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mrs. Denise	мі S	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Custer		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 8023 Cibolo Valley, Fair Oaks		STATE; ZIP CODE	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(210) 557-1609	10.000 (10.000)		
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 1 / 17 / 24	Month THROUGH 4	Day Year / 25 / 24	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other		
	5 / 4 / 24 General	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Boerne ISD Boa	ard of Trustees Place 2	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUII	ACCEPTED OF POLITICAL EXPENDITURES AND	ADE DV DOLLTICAL COMMITTEES TO SUIT	
COMMITTERS	COMMITTEE TYPE COMMITTEE NAME		<u> </u>	
Additional Pages	GENERAL COMMITTEE ADDRESS			
BY:	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME		
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

	THANCE REPORT			
15 C/OH NAME Dallas Pipes		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 40.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,890.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 520.15		
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,732.60		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 1,157.40		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$ 0.00		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is truiting to be reported by me under Title 15, Election Code.	ue and correct and includes all information		
Signature of Candidate or Officeholder Please complete either option below: MELANIE RICHARDSON Notary Public, State of Texas My Comm. Exp. 05-21-2026 ID No. 786971-9 ID No. 786971-9 NOTARY STAMP/SEAL Sworn to and subscribed before me by Dallas Pins State of Texas My Comm. Exp. 05-21-2026 ID No. 786971-9 NOTARY STAMP/SEAL Sworn to and subscribed before me by Dallas Pins State of Office. Melania Backandary Melania Bichardson Signature of officer administering oath Printed name of officer administering oath Printed name of officer administering oath Title of efficer administering oath Printed name of officer administering oath Title of efficer administering oath Title of efficer administering oath Title of efficer administering oath				
(2) Unsworn Declaration	OR On			
My name is My address is				
	(abraat)	state) (zip code) (country) , 20 (year)		

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

1	19 FILER NAME Dallas Pipes 20 Filer ID (Ethics Co		mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS			5,850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			4,212.45
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to co	omplete this	s form.	1 Total pages Schedule A1: 2	
2 FILER NAME Dallas Pip	es			3 Filer ID (Ethics Commission Filers)	
4 Date	Full name of contributor out-of-state PAC (ID#:) Lacey Pipes		7 Amount of contribution (\$)		
02/14/2024	2/14/2024 6 Contributor address; City; State; Zip Code 200 Menger SpringsBoerne, TX 78006			500.00	
8 Principal occu Managing Bro	pation / Job title (See Instructions) Oker		9 Employer (See Instruct	tions)	
Date	Full name of contributor o	out-of-state PA0	C (ID#:)	Amount of contribution (\$)	
03/08/2024		erne, T	State; Zip Code	2,700.00	
Principal occup Managing Bro	pation / Job title (See Instructions) OKEr		Employer (See Instruct LPT Realty, LLC	ions)	
Date	Full name of contributor o	out-of-state PA(C (ID#:)	Amount of contribution (\$)	
03/08/2024	Contributor address; Contribut	erne, T	State; Zip Code	100.00	
Principal occup Managing Bro	oation / Job title (See Instructions)		Employer (See Instruct LPT Realty, LLC	ions)	
Date	Full name of contributor o	ut-of-state PAC	; (ID#:)	Amount of contribution (\$)	
03/11/2024	Contributor address; C	City;	State; Zip Code	600.00	
200 Menger SpringsBoerne, TX 78006					
	oker		Employer (See Instruct LPT Realty, LLC	ions)	
Managing Broker LPT Realty, LLC APR 26 2014 BY:					
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 com	nplete this	s form.	1 Total pages Schedule A1: 2	
2 FILER NAME Dallas Pip	es			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Jill Cortissoz		7 Amount of contribution (\$)		
03/08/2024 Contributor address; City; State; Zip Code 8038 Fair Oaks Parkway, Boerne, TX 78015			500.00		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction Old Republic Title	tions)	
Date	Hal Gahm		C (ID#:)	Amount of contribution (\$)	
03/09/2024	Contributor address; Ci	ty;	State; Zip Code	200.00	
Principal occup Realtor	ation / Job title (See Instructions)		Employer (See Instruct Self Employed	tions)	
Date	Full name of contributor out-	-of-state PAC	C (ID#:)	Amount of contribution (\$)	
03/16/2024 Contributor address; City; State; Zip Code 56 Terrace Point, Boerne, TX 78015		1,000.00			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct Self Employed	tions)	
Date	Full name of contributor out-	of-state PAC	: (ID#:)	Amount of contribution (\$)	
04/05/2024	Contributor address; City	****	State; Zip Code	250.00	
149 Kitty Kat LaneBoerne, TX 78006					
Principal occup	ation / Job tile (See Instructions)		Employer (See Instruct Prytime Medical De	· · · · · · · · · · · · · · · · · · ·	
Prytime Medical Devices APR 26 2024 BY:					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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

Event Expense Fees Food/Beverage Expense Gifl/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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (eriter a category not its	sied above)
1 Total pages Schedule F1:	2 FILER NAME Dallas Pipes		3 Filer ID (Ethics Comm	nission Filers)
4 Date 03/12/2024	5 Payee name Circle H Signs & Banners			
6 Amount (\$)	7 Payee address;	City;	State; Zip	Code
1,000.00	113 S. Plant Ave, Boerne, TX 78006			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	e
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office	held
Date	Payee name			
03/14/2024	Circle H Signs & Banners			
Amount (\$)	Payee address;	City;	State; Zip	Code
1,000.00	113 S. Plant Ave, Boerne, TX 78006			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		e
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
Date	Payee name			
03/14/2024	Circle H Signs & Banners			
Amount (\$)	Payee address;	City;	State; Zip	Code
1,000.00	113 S. Plant Ave, Boerne, TX 78006			
	Category (see Categories listed at the top of this schedule)	Description		
PURPOSE OF	Printing Expense	Yard Signs		
OF EXPENDITURES C	26 2024			
APR	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense)
Complete ONLY if direct expenditure to benefit C/OH	Mandidate / Officeholder name	Office sought	Office	: held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	and the control of th	., normolog above,
1 Total pages Schedule F1:	2 FILER NAME Dallas Pipes		3 Filer ID (Ethics	Commission Filers)
4 Date 03/15/2024	6 Payee name Circle H Signs & Banners			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
496.48	113 S. Plant Ave, Boerne, TX 78006			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/22/2024	Circle H Signs & Banners			
Amount (\$)	Payee address;	City;	State;	Zip Code
467.64	113 S. Plant Ave, Boerne, TX 78006			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Printing Expense	Yard Signs		
EXPENDITURE				
	Gneck if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY surect expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/18/2024 BY:	The Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.12	633 W. Bandera Rd, Boerne TX 7800	6		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Yard Sign Equipment	Yard Sign Insta	all Equipment	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	canal disasses, not noted above,	
1 Total pages Schedule F1:	2 FILER NAME Dallas Pipes		3 Filer ID (Ethics Commission Filers	s)
4 Date 03/18/2024	5 Payee name The Home Depot	····		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
90.77	633 W. Bandera Rd, Boerne TX 7800	06		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Yard Sign Equipment	Yard Sign Inst	all Equipment	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/21/2024	The Home Depot			
Amount (\$)	Payee address;	City;	State; Zip Code	
34.95	633 W. Bandera Rd, Boerne TX 7800	06		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Yard Sign Equipment	Pescription Yard Sign Inst	all Equipment	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/01/2024	The Home Depot			
53.51 APR 2		City;	State; Zip Code	
PURPOSEY: OF EXPENDITURE	Vard Sign Equipment	Description Yard Sign Insta	all Equipment	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL E AS NEEDED				

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Dallas Pipes		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Payee name The Home Depot		, , , , , , , , , , , , , , , , , , ,
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
53.98	633 W. Bandera Rd, Boerne TX 7800	06	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Yard Sign Equipment	Yard Sign Inst	all Equipment
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Data			
Date Amount (\$) APR 26	1024		
Amount (\$) APR 20	Payee address; Category (See Categories listed at the top of this schedule)	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, 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 NEE	DED