

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr</u> FIRST: <u>Justin</u> MI: <u>G</u> NICKNAME: _____ LAST: <u>Unser</u> SUFFIX: _____	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED OCT 07 2024 BY: </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>14 Langstone Pl Spring TX 77389</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(346) 645-0442</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr</u> FIRST: <u>Justin</u> MI: <u>G</u> NICKNAME: _____ LAST: <u>Unser</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>14 Langstone Pl Spring TX 77389</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(346) 645-0442</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>8 / 16 / 24</u> <u>9 / 26 / 24</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 5 / 24</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Tomball ISD Trustee Pos. 6</u>	13 OFFICE SOUGHT (if known) <u>Tomball ISD Trustee Pos. 6</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Justin Unser 16 Filer ID (Ethics Commission Filers)

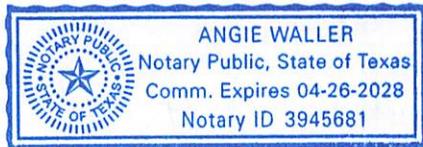
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,645.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>54.42</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>978.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,590.58</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Justin Unser this the 7 day of October,

2024, to certify which, witness my hand and seal of office.

Angie Waller Printed name of officer administering oath Angie Waller Title of officer administering oath Notary

OR

(2) Unsworn Declaration

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

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Justin Unser</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,645.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 54.42
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 924.02
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

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: 3
2 FILER NAME Justin Unser		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/24	5 Full name of contributor out-of-state PAC (ID#: _____) Verita Emelev	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code Spring, TX	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Adria Keeney	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code Spring, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Isrenhagen	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code Spring, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Heidi Adams	Amount of contribution (\$) 350.00
	Contributor address; City; State; Zip Code Tomball, TX	
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: 3
2 FILER NAME Justin Unser		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/24	5 Full name of contributor out-of-state PAC (ID#: _____) Pinar Guvelioglu 6 Contributor address; City; State; Zip Code Spring, TX	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Syeda Grigsby Contributor address; City; State; Zip Code Tomball, TX	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Nhan Lo Contributor address; City; State; Zip Code Spring, TX	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Kristen Armsmeyer Contributor address; City; State; Zip Code Spring, TX	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Justin Unser		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/24	5 Full name of contributor out-of-state PAC (ID#: _____) Gareth Adams	7 Amount of contribution (\$) 400.00
	6 Contributor address; City; State; Zip Code Tomball, TX	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Lori Adamczyk	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code Spring, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Sara Cleveland	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code Tomball, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/24	Full name of contributor out-of-state PAC (ID#: _____) Mark Segaloff	Amount of contribution (\$) 350.00
	Contributor address; City; State; Zip Code Spring, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Justin Unser		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 0
5 CREDIT CARD ISSUER	Name of financial institution Chase Bank		
6 PAYMENT	(a) Amount Charged \$ 924.02	(b) Date Expenditure Charged 9/10/24	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Signs on the Cheap	(b) Payee address; City, State, Zip Code 11525 Stonehollow Dr Austin TX 78758	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

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