# 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

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR (MR) | FIRST: Layla | MI: K | NICKNAME | LAST: Karasek | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

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

227 Lago Trace Dr. Huffman, TX 77336

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (832) | PHONE NUMBER: 392-0743 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR (MR) | FIRST: Bryan | MI: S | NICKNAME | LAST: Karasek | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

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

227 Lago Trace Dr. Huffman, TX 77336

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (346) | PHONE NUMBER: 331-3159 | EXTENSION

**9 REPORT TYPE**

- ☐ January 15
- ☑ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☑ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year: 7 / 25 / 2024 THROUGH 10 / 28 / 2024

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 11 / 05 / 2024

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☑ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (If any)

**13 OFFICE SOUGHT** (If known): Huffman ISD Board of Trustees Pos. 6

**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

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# 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: 2

2 FILER NAME: Layla Karasek

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/28/24 | Jamie Cannon / 823 Commons Spring Creek Huffman TX | $200.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/28/24 | Jayne Gerth / 1118 Valley Commons Huffman, TX 77336 | $100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/28/24 | Maci Gransky / 502 Saddle Creek Farms Crosby TX 77336 | $100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/31/24 | One Houston, Inc | 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.**

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1 Total pages Schedule A1: 2

2 FILER NAME: Layla Karasek

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 9/13/24 | Darren Odell / 2058 Riverview Xing Huffman, TX 77336 | $1,000 |
| **8 Principal occupation / Job title (See Instructions)** | **9 Employer (See Instructions)** | |
| | | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/28/24 | Amy Turner | $50.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| | | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/27/24 | Amanda Williams | $50.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| | | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/28/24 | Heath Hobler | $50.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| | | |

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# 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.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Layla Karasek | |

| 4 Date | 5 Payee name |
|---|---|
| 9/10/24 | Logo Stuff |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $826.46 | 20011 Cherry Oaks Ln | ~~Huffman~~ Humble | TX | 77396 |

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Advertising | Yard Signs |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | Layla Karasek | Board of Trustees 6 | |

| Date | Payee name |
|---|---|
| 9/10/24 | Logo Stuff |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $258.15 | 20011 Cherry Oaks Ln | ~~Huffman~~ Humble | TX | 77396 |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Advertising | Banners |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

| Date | Payee name |
|---|---|
| 9/17/24 | Vista Print |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $74.02 | 95 Hayden Ave. | Lexington | MA | 02421 |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Advertising | Cards |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME: Layla Karasek | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**Expenditure 1**

| 4 Date | 5 Payee name | |
|---|---|---|
| 9/23/2024 | Zazzle | |
| **6 Amount ($)** | **7 Payee address;** City; State; Zip Code | |
| $255.24 | 1800 Seaport Blvd. Redwood City CA 94065 | |
| **8 PURPOSE OF EXPENDITURE** | **(a) Category** (See Categories listed at the top of this schedule): Advertising | **(b) Description:** Hats |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**Expenditure 2**

| Date | Payee name | |
|---|---|---|
| 10/1/24 | Signs on the Cheap | |
| **Amount ($)** | **Payee address;** City; State; Zip Code | |
| $160.18 | 11525A Stonehollow Dr. Austin TX 78758 | |
| **PURPOSE OF EXPENDITURE** | **Category** (See Categories listed at the top of this schedule): Advertising | **Description:** Yard Signs |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**Expenditure 3**

| Date | Payee name | |
|---|---|---|
| 10/6/24 | Lowes | |
| **Amount ($)** | **Payee address;** City; State; Zip Code | |
| 21.43 | | |
| **PURPOSE OF EXPENDITURE** | **Category** (See Categories listed at the top of this schedule): Advertising | **Description:** T Posts |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☑ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ $2050 |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ Ø |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ Ø |
| 4. | ☐ | SCHEDULE E: LOANS | $ Ø |
| 5. | ☑ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ $1595.48 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ Ø |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ Ø |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ Ø |
| 9. | ☐ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ Ø |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ Ø |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ Ø |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ Ø |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| **15** C/OH NAME | **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) | $ ~~$2,050.00~~ 20 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ $2,070 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ $1595.48 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 474.52 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0 |

**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 of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Layla Karasek, and my date of birth is 02/28/1985.

My address is 227 Lago Trace Dr. (street), Huffman (city), TX (state), 77336 (zip code), USA (country).

Executed in Harris County, State of Texas, on the 6th day of October (month), 2024 (year).

Layla
Signature of Candidate/Officeholder (Declarant)