# 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: 8

**OFFICE USE ONLY**

Date Received

TOMBALL ISD

OCT 28 2024 4:39pm

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: (MR) FIRST: Justin MI:

NICKNAME: LAST: Unser SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX: 14 Langstone Pl APT / SUITE #: CITY: Spring, TX 77389 STATE: ZIP CODE

☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (346) PHONE NUMBER: 645-0442 EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: (MR) FIRST: Justin MI:

NICKNAME: LAST: Unser SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 14 Langstone Pl APT / SUITE #: CITY: Spring, TX 77389 STATE: ZIP CODE

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (346) PHONE NUMBER: 645-0442 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: 9 / 27 / 24 THROUGH Month Day Year: 10 / 26 / 24

**11 ELECTION**

ELECTION DATE: Month Day Year: 11 / 5 / 24

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Trustee, Tomball ISD, Position 6

**13 OFFICE SOUGHT** (if known): Trustee, Tomball ISD, Position 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**

# 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) | $ Ø |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 1,128.48 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 40.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 2,111.28 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 1,754.60 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ Ø |

**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:**

TOMBALL ISD
OCT 28 2024
RECEIVED

LINDA STOLL
Notary Public, State of Texas
Comm. Expires 03-26-2025
Notary ID 133002409

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Justin Unser this the 28 day of October, 20 24, 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 |
|---|---|---|
| Linda Stoll | Linda Stoll | 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_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

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

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 1,128.48 |
| 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 | $ 924.02 |
| 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 | $ 1,147.26 |
| 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 |

# 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: Justin Unser

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 10/16/24 | Ross Radcliffe | $300.00 |
| | 6 Contributor address; City; State; Zip Code: Tomball, TX | |
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 10/16/24 | Mark Segaloff | $100.00 |
| | Contributor address; City; State; Zip Code: Spring, TX | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 10/16/24 | Patti Gebhardt | $100.00 |
| | 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 ($) |
|---|---|---|
| 10/17/24 | Anne Vallette | $103.48 |
| | Contributor address; City; State; Zip Code: Montgomery, 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: 2

2 FILER NAME: Justin Unser

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|---|---|---|
| 9/27/24 | Elizabeth Kasper<br>Tomball, TX | $200.00 | | |
| 10/10/24 | Lauren Edwards<br>Spring, TX | $50.00 | | |
| 10/10/24 | Syeda Grigsby<br>Tomball, TX | $25.00 | | |
| 9/27/24 | Rebecca Masciola<br>Spring, TX | $250.00 | | |

☐ out-of-state PAC (ID#:_____)

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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) |
|---|---|---|
| 1 | Justin Unser | |

| 4 Date | 5 Payee name |
|---|---|
| 10/16/24 | Chase Bank |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 924.02 | Card Member Services P.O. Box 6294, Carol Stream, IL 60197 |

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Credit Card Payment | 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

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Date | Payee name

Amount ($) | Payee address; 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, TX, officeholder living expense

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

**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, 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 NEEDED**

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 | 2 FILER NAME: Justin Unser | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | $ 55.56 |

**5 CREDIT CARD ISSUER** — Name of financial institution: Chase Bank

**6 PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 238.15 | 9/29/24 | |

**7 PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Signsonthecheap.com | 11525 Stonehollow Dr, Austin, TX 78758 |

**8 PURPOSE OF EXPENDITURE**

- [x] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description: Door hangers

(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:

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 331.74 | 10/3/24 | |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Signsonthecheap.com | 11525 Stonehollow Dr, Austin TX 78758 |

**PURPOSE OF EXPENDITURE**

- [ ] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description: Yard Signs

(c) [ ] 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:

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 244.39 | 10/14/24 | |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Signsonthecheap.com | 11525 Stonehollow Dr, Austin TX 78758 |

**PURPOSE OF EXPENDITURE**

- [ ] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description: Yard Signs

(c) [ ] 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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# 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
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)

**The Instruction Guide explains how to complete this form.** **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

| | | |
|---|---|---|
| **1 TOTAL PAGES SCHEDULE F4:** 2 | **2 FILER NAME** Justin Unser | **3 FILER ID (Ethics Commission Filers)** |
| **4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD** | | $ |
| **5 CREDIT CARD ISSUER** | Name of financial institution: Chase Bank | |
| **6 PAYMENT** | (a) Amount Charged: $ 191.25 | (b) Date Expenditure Charged: 10/17/24 |
| | (c) Date(s) Credit Card Issuer Paid: | |
| **7 PAYEE** | (a) Payee name: Office Depot | (b) Payee address; City, State, Zip Code: 14424 FM 2920 Tomball TX 77377 |
| **8 PURPOSE OF EXPENDITURE** ☐ Political ☐ Non-Political | (a) Category (See Categories listed at the top of this schedule): Printing Expense | (b) Description: Copies |
| | (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 |
| **PAYMENT** | (a) Amount Charged: $ 86.17 | (b) Date Expenditure Charged: 10/21/24 |
| | (c) Date(s) Credit Card Issuer Paid: | |
| **PAYEE** | (a) Payee name: Office Depot | (b) Payee address; City, State, Zip Code: 14424 FM 2920 Tomball, TX 77377 |
| **PURPOSE OF EXPENDITURE** ☐ Political ☐ 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. ☐ Check if Austin, TX, officeholder living expense | |
| **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** ☐ Political ☐ 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. ☐ 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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