

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 MI Ms. Sandra N NICKNAME LAST SUFFIX Weinstein	OFFICE USE ONLY Date Received Received APR 25 2018 Lewisville ISD Superintendent's Office Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2420 Harvard Dr. Flower Mound TX 75022		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (908) 938-0963		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Anjelita NICKNAME LAST SUFFIX Angie Cadena		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 111 E. University Dr., Suite 105 Box 188 Denton TX 76209		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 585-0424		
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 \$500 limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 04/ 01 / 2018 THROUGH 04/ 25 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 05/ 05 / 2018 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) Lewisville ISD Board of Trustees Place 1	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Ms. Sandra N. Weinstein** 15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

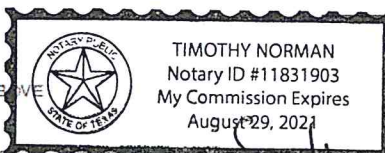
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 489.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 916.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$2900.00

18 AFFIDAVIT

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.

Sandra N. Weinstein
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE



Sworn to and subscribed before me, by the said Sandra N. Weinstein, this the 25 day of April, 2018, 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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Sandra N. Weinstein		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 489.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 918.67
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sandra N. Weinstein

3 Filer ID: (Ethics Commission Filers)

4 Date

3/26/18

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Dr. Patirck McGehearty

6 Contributor address:

City: State: Zip Code

420 Red Castle Dr., Lewisville, TX 75056-5600

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Principle Engineer

9 Employer (See Instructions)

Oracle

Date

4/3/18

Full name of contributor

☐ out-of-state PAC (ID# _____)

James and Sandra Swan

Contributor address:

City: State: Zip Code

1413 Cambridge Ln. Denton, TX 76209

Amount of contribution (\$)

\$30

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/10/18

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mary Infante

Contributor address:

City: State: Zip Code

321 Cross Timbers Dr., Double Oak, TX 75077

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

None

Employer (See Instructions)

Date

4/12/18

Full name of contributor

☐ out-of-state PAC (ID# _____)

Sharon Gentry

Contributor address:

City: State: Zip Code

2750 Bob While Lane, Flower Mound, TX 75022

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Retired

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

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule A1:

2 FILER NAME

Sandra N. Weinstein

3 Filer ID (Ethics Commission Filers)

4 Date

4/22/18

5 Full name of contributor

Will Fisher

☐ out-of-state PAC (ID# _____)

6 Contributor address;

City: State: Zip Code

1917 Winding Creek Blvd, Flower Mound TX 75022

7 Amount of contribution (\$)

\$40

8 Principal occupation / Job title (See Instructions)

Principle Attorney

9 Employer (See Instructions)

Fisher Legal, LLC

Date

4/17/18

Full name of contributor

Alison Olson.

☐ out-of-state PAC (ID# _____)

Contributor address;

City: State: Zip Code

4509 Ironwood Dr. Flower Mound, TX 75028

Amount of contribution (\$)

\$14

Principal occupation / Job title (See Instructions)

Exectuive Director

Employer (See Instructions)

DCDP

Date

4/17/18

Full name of contributor

Antonello Longo

☐ out-of-state PAC (ID# _____)

Contributor address;

City: State: Zip Code

15 Horseshoe Dr. Highland Village, TX 75077

Amount of contribution (\$)

.

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

UNT

Date

''

Full name of contributor

.

☐ out-of-state PAC (ID# _____)

Contributor address;

City: State: Zip Code

,

Amount of contribution (\$)

.

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sandra N. Weinstein		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/18	5 Full name of contributor ☐ out-of-state PAC (ID#: Heather Lewis 6 Contributor address: City: State: Zip Code 2500 Lakeside Flower Mound TX 74127	7 Amount of contribution (\$) \$5
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Baylor
Date .4/10/18	Full name of contributor ☐ out-of-state PAC (ID#: Lisanne Powers. Contributor address: City: State: Zip Code 5 Hills Road Ballston Lake, NY 12019	Amount of contribution (\$) .\$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/18.	Full name of contributor ☐ out-of-state PAC (ID#: Catherine Weiskopf Contributor address: City: State: Zip Code 2121 Cheshire Drive Flower Mound, TX 75028	Amount of contribution (\$) .\$20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date .4/11/18	Full name of contributor ☐ out-of-state PAC (ID#: Virginia Nelson Contributor address: City: State: Zip Code 16925 Timbers Edge Drive Nobesville, IN 46062	Amount of contribution (\$) \$400
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1		2 FILER NAME Sandra N. Weinstein		3 Filer ID (Ethics Commission Filers)	
4 Date 4/2/18		5 Payee name Facebook			
6 Amount (\$) \$12.07		7 Payee address: City: State: Zip Code 1 Hacker Way, Menlo Park, CA 9402			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/3/18		Payee name Prodigi			
Amount (\$) 297.69		Payee address: City: State: Zip Code 6301 Napoli Ct. Flower Mound, TX 75077			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense/postcards		Description ☐ 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	
Date 4/17/18		Payee name Prodigi			
Amount (\$) \$608.91		Payee address: City: State: Zip Code 6301 Napoli Ct. Flower Mound, TX 75077			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense/signs		Description ☐ 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 SCHEDULE AS NEEDED