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: 15

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mrs. | FIRST: Cassandra | MI:
NICKNAME: | LAST: Posey | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
31235 Oakbourne Rd Waller, TX 77484

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (832) | PHONE NUMBER: 422-7386 | EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs. | FIRST: Sheri | MI:
NICKNAME: | LAST: Ordner | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
19510 Frey Rd. Hempstead, TX 77445

8 CAMPAIGN TREASURER PHONE
AREA CODE: (832) | PHONE NUMBER: 945-8120 | EXTENSION:

OFFICE USE ONLY
Date Received
RECEIVED 1/14/25 Mara S
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

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: 2 / 14 / 25 THROUGH 4 / 4 / 25

11 ELECTION
ELECTION DATE: Month / Day / Year: 5 / 3 / 25
ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ■ Other Description: Local
- ☐ General
- ☐ Special

12 OFFICE
OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Waller ISD School Board, Place 3

14 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

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
- ☐ 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
Cassandra Posey

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)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7,225.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,120.26
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,104.74
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,100.00

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 Cassandra Posey, and my date of birth is 03-16-1988.

My address is 31235 Oakbourne Rd (street), Waller (city), TX (state), 77484 (zip code), USA (country).

Executed in Waller County, State of Texas, on the 4th day of April (month), 20 25 (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)
Cassandra Posey	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 7,225.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	■	SCHEDULE E: LOANS	$ 100.00
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3,120.26
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	$ 1,000.00
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

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: 1

2 FILER NAME
Cassandra Posey

3 Filer ID (Ethics Commission Filers)

4 Date
02/21/2025

5 Full name of contributor out-of-state PAC (ID#:_____)
Tommy Thomas

6 Contributor address; City; State; Zip Code
17122 Ligustrum Trl, Tomball, TX 773772

7 Amount of contribution ($)
500.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
02/20/2025

Full name of contributor out-of-state PAC (ID#:_____)
Darren Miller

Contributor address; City; State; Zip Code
20581 Fm 362 Rd, Waller, TX 77484

Amount of contribution ($)
300.00

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
HSI Service

Date
02/20/2025

Full name of contributor out-of-state PAC (ID#:_____)
Matt Ticzkus

Contributor address; City; State; Zip Code
102 Hannah Ct, Weatherford, TX 76085

Amount of contribution ($)
100.00

Principal occupation / Job title (See Instructions)
Regional Director

Employer (See Instructions)
AACS

Date
02/17/2025

Full name of contributor out-of-state PAC (ID#:_____)
Dani Post

Contributor address; City; State; Zip Code
4472 Tyrone St, Hempstead, TX 77445

Amount of contribution ($)
100.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

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
Cassandra Posey

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 ($)
02/21/2025	James Scott Moore PO Box 2683, Trinity, TX 75862	500.00
Pastor	United Methodist Church	
02/24/2025	Jill Mazza 986 George Wilson Rd, Belton, TX 76513	50.00
Principal occupation / Job title (See Instructions): Retired	Employer (See Instructions): Retired	
02/26/2025	Lindsay Dawson 58 North Spring Trellis Circle, Spring, TX 77382	100.00
Principal occupation / Job title (See Instructions): Business Owner	Employer (See Instructions): Self Employed	
03/03/2025	James Howard 20085 Pine Island Road, Hempstead, TX 77445	100.00
Principal occupation / Job title (See Instructions): Public Adjuster	Employer (See Instructions): Claim Resolved	

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
Cassandra Posey

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 ($)
03/05/2025	Rod Posey 412 Marine Way, freeport, TX 77541	200.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sales	Self

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/05/2025	Lesha Roberts 24397 Pinewood Valley Dr, Hockley, TX 77447	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/05/2025	Kenneth Murray 245 Greenbriar Dr Magnolia TX 77355	150.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Service Technician	VAM USA

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/10/2025	Dana C Bayer 128 Valley Springs Ct Hempstead TX 77445	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Admin	Gulf Capital Bank

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: 4

2 FILER NAME
Cassandra Posey

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 ($)
03/10/2025	Vim Head 3102 Lakes Of Katy Ln, Katy, TX 77493	100.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
CEO	Spars Surgical

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/10/2025	Karen Stanford PO Box 341, port bolivar, TX 77650	25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/12/2025	Henry Schmidt 32023 Mayer Rd, Waller, TX 77484	1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/12/2025	Richard Pearce 257 Lawrence Marshall Dr, Hempstead, TX 77445	300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Management	The Nut Place

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: 5

2 FILER NAME
Cassandra Posey

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 ($)
03/17/2025	Conservative Republicans Waller County (out-of-state PAC (ID#: 85358)) / 11 Remington Park Katy, TX 77463	200.00

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

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/23/2025	C Club (out-of-state PAC (ID#: 15702)) / 1661 Tanglewood Blvd. Houston, TX 77056	2,500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PAC	PAC

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/14/2025	Shannon Birkelbach (out-of-state PAC (ID#:)) / 17545 Mathis Rd. Waller, TX 77484	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Consultant/Coach	Five Horses, LLC

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/26/2025	Wayne Schneider (out-of-state PAC (ID#:)) / 17435 Farm Pasture Trl Hockley, TX 77447	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
IT Business System Analyst	Dresser Utility Solutions

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: 6

2 FILER NAME
Cassandra Posey

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
04/03/2025	Camille Bayer **6** Contributor address; City; State; Zip Code 128 Valley Springs Ct Hempstead, TX 77445	100.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Assistant	Gulf Capital Bank

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
	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 ($)
	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 ($)
	Contributor address; City; State; Zip Code	

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.

LOANS

SCHEDULE E

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 E: 1

2 FILER NAME
Cassandra Posey

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS
$ 100.00

5 Date of loan
02/17/2025

7 Name of lender ☐ out-of-state PAC (ID#:_____)
Cassandra Posey

9 Loan Amount ($)
100.00

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
31235 Oakbourne Rd. Waller, TX 77484

10 Interest rate
0.00

11 Maturity date
05/05/2025

12 Principal occupation / Job title (See Instructions)
Homemaker

13 Employer (See Instructions)
Self

14 Description of Collateral
■ none

15 ✔ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
■ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#:_____)

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	Cassandra Posey	

4 Date	5 Payee name
02/27/2025	Print Place

6 Amount ($)	7 Payee address; City; State; Zip Code
247.59	1130 Ave H East | Arlington, Texas 76011

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Handouts

(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

Date	Payee name
03/04/2025	Echo Canyon Consulting, LLC

Amount ($)	Payee address; City; State; Zip Code
300.00	3700 Duke St. Alexandria, VA 22304

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	Data

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
03/05/2025	Echo Canyon Consulting, LLC

Amount ($)	Payee address; City; State; Zip Code
15.00	3700 Duke St. Alexandria, VA 22304

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	Data

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

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)
2	Cassandra Posey	

4 Date	5 Payee name
03/12/2025	NBD Graphics

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
404.86	917 S Mason Rd, Katy, TX 77450			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Signage
	(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

Date	Payee name
03/12/2025	NBD Graphics

Amount ($)	Payee address;	City;	State;	Zip Code
54.13	917 S Mason Rd, Katy, TX 77450			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	Expedite
	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
03/18/2025	NBD Graphics

Amount ($)	Payee address;	City;	State;	Zip Code
108.25	917 S Mason Rd, Katy, TX 77450			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Stakes
	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

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)
3	Cassandra Posey	

4 Date	5 Payee name
03/24/2025	Print Place

6 Amount ($)	7 Payee address; City; State; Zip Code
247.52	1130 Ave H East Arlington, TX 76011

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Rack Cards

(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

Date	Payee name
03/25/2025	NBD Graphics

Amount ($)	Payee address; City; State; Zip Code
677.21	917 S Mason Rd, Katy, TX 77450

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expenses	Signage

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
04/01/2025	Echo Canyon Consulting, LLC

Amount ($)	Payee address; City; State; Zip Code
800.00	3700 Duke St. Alexandria, VA 22304

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	Data

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

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)
4	Cassandra Posey	

4 Date	5 Payee name
04/02/2025	Tractor Supply Co

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
126.43	31360 FM 2920 Rd. Waller, TX 77484			

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Signage Supplies

(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

---

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Cassandra Posey	

4 Date	5 Payee name
03/05/2025	Echo Canyon Consulting, LLC

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1,000.00 ✔ Reimbursement from political contributions intended	1130 Ave H East I Arlington, Texas 76011			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	Voter Analysis
	(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

Date	Payee name

Amount ($) Reimbursement from political contributions intended	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 ($) Reimbursement from political contributions intended	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

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