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 23		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Kendra	MI	OFFICE USE ONLY		
INCIVIL	NICKNAME	Camarena	SUFFIX	Pate RECEIVED OCT 0 6 20		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY, STATE, ZIP CODE 14 Cypress TX 77429	alectura		
Change of Address				San		
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	344-1807	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	_{FIRST} Kara	MI	DaCHEGKED OCT 06 2005		
	NICKNAME	Schultz Cook	SUFFIX	APPROVED OCT 0 6 2025		
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT / S	suite #. city: ands, TX 77380	STATE, ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (405)	PHONE NUMBER 613-0970	EXTENSION	5		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day Year / 1 / 25	THROUGH 9	Day Year / 25 / 25		
11 ELECTION	Month Day	Year Primary	Runoff Other Description			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	ard Trustee Position 7		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFF	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE COMMITTEE NAME Cyfair Strong Schools					
COMMITTEE(S)		Cyluli Ottorig Con	✓ GENERAL COMMITTEE ADDRESS PO Box 1222, Cypress TX 77410			
COMMITTEE(S) ✓ Additional Pages	✓ GENERAL	COMMITTEE ADDRESS PO Box 1222, Cy				
	✓ GENERAL SPECIFIC	COMMITTEE ADDRESS	EASURER NAME			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this fo	rm. 1 F	iler ID (Ethics Commissi	on Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Kendra		MI		OFFICE	USE ONLY
NAME						Date Received	
	NICKNAME	LAST	archite.	SUFF	FIX		
		Camarer	1a				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE	#. CITY;	STATE: ZIP (CODE		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		Receipt #	Amount \$
NAME						Date Processed	
	NICKNAME	LAST		SUFF	=IX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE);	APT / SUITE #;	CITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER		EXTENSION			
PHONE							
	()						
9 REPORT TYPE	January 15	30th day	before election	Runoff		15th day aft treasurer ap (Officeholder	
	July 15	8th day I	pefore election	Exceeded M Reporting Li			(Attach C/OH - FR)
10 PERIOD	Month	Day Year			Month	Day Year	
COVERED	7	/1 /25	,	THROUGH	9	/ 25 / 25	
		1 / 20					
11 ELECTION	ELECTION D	ATE		ELECT	ION TYPE		
	Month Day	Year	Primary	Runoff Oth			
	11 / 4	/ 25	General	Special	scription		
	11 / 4	25		979€0000000001			
12 OFFICE	OFFICE HELD (if any			13 OFFICE SOUGHT	(if known)	r	
01,102				CEISD Scho	ol Boa	rd Trustee Po	nsition 7
						NAME OF THE PERSON OF THE PERS	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPE	NDITURES MAY H	ED OR POLITICAL EXPEND AVE BEEN MADE WITHOUT REPORT THIS INFORMATION	THE CAND	IDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	CAPE CEISE	Advocate	es for Public E	d		
	✓ GENERAL	COMMITTEE ADDRE					
✓ Additional Pages	▼ GENERAL			PKWY #2283	3, Hou	ston TX 7706	9
	✓ SPECIFIC	Darcy Mingoi		R NAME			
		Darcy Mingoi		-			
		6610 Barringt		n, Houston, T	X 7706	39	
				,	, , , , , ,		
GO TO PAGE 2							

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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 file	ed	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mrs	FIRST Kendra	MI	OFFICE	USE ONLY	
NAME	NICKNAME	Camarena	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	C APT / SUITE #	CITY. STATE, ZIP CODE			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
NAME				Date Processed		
	NICKNAME	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE). APT /	SUITE #. CITY.	STATE:	ZIP CODE	
	4054 0005	OUGHE NUMBER	5/25/8/8/			
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	(
	, ,					
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day afte treasurer ap (Officeholder	pointment	
	July 15	8th day before e	election Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	7	1 / 25	THROUGH 9	/ 25 / 25		
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE			
	Month Day	Year Primar				
		/ 25 Genera	Description Special			
	11 / 4	25 Genera				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)		
SECRETARY SEC. SECRETARY			CFISD School Boa	ard Trustee Po	osition 7	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITUR	IS ACCEPTED OR POLITICAL EXPENDITURES IN IES MAY HAVE BEEN MADE WITHOUT THE CAN UIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	Texas AFT Cope				
	✓ GENERAL	COMMITTEE ADDRESS				
Additional Pages	•		uite 175, Austin, TX 7870	14		
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME			
		Zeph Capo				
		3000 S. IH-35, Su	reasurer address uite 175, Austin, TX 7870	4		
	GO TO PAGE 2					

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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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22433.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9342.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 16898.87
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	ی :
(1) Affidavit		
NOTARY STAMP/SEA	L	
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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR .	
(2) Unsworn Declaration		
My name is Kendra C		
My address is 18018 V	Vinding Willow Oak Way Cypress TX	
I I amount to	ACCOUNT STATE OF THE STATE OF T	tate) (zip code) (country)
Executed in Harris	County, State of \overline{TX} , on the $\overline{6}$ day of \overline{Octob}	
	Landsland	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor		mmissio	on Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22433.26	
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 CO	\$	9342.33		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$		

SCHEDULE A1

If the reques	ted information is not applicable	, DO NOT in	clude this page in the	**	
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:	15
2 FILER NAME Kendra Can	narena			3 Filer ID (Ethics Commission	on Filers)
4 Date	Emily Haines		C (ID#)	7 Amount of contribution	(\$)
7/1/2025	6 Contributor address; 106 Cosmos Street, Hous	City;	State; Zip Code		26.68
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)	
Date 7/2/2025	Kara Cook		C (ID#)	Amount of contribution	(\$)
11212025	Contributor address: 5 Thimbleberry Ct, The W	City;	State; Zip Code		105.75
Principal occup Director	ation / Job title (See Instructions)		Employer (See Instruct Harris County	ions)	
Date	Angie Wierzbicki		C (ID#)	Amount of contribution	(\$)
7/3/2025	Contributor address: 2311 Creek Meadows Dri	City;	State; Zip Code ri City, TX 77459		26.68
Principal occup Manager	eation / Job title (See Instructions)		Employer (See Instruct Harris County	ions)	
Date	Full name of contributor Nelva Williamson	out-of-state PAG	C (ID#)	Amount of contribution	(\$)
7/5/2025		City;	State: Zip Code		10.86
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	lions)	
	ATTACH ADDITIO		OF THIS SCHEDULE AS N ruction guide for additional r	reporting requirements.	and 1/1/2025

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SCHEDULE A1

If the reques	sted information is not applicable,	DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1 15
2 FILER NAME Kendra Can	narena			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Carmen Jimenez	out-of-state PAC	C (ID#)	7 Amount of contribution (\$)
7/5/2025	6 Contributor address; 13514 Sacramento Street,		State; Zip Code	5.00
8 Principal occup Assistant	pation / Job title (See Instructions)		9 Employer (See Instruction Southwest Public See	
Date	Full name of contributor Maida Guillen			Amount of contribution (\$)
7/11/2025	Contributor address: 2618 Strait Lane, Houston	City;	State; Zip Code	26.68
Principal occup Manager	nation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Bill Kelly	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
7/15/2025		City;	State, Zip Code	100.00
Principal occup Director	pation / Job title (See Instructions)		Employer (See Instruction GAP Texas	tions)
Date	Full name of contributor Angela Platsas	out-of-state PAC	S (ID#)	Amount of contribution (\$)
7/16/2025	Contributor address: 2713 Cortlandt St, Houston	City:	State; Zip Code	50.00
Principal occup Self Employe	pation / Job title (See Instructions)		Employer (See Instruc Self Employed	tions)
	ATTACH ADDITION		OF THIS SCHEDULE AS Note of the control of the cont	

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT	include this page in the i	report.
The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1 15
2 FILER NAME Kendra Car	marena		3 Filer ID (Ethics Commission Filers)
4 Date	Matt Edgar	PAC (ID#)	7 Amount of contribution (\$)
7/17/2025	6 Contributor address; City; 11606 Timberly Park Lane, Cypres	53.04	
8 Principal occu Advisor	pation / Job title (See Instructions)	9 Employer (See Instruct Edgar Investment M	
Date	Alan Clark	PAC (ID#)	Amount of contribution (\$)
7/17/2025	Contributor address: City: 15307 Maple Meadows Drive, Cyp	State; Zip Code ress, TX 77433	26.68
Principal occu	 pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state Kathryn Curry	PAC (ID#)	Amount of contribution (\$)
7/18/2025	Contributor address: City; 4618 Verbena Valley Way, Spring,	State; Zip Code	11.92
Principal occu Coach	pation / Job title (See Instructions)	Employer (See Instruct Self Employed	ions)
Date	Frank/Nancy Priest	PAC (ID#:)	Amount of contribution (\$)
7/22/2025	Contributor address; City: 22406 Ferngate Drive, Spring, TX	State; Zip Code	10.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIE		
	If contributor is out-of-state PAC, please see In	struction guide for additional r	eporting requirements.

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SCHEDULE A1

If the reques	sted information is not applicable	, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to	1 Total pages Schedule A1: 15		
2 FILER NAME Kendra Can	narena			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Audrey Nath		G (ID#)	7 Amount of contribution (\$)
7/24/2025		City;	State; Zip Code	53.04
8 Principal occu Physician	pation / Job title (See Instructions)		9 Employer (See Instruct Audrey Nath, MD Pl	
Date	Full name of contributor Lesley Briones	out-of-state PAG	C (ID#)	Amount of contribution (\$)
7/25/2025	Contributor address; 325 West 18th Street, Hou	City;	State; Zip Code	2500.00
Principal occup Commissione	pation / Job title (See Instructions)		Employer (See Instruct Harris County	ions)
Date	Full name of contributor Joseph Madden	out-of-state PAG	C (ID#)	Amount of contribution (\$)
7/25/2025	Contributor address: 4814 Caris Street, Housto	City; on, TX 7709	State; Zip Code	250.00
Principal occup Prinicpal	Dation / Job title (See Instructions)		Employer (See Instruct J.C. Madden, LLC	tions)
Date	Full name of contributor Anne Sung	out-of-state PAG	C (ID#)	Amount of contribution (\$)
8/1/2025	Contributor address: 7807 Meadowvale Dr, Ho		State; Zip Code	250.00
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruction Harris County	tions)
	ATTACH ADDITION		OF THIS SCHEDULE AS N	

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SCHEDULE A1

If the reques	sted information is not applicable	, DO NOT in	iclude this page in the r	eport.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME Kendra Car				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Bernadette Smith	out-of-state PAG	C (ID#)	7 Amount of contribution (\$)
8/2/2025	6 Contributor address;	City;	State; Zip Code	263.90
	2211 Rocky Cove Ct, Pea	arland, TX	77584	
8 Principal occu Therapist	upation / Job title (See Instructions)		9 Employer (See Instruction Aspen Counseling	ons)
Date	Krishnaveni Gundu		C (ID#)	Amount of contribution (\$)
8/3/2025	Contributor address;	City;	State; Zip Code	53.04
	13714 Clareton Ln, Cypre	ess, TX 774	129	
Principal occu Director	pation / Job title (See Instructions)		Employer (See Instruction Texas Jail Project	ons)
Date	Full name of contributor Michelle Berry	out-of-state PA	C (ID#)	Amount of contribution (\$)
8/5/2025	Contributor address;	City;	State; Zip Code	263.90
	14034 Conway Landing, (Cypress, T.	X 77429	
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor Adrian Garcia	out-of-state PA	C (ID#)	Amount of contribution (\$)
8/5/2025	Contributor address,	City;	State; Zip Code	1054.62
	705 Sue St, Houston, TX	77009		
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Commission	er	41 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Harris County	
	ATTACH ADDITIO		OF THIS SCHEDULE AS NI ruction guide for additional re	
Forms provided by	Texas Ethics Comm		s.sta Booot Booo	Revised 1/1/2025

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SCHEDULE A1

If the reques	ted information is not applicable, DO NOT ir	nclude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1 15
² FILER NAME Kendra Can	narena		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Denise Lacy	C (ID#)	7 Amount of contribution (\$)
8/9/2025	6 Contributor address; City: 712 Canadian Street, Houston, TX 7		10.68
8 Principal occup Teacher	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor cut-of-state PA		Amount of contribution (\$)
8/10/2025		State; Zip Code	36.00
Principal occup Director	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Felicity Pereyra	C (ID#)	Amount of contribution (\$)
8/14/2025	Contributor address; City; 125 Amundsen Street, Houston, TX	State: Zip Code	105.75
Principal occup Self Employed	ation / Job title (See Instructions)	Employer (See Instruct Self Employed	ions)
Date	Full name of contributor out-of-state PA Leadership for Education Equity - To	c (ID#)	Amount of contribution (\$)
8/15/2025	Contributor address; City: 800 N King St. Ste 304-4181, Wilmii	State; Zip Code	1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Forms provided by T	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

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SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include th	is page in the re	port.
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 15
2 FILER NAME Kendra Can	narena	;	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
8/18/2025	6 Contributor address; City; State; PO BOX 8745, Houston, TX 77249	Zip Code	5000.00
8 Principal occu	pation / Job title (See Instructions) 9 Empl	oyer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
8/19/2025	Contributor address; City, State; 21447 FM 529 Rd. #9103, Cypress, TX 774	Zip Code	25.00
Principal occup Teacher	ation / Job title (See Instructions) Empl	oyer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#	The Annual Control of	Amount of contribution (\$)
8/19/2025	Contributor address; City; State; 10507 Hondo Hill Road, Houston, TX 77064	Zip Code	26.68
Principal occup	eation / Job title (See Instructions) Empl	oyer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
8/19/2025		Zip Code	26.68
Principal occup	ARCAL	oyer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF THIS S If contributor is out-of-state PAC, please see Instruction gui		

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SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	clude this page in the i	eport.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1.
2 FILER NAME Kendra Car	narena		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/2025	Kathy Mattox	ordige contribute contribution and the contribution of the contrib	7 Amount of contribution (\$)
6 Contributor address; City: State: Zip Code 19811 Sandy Hill Circle, Cypress, TX 77433		26.68	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
8/20/2025		State; Zip Code 77429	26.68
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (\$)
8/21/2025	Contributor address; City: 14811 Vista Chase Trl, Cypress, TX		26.68
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Aylin Rodriguez	C (ID#)	Amount of contribution (\$)
8/26/2025	Contributor address: City: 7935 Split Oak Drive, Houston, TX 7	Contract (without) See Section (see Section)	27.00
Principal occup Analyst	pation / Job title (See Instructions)	Employer (See Instruct Harris County	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			
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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1: 15
² FILER NAME Kendra Car	narena			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dana Carmouche	out-of-state PA	C (ID#)	7 Amount of contribution (\$)
8/25/2025	6 Contributor address;	City;	State; Zip Code	26.68
8 Principal occu Adminstration	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Jacqueline Liddell		C (ID#)	Amount of contribution (\$)
8/26/2025	Contributor address;	City;	State: Zip Code	28.79
	3919 Trappers Forest Dd	rive, Houst		
Principal occupation / Job title (See Instructions) Counselor Employer (See Instructions) HISD		Employer (See Instruct	tions)	
Date	Full name of contributor Judge Alix Smoots	out-of-state PA	C (ID#)	Amount of contribution (\$)
8/27/2025	Contributor address	City;	State; Zip Code	28.79
	4210 Worrell Drive, Hous	ton, TX 77	045	
Self Employe	pation / Job title (See Instructions)		Self Employed	tions)
Date	Full name of contributor Leadership for Education		C (ID#)	Amount of contribution (\$)
8/29/2025	Contributor address	City;	State Zip Code	6,000.00
800 N King St. Ste 304-4181, Wilmington, DE 19801 Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
	ATTACH ADDITION		OF THIS SCHEDULE AS N	

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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 15	
² FILER NAME Kendra Can	narena		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC IBEW Voluntary PAC Fund	C (ID#)	7 Amount of contribution (\$)	
8/19/2025	6 Contributor address; City: 900 Seventh Street, N.W., Washingt	1000	750.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Carol Hoyland	C (ID#)	Amount of contribution (\$)	
8/31/2025		State: Zip Code	26.68	
		Employer (See Instructi Hoyland Industrial se		
Date 9/3/2025	Francisco Sanchez	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Hagerty Consulting	ions)	
Date	Full name of contributor out-of-state PAG	C (ID#)	Amount of contribution (\$)	
9/4/2025	Contributor address; City; 814 Ridge St, Houston TX 77009	State, Zip Code	26.68	
Principal occup	oation / Job title (See Instructions)	Employer (See Instruction Progressive	ions)	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr			

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SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	clude this page in the I	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1. 15
2 FILER NAME Kendra Can	narena		3 Filer ID (Ethics Commission Filers)
4 Date	Melissa Baker	C (ID#)	7 Amount of contribution (\$)
9/6/2025	6 Contributor address; City; State; Zip Code 19622 Hickory Heights Drive, Cypress, TX 77429		53.04
8 Principal occu Ùnknown	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG John Kung	(ID#)	Amount of contribution (\$)
9/7/2025		State: Zip Code	10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown		Employer (See Instruct	ions)
Date 9/9/2025	Drew Thurman		Amount of contribution (\$)
	15811 Bennet Chase Dr., Cypress, 7	TX 77429	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Michael McGinity	C (ID#)	Amount of contribution (\$)
9/9/2025	Contributor address: City: 4502 Tilson Lane, Houston, TX 7704	State: Zip Code	25.00
Principal occup Unknown	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		The state of the s

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SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	clude this page in the r	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1. 15
² FILER NAME Kendra Can	narena		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Linda Parchman	(ID#)	7 Amount of contribution (\$)
9/12/2025 6 Contributor address; City; State; Zip Code 12211 Cypress Place Drive, Houston, TX 77065		10.68	
8 Principal occup Teacher	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Gary Frankel		Amount of contribution (\$)
9/13/2025	Contributor address; City: 15706 Jersey Drive, Jersey Village,	State; Zip Code	26.68
Principal occup Unknown	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
9/13/2025	Contributor address; City; 17214 Blue Mound Ter, Houston, TX		26.68
Principal occup Unknown	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Jim Symmank	(ID#:)	Amount of contribution (\$)
9/17/2025	Contributor address: City: 16126 Seattle St, Jersey Village, TX	State: Zip Code	53.04
Principal occup Unknown	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru	78(2) [[[V.C. L.T. ([[C.C.]] - [[[C.C.]] L.T. ([[C.C.]] L.T.	The same same same same same same same sam

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SCHEDULE A1

If the reque	sted information is not applicable, DO NOT include this page in the	report.
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
² FILER NAME Kendra Ca		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Bella Camarena	7 Amount of contribution (\$)
9/17/2025	6 Contributor address; City; State; Zip Code 18018 Winding Willow Oak Way, Cypress, TX 77433	10.68
8 Principal occ Student	upation / Job title (See Instructions) 9 Employer (See Instructions)	l ctions)
Date	Full name of contributor out-of-state PAC (ID#) Scott Basinger	Amount of contribution (\$)
9/17/2025	Contributor address: City; State; Zip Code 13814 Panola Pointe, Cypress, TX 77429	105.75
Principal occu Professor	pation / Job title (See Instructions) Employer (See Instructions) UH	ctions)
Date	Full name of contributor out-of-state PAC (ID#) Pipe Fitters Local Union 211	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1301 West 13th Street, Suite A, Deer Park, TX 77536	3,000.00
Principal occu	ipation / Job title (See Instructions) Employer (See Instruc	I stions)
Date	Full name of contributor Jon Rosenthal For Texas Election Comm Campaign Contributor address; City; State; Zip Code 7902 Swan Hollow Ct, Houston, TX 77041	Amount of contribution (\$) 1,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS Note that the second	

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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: 15	
2 FILER NAME Kendra Can	narena		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_Annette Battiste)	7 Amount of contribution (\$)	
9/21/2025	6 Contributor address; City; Sta 19019 WALBROOK MEADOWS LN, Cyp	oress TX 7743	50.00	
8 Principal occu		Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (ID#_Loretta Shumway		Amount of contribution (\$)	
9/22/2025	Contributor address; City: Sta 7110 Willow Bridge Circle, Houston, TX	ate: Zip Code	105.75	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date 9/22/2025	Full name of contributor out-of-state PAC (ID#_ Loretta Shumway Contributor address; City; Sta		Amount of contribution (\$)	
	7110 Willow Bridge Circle, Houston, TX	77095		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (ID#_ Gretchen Herrera)	Amount of contribution (\$)	
9/22/2025	Contributor address; City; Sta 18403 S Raven Shore Dr, Cypress, TX 7	rate; Zip Code	26.88	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)	
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SCHEDULE A1

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The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1 15
2 FILER NAME Kendra Car				3 Filer ID (Ethics Commission Filers)
4 Date	Linda Morales			7 Amount of contribution (\$)
9/19/2025	6 Contributor address;			250.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) TGALF			9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ions)		
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor		C (ID#)	Amount of contribution (\$)
	Contributor address:	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITION		OF THIS SCHEDULE AS N	

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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)

Stadi Salat dyfficit	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	² FILER NAME Kendra Camarena		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
	Donorbox		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
391.34	1520 Belle View Blvd #4106, Alexand	Iria, VA 22307	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Li Caraciana de la Caraciana d
PURPOSE OF EXPENDITURE	Fees	Payment Proc	essing
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/4/2025	Designsmith		
Amount (\$)	Payee address;	City.	State; Zip Code
975.00	7710 Cherry Park Drive, Suite T207,	Houston, TX 7	7095
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Design	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/19/2025	Prestige Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
2749.55	8 Burwood Lane, San Antonio, TX 78.	216	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Mail Printing	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense

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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

Revised 1/1/2025

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not instead above)
1 Total pages Schedule F1: 2-3	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8/4/2025	5 Payee name WALGREENS Store Cypress		
6 Amount (\$)	7 Payee address:	City;	State, Zip Code
43.25			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Cards	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/18/2025	LEE, INC		
Amount (\$)	Payee address;	City;	State; Zip Code
1000.00	800 N King St. Ste 304-4181, Wilmin	gton, DE 19801	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Data	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/20/2025	SQUARESPACE		
Amount (\$)	Payee address;	City;	State; Zip Code
52.38	8 Clarkson Street, New York, NY 100)14	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Website	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED
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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

Event Expense 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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 3-3	² FILER NAME Kendra Camarena		3 Filer ID (Ethics Commission Filers)
4 Date 9/3/2025	5 Payee name PrintNSign		
6 Amount (\$) 2727.90	7 Payee address, 7350 Harwin De. STE 316-A, Housto	city: n, TX 77036	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Shirts	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/22/2025	SQUARESPACE		
Amount (\$)	Payee address;	City;	State; Zip Code
38.38	8 Clarkson Street, New York, NY 100)14	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Website	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/23/2025	Alamo Mailing Company		
Amount (\$)	Payee address;	City;	State: Zip Code
1,214.53	13114 Lookout Run, San Antonio TX	78233	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Mail	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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