

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>10</u>									
3 COMMITTEE NAME <u>CAPE CFISD Advocates for Public Ed</u>		OFFICE USE ONLY Date Received RECEIVED OCT 27 2025 BY: <u>Spaullee</u> <u>Stephen Lee</u> Date Hand-delivered or Date Postmarked <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> </table> Date Processed <u>10/27/2025</u> Date Imaged <u>10/27/2025</u>		Receipt #	Amount \$							
Receipt #	Amount \$											
4 COMMITTEE ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>5315-B Cypress Creek</u> <u>Pkwy #283</u> <u>Houston, TX 77069-4403</u>											
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>0</u> <u>Darcy</u> <u>A</u> NICKNAME LAST SUFFIX <u>Mingoia</u>											
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>6610 Barrington Garden</u> <u>Houston, TX 77069</u>											
7 CAMPAIGN TREASURER MAILING ADDRESS ☐ Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE											
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 859-0030</u>											
9 REPORT TYPE	<table style="width:100%;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> </tr> <tr> <td>☐ July 15</td> <td>☒ 8th day before election</td> <td>☐ Dissolution Report (Attached PAC-FR)</td> </tr> <tr> <td></td> <td>☐ Runoff</td> <td>☐ 10th day after campaign treasurer termination</td> </tr> </table>			☐ January 15	☐ 30th day before election	☐ Exceeded Modified Reporting Limit	☐ July 15	☒ 8th day before election	☐ Dissolution Report (Attached PAC-FR)		☐ Runoff	☐ 10th day after campaign treasurer termination
☐ January 15	☐ 30th day before election	☐ Exceeded Modified Reporting Limit										
☐ July 15	☒ 8th day before election	☐ Dissolution Report (Attached PAC-FR)										
	☐ Runoff	☐ 10th day after campaign treasurer termination										
10 PERIOD COVERED	Month Day Year Month Day Year <u>09 / 26 / 2025</u> THROUGH <u>10 / 25 / 2025</u>											
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other <u>11 / 04 / 2025</u> ☒ General ☐ Special Description _____											

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME

CAPE CFISD Advocates for Public Ed

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE
PURPOSE

(Attach lists on plain paper to
complete this report if
necessary.)

☒ CANDIDATE

☐ OFFICEHOLDER

☒ SUPPORT
(Candidate or Measure)

☐ OPPOSE
(Candidate or Measure)

☐ ASSIST
(Officeholder)

☐ MEASURE

CANDIDATE / OFFICEHOLDER NAME

Lesley Guilmart, Cleveland Lane +
Kendria Camarena

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

Position 5, Position 6 +
Position 7

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

DESCRIPTION

15 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 120.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,175.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,568.45

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$ 3,754.48

OUTSTANDING
LOAN TOTALS

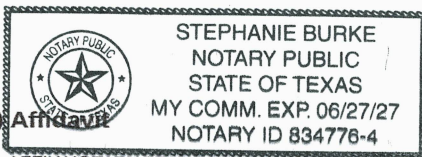
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

16 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.

Darcy Mingoia
Signature of Campaign Treasurer (Declarant)



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me, by the said Darcy Mingoia, this the 27
day of October 20 25, to certify which, witness my hand and seal of office.

Stephanie Burke
Signature of officer administering oath

STEPHANIE BURKE
Printed name of officer administering oath

NOTARY
Title of officer administering oath

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 Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,295.00
2. ☐ SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 395.20
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. ☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 0.00
5. ☐ SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 0.00
6. ☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$ 0.00
7. ☐ SCHEDULE E: LOANS		\$ 0.00
8. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,568.45
9. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
10. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
11. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
12. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
13. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
14. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

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 of 4

2 FILER NAME

CAPE CFISD Advocates for Public Ed

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/
2025

5 Full name of contributor

☐ out-of-state PAC (ID#:

Ryan Sandlin

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

10127 Blanchard
Park Lane Cypress TX 77433

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/27/
2025

Full name of contributor

☐ out-of-state PAC (ID#:

Susan Williamson

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

19122 Coke Manor
Drive Cypress TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/
2025

Full name of contributor

☐ out-of-state PAC (ID#:

Debra Hill

Amount of contribution (\$)

\$150.00

Contributor address;

City;

State;

Zip Code

777 Dunlavy St
8314 Houston TX 77019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/
2025

Full name of contributor

☐ out-of-state PAC (ID#:

Margarette Boswell

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

18506 Imagination
Way Cypress TX 77433

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 of 4
2 FILER NAME CAPE CFBD Advocates for Public Ed		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: Loretta Shumway	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 7119 Willow Bridge Circle Houston, TX 77095		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: Jeanne Davis	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 17318 Haley Falls Lane Houston TX 77095		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/7/2025	Full name of contributor ☐ out-of-state PAC (ID#: Michael Wilson	Amount of contribution (\$) \$ 30.00
Contributor address; City; State; Zip Code 7331 Haley Woods Court Houston TX 77095		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/7/2025	Full name of contributor ☐ out-of-state PAC (ID#: Barbara Crook	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 23 Park Way Place Jersey Village TX 77040		
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:

3 of 4

2 FILER NAME

CAPE CFISD Advocates for Public Ed

3 Filer ID (Ethics Commission Filers)

4 Date

10/9/
2025

5 Full name of contributor

☐ out-of-state PAC (ID#:

Paige Brown

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

9430 Walnut
Brook Court Houston TX 77040

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/
2025

Full name of contributor

☐ out-of-state PAC (ID#:

Loretta Shumway

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

7110 Willow
Bridge Court Houston TX 77095

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/15/
2025

Full name of contributor

☐ out-of-state PAC (ID#:

Kristi Kincaid

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

9302 Tepee
Trail Houston TX 77064

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/
2025

Full name of contributor

☐ out-of-state PAC (ID#:

Margarette Boswell

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

18506 Imagination
Way Cypress TX 77433

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 4 of 4
2 FILER NAME CAPE CFISD Advocates for Public Ed		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/ 2025	5 Full name of contributor ☐ out-of-state PAC (ID#: Deniza Cokman	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 15014 Moss Boulder Court Houston TX 77084		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/8/ 2025	Full name of contributor ☐ out-of-state PAC (ID#: Armando Bedeno	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 10510 Grape Creek Cypress TX 77433 Grove Lane		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/ 2025	Full name of contributor ☐ out-of-state PAC (ID#: Darcy Mingoia	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 6610 Battington Houston TX 77069 Garden		
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME <i>CAPE CFISD Advocates for Public Ed</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ <i>395.20</i>	
5 Date <i>10/31/2025</i>	6 Full name of contributor ☐ out-of-state PAC (ID#: <i>Brian Milan</i>			8 Amount of Contribution \$ <i>\$303.10</i>	9 In-kind contribution description <i>Advertising - Car Magnets</i>
7 Contributor address: City; State; Zip Code <i>18406 N Settlers Shore Drive Cypress TX 77433</i>			☐ Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL)(See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date <i>10/6/2025</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Daray Mingoa</i>			Amount of Contribution \$ <i>\$92.10</i>	In-kind contribution description <i>Meeting Food & Beverages</i>
Contributor address: City; State; Zip Code <i>6610 Battington Garden Houston TX 77069</i>			☐ Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>			Employer (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2	2 FILER NAME CAPE CFSD Advocates for Public Ed	3 Filer ID (Ethics Commission Filers) 1
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4 Date 9/30/2025	5 Payee name Amegy Bank of Texas
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6 Amount (\$) \$2.00	7 Payee address: P.O. Box 26547	City: Salt Lake City	State: UT	Zip Code 84126-0547
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Fees
	(c) ☐ 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
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Date 10/2/2025	Payee name Dr. Lane, Jr. Campaign
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Amount (\$) \$1,000.00	Payee address: 28610 Highway 290	City: Cypress	State: TX	Zip Code 77433-5462
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 4x8ft Signs
	☐ 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
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Date 10/16/2025	Payee name Kraib Printing
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Amount (\$) \$521.85	Payee address: 6814 Cant Road	City: Houston	State: TX	Zip Code 77066
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Push Cards for Polls
	☐ 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
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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 of 2	2 FILER NAME CAPE CFSD Advocates for Public Ed	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2025	5 Payee name Anedot	
6 Amount (\$) \$44.60	7 Payee address; 1340 Paydras St #1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit Card Fees
	(c) ☐ 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	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 <u>ONLY</u> 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 <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