

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:

10

3 COMMITTEE NAME

CAPE CFISD Advocates for Public Ed

4 COMMITTEE
ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5315-B Cypress Creek
PKWY #283
Houston, TX 77069-4403

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Darcy A
Mingoia

OFFICE USE ONLY

Date Received

RECEIVED
DEC 04 2025
BY: S. Burke
S. Burke

Date Hand-delivered or Date Postmarked
12/4/2025 - in person

Receipt #

Amount \$

Date Processed

12/4/2025

Date Imaged

12/4/2025

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

6610 Battington Garden
Houston, TX 77069

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

(713) 859-0030

9 REPORT TYPE

☐ 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

10 / 26 / 2025 THROUGH

Month Day Year

12 / 04 / 2025 dm

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 2025

☐ Primary

☐ Runoff

☐ Other

☒ General

☐ Special

Description

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

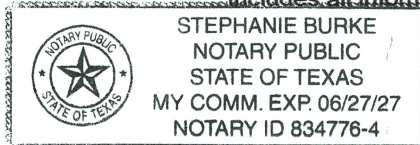
FORM SPAC
COVER SHEET PG 2

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.) ☒ SUPPORT (Candidate or Measure) ☐ OPPOSE (Candidate or Measure) ☐ ASSIST (Officeholder)	☐ CANDIDATE	CANDIDATE/OFFICEHOLDER NAME <u>Lesley Guilmart, Cleveland Lane + Kendra Camarena</u>
	☐ OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>Positions 5, 6 and 7</u>
	☐ MEASURE	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)	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,864.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DARCY MINGOIA, this the 4 day of DEC., 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 <i>CAPE CFISD Advocates for Public Ed</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>110.00</i>
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0.00</i>
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0.00</i>
4. ☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>0.00</i>
5. ☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>0.00</i>
6. ☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$ <i>0.00</i>
7. ☐ SCHEDULE E: LOANS		\$ <i>0.00</i>
8. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>3,864.48</i>
9. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0.00</i>
10. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0.00</i>
11. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>0.00</i>
12. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0.00</i>
13. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0.00</i>
14. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0.00</i>

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 2
2 FILER NAME CAPE CFISD Advocates for Public Ed		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Brian R. Sander	7 Amount of contribution (\$) (50.00)
6 Contributor address; City; State; Zip Code 12014 Gardenglen Dr. Houston, TX 77070		overstated 8/25/2025
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) 2025 Donation
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ryan Sandlin	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 10127 Blanchard Park Cypress, TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Margaret He Boswell	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 18506 Imagination Cypress, TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/7/2025	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 Houston, TX 77095		
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 2

2 FILER NAME

CAPE CFISD Advocates for Public Ed

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/
2025

5 Full name of contributor

☐ out-of-state PAC (ID#:

Deniza Coleman

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City;

State;

Zip Code

15014 Moss Boulevard
Court Houston, TX 77084

8 Principal occupation / Job title (See Instructions)

9 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)

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)

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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
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 of 4	2 FILER NAME CAPE CFISD Advocates for Public Ed	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2025	5 Payee name Cy-Fair Helping Hands	
6 Amount (\$) \$1,020.80	7 Payee address; 9204 Emmott Road	City; State; Zip Code Houston TX 77040
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ~~Other~~ Contributions/Donations	(b) Description Donation to Local Food Bank
	(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 10/31/2025	Payee name Amegy Bank of Texas	
Amount (\$) \$4.09	Payee address; PO Box 26547	City; State; Zip Code Salt Lake City UT 84126-0547
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Fees
	☐ 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 11/6/2025	Payee name Creekwood Grill	
Amount (\$) \$1,321.99	Payee address; 12710 Telge Road	City; State; Zip Code Cypress, TX 77429
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage Expense	Description Watch Party
	☐ 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 of 4	2 FILER NAME CAPE CFISD Advocates for Public Ed	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2025	5 Payee name Mike Wilson	
6 Amount (\$) \$31.56	7 Payee address; 7331 Haley Woods Court	City; State; Zip Code Houston TX 77095
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Return Campaign Donation
	(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 11/20/2025	Payee name Deniza Coleman			
Amount (\$) \$21.15	Payee address; 15014 Moss Boulder Court	City; Houston	State; TX	Zip Code 77084
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Return Campaign Donation		
	(c) ☐ 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 11/21/2025	Payee name Creekwood Grill			
Amount (\$) \$111.83	Payee address; 12710 Telge Rd	City; Cypress	State; TX	Zip Code 77429
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description De-Brief Meeting		
	(c) ☐ 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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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: 3 of 4	2 FILER NAME CAPE CFISD Advocates for Public Ed	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2025	5 Payee name Aredot	
6 Amount (\$) \$2.30	7 Payee address; 1340 Poydras 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 Fee
	(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 11/30/2025	Payee name Amegy Bank	
Amount (\$) \$4.71	Payee address; PO Box 26547	City; State; Zip Code Salt Lake City UT 84126-0547
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Fees
	☐ 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 12/2/2025	Payee name Dr. Lane, Jr. Campaign	
Amount (\$) \$800.00	Payee address; 28610 Highway 290 Ste F090-115	City; State; Zip Code Cypress TX 77433-5462
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donations	Description For Campaign Expenses
	☐ 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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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: 4 of 4	2 FILER NAME CAPE CFISD Advocates for Public Ed	3 Filer ID (Ethics Commission Filers)
4 Date 12/5/2005	5 Payee name Cy-Fair Educational Foundation	
6 Amount (\$) \$546.05	7 Payee address; PO Box 1698	City; State; Zip Code Cypress Tx 77410-1698
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Contributions/Donations For scholarship
	(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

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