

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

| | | | | | |
|--|---|--|---|---------------------------------|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI | KALMBACH | | OFFICE USE ONLY | |
| | NICKNAME LAST SUFFIX | | | | |
| ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | Date Received | | | |
| AREA CODE PHONE NUMBER EXTENSION | | Date Hand-delivered or Date Postmarked | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | 7710 CHERRY PARK DR #T260 HOUSTON TX 77095 | | Receipt # | | Amount \$ |
| 5 CANDIDATE / OFFICEHOLDER PHONE | (713) 261-9648 | | Date Processed | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI | KALMBACH | | Date Imaged | |
| NICKNAME LAST SUFFIX | | STEVE | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | |
| 7710 CHERRY PARK DR #T260 HOUSTON TX 77095 | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | | | | |
| (713) 261-9648 | | | | | |
| 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 07 / 01 / 2025 | | THROUGH Month Day Year 12 / 31 / 2025 | | |
| 11 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE Primary Runoff Other Description General Special N/A | | |
| 12 OFFICE | OFFICE HELD (if any) CFISD BOARD TRUSTEE | | 13 OFFICE SOUGHT (if known) | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC | 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 | | 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 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 82.84 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

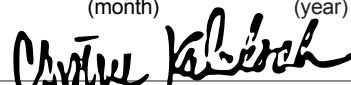
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **CHRISTINE KALMBACH** _____, and my date of birth is **XX/XX/XXXX** _____
_____. My address is **7710 CHERRY PK #T260 HOUSTON TX 77095** _____
_____.
(street) (city) (state) (zip code) (country)

Executed in **HARRIS** _____ County, State of **TX** _____, on the **15TH** day of **JULY** _____, **2025** _____
(month) (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) | |
|--|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 0 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0 |
| 4. SCHEDULE E: LOANS | | \$ 0 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 82.84 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 0 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0 |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

F1
SCHEDULE

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 |
| Banking | Fees | Office Overhead/Rental Expense | Accounting/Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME CHRISTINE KALMBACH | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/01/2025-12/31/2025 | 5 Payee name FCCU | |
| 6 Amount (\$) \$60.00 | 7 Payee address; 15260 FM 529 Houston TX 77095 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) BANKING | (b) Description BANKING 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 held expenditure to benefit C/OH | Candidate / Officeholder name CHRISTINE KALMBACH CFISD SCHOOL BOARD | Office sought Office |
| Date 07/01/2025-12/31/2025 | Payee name GOOGLE PHOTOS | |
| Amount (\$) \$12.90 | Payee address; 1600 AMPHITHEATRE PKWY MOUNTAINVIEW CA 94043 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER | Description STORAGE FEE |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct held expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office |
| Date 07/01/2025-12/31/2025 | Payee name APPLE | |
| Amount (\$) \$9.94 | Payee address; ONE APPLE PARK WAY CUPERTINO CA 94014 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER | Description STORAGE FEE |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct held expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |