

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 Mrs FIRST Kendra MI NICKNAME LAST Camarena SUFFIX	OFFICE USE ONLY Date Received electronic C10:22 RECEIVED JAN 21 2026 Date Hand-delivered or Date Postmarked electronic submission Receipt # Amount \$ Date Processed CHECKED JAN 21 2026 Date Imaged APPROVED JAN 28 2026																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 16635 Spring Cypress Rd #1014 Cypress TX 77429																		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936) PHONE NUMBER 344-1807 EXTENSION																		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs FIRST Kara MI NICKNAME LAST Schultz Cook SUFFIX																		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 5 Thimbleberry Ct. The Woodlands, TX. 77380																		
8 CAMPAIGN TREASURER PHONE	AREA CODE (405) PHONE NUMBER 613-0970 EXTENSION																		
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 10 / 26 / 25 THROUGH Month Day Year 12 / 31 / 25																		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 25 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special																		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CFISD School Board Trustee Position 7																	
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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☒ GENERAL</td> <td style="padding: 5px;">Cy fair Strong Schools</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">PO Box 1222, Cypress TX 77410</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Stacey McMyer</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">20130 Schiel Rd. Apt 8110, Cypress, TX 77433</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☒ GENERAL	Cy fair Strong Schools	☐ SPECIFIC	COMMITTEE ADDRESS		PO Box 1222, Cypress TX 77410		COMMITTEE CAMPAIGN TREASURER NAME		Stacey McMyer		COMMITTEE CAMPAIGN TREASURER ADDRESS		20130 Schiel Rd. Apt 8110, Cypress, TX 77433
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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)	\$	100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2396.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	3193.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	3838.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

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 Kendra Camarena, and my date of birth is 04/18/1979

My address is 18018 Winding Willow Oak Way, Cypress, TX 77433, USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TX, on the 6 day of October, 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	\$ 2296.06
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 CONTRIBUTIONS	\$ 3193.11
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	\$
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: 1-3
2 FILER NAME Kendra Camarena		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/25	5 Full name of contributor out-of-state PAC (ID#: James Shaddix 6 Contributor address; City; State; Zip Code 11920 N. Durette Drive, Houston, TX, 77024	7 Amount of contribution (\$) \$527.47
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/27/25	Full name of contributor out-of-state PAC (ID#: Annie Trinh Contributor address; City; State; Zip Code 21518 Snake Herb Lane, Harris County, TX, 77433	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/25	Full name of contributor out-of-state PAC (ID#: James Shaddix Contributor address; City; State; Zip Code 11920 N. Durette Drive, Houston, TX, 77024	Amount of contribution (\$) \$527.47
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/25	Full name of contributor out-of-state PAC (ID#: Dr. Jesse Mcneil Contributor address; City; State; Zip Code 27550 Hwy 290, Apt. 346, Cypress, TX, 77433	Amount of contribution (\$) \$53.04
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: 2-3
2 FILER NAME Kendra Camarena		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/25	5 Full name of contributor out-of-state PAC (ID# _____) CAROL HOYLAND 6 Contributor address; City; State; Zip Code 12823 Rolling Valley Drive, Cypress, TX, 77429	7 Amount of contribution (\$) \$26.68
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/02/25	Full name of contributor out-of-state PAC (ID# _____) Hany Khalil Contributor address; City; State; Zip Code 8411 Greenbush Street, Houston, TX, 77025	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/25	Full name of contributor out-of-state PAC (ID# _____) Ivan Maya Contributor address; City; State; Zip Code 13526 Villa Arbor Dr, Houston, TX, 77070	Amount of contribution (\$) \$26.68
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/25	Full name of contributor out-of-state PAC (ID# _____) IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code 900 Seventh Street, N.W. Washington D.C. 20001	Amount of contribution (\$) \$500
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

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2 FILER NAME		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 (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 1-3	2 FILER NAME Kendra Camarena	3 Filer ID (Ethics Commission Filers)			
4 Date 11/20/2025	5 Payee name SQUARESPACE				
6 Amount (\$) \$ 38.38	7 Payee address; City; State; Zip Code 8 CLARKSON STREET, NEW YORK, NY 10014				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description WEBSITE			
	(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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 12/20/225	Payee name SQUARESPACE				
Amount (\$) \$ 38.38	Payee address; City; State; Zip Code 8 CLARKSON STREET, NEW YORK, NY 10014				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description WEBSITE			
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
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Candidate / Officeholder name	Office sought	Office held			
Date 12/12/2025	Payee name TEXTING FOR LESS				
Amount (\$) \$ 671.75	Payee address; City; State; Zip Code 354 STATE ST Hackensack, NJ 07601				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description DIGITAL MARKETING			
	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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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
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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

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1 Total pages Schedule F1: 2-3	2 FILER NAME Kendra Camarena	3 Filer ID (Ethics Commission Filers)
4 Date 11/7/2025	5 Payee name TEXTING FOR LESS	
6 Amount (\$) \$531.87	7 Payee address; City; State; Zip Code 354 STATE ST Hackensack, NJ 07601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MARKETING EXPENSE	(b) Description DIGITAL MARKETING
	(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 11/19/2025	Payee name USPS	
Amount (\$) \$324.80	Payee address; City; State; Zip Code 475 L'Enfant Plaza SW, Washington, DC 20260-0004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description MAILBOX
	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 11/03/2025	Payee name EXODUS TEAM ADVISORS	
Amount (\$) \$1500	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 3-3	2 FILER NAME Kendra Camarena	3 Filer ID (Ethics Commission Filers)
4 Date 11/8/2025	5 Payee name DONORBOX	
6 Amount (\$) \$ 87.93	7 Payee address; City; State; Zip Code 520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FEES
	(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		
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