# 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:

**OFFICE USE ONLY**

Date Received

Rec 11/13/26

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mrs. | FIRST: Crystal | MI: L.

NICKNAME | LAST: Carbone | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

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

2651 Pearland Parkway, Ste. 102
Pearland, TX 77581

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: ( 281 ) | PHONE NUMBER: 352-6355 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mr. | FIRST: Anthony | MI: D.

NICKNAME | LAST: Carbone | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

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

2651 Pearland Parkway, Ste. 102
Pearland, TX 77581

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 281 ) | PHONE NUMBER: 997-6699 | 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: 07 / 01 / 2025 THROUGH 12 / 31 / 2025

**11 ELECTION**

ELECTION DATE — Month / Day / Year: / /

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Pearland ISD Pos 3

**13** OFFICE SOUGHT (if known): Pearland ISD Pos 3

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

☐ Additional Pages

**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.**

COMMITTEE TYPE

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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) |
|---|---|
| Crystal Carbone | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 473.57 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 1,000.00 |

**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.

Crystal Carbone

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 Crystal Carbone, and my date of birth is 7/9/82.

My address is 1607 W Pine Branch (street), Pearland (city), TX (state), 77581 (zip code), USA (country).

Executed in Brazoria County, State of Texas, on the 13 day of January (month), 20 26 (year).

Crystal Carbone

Signature of Candidate/Officeholder (Declarant)

# 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: 2

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Dr. | FIRST: Kristofer | MI: R.

NICKNAME: Doc | LAST: Schoeffler | SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

Change of Address

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

1601 N Main Street
Pearland, TX 77581

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: ( 281 ) | PHONE NUMBER: 485-2496 | EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Dr. | FIRST: Eric | MI:

NICKNAME: | LAST: Vance | SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

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

1601 N Main Street
Pearland, TX 77581

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 281 ) | PHONE NUMBER: 485-2496 | EXTENSION:

**OFFICE USE ONLY**

Date Received

Rec 11/13/24

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

- [x] 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: 7 / 1 / 25 THROUGH 12 / 31 / 25

**11 ELECTION**

ELECTION DATE — Month / Day / Year: 5 / 6 / 23

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [x] General
- [ ] Special

**12 OFFICE**

OFFICE HELD (if any): Pearland ISD Trustee, Pos. 2

**13** OFFICE SOUGHT (if known)

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

Additional Pages

**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.**

COMMITTEE TYPE

- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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) |
|---|---|
| Kristofer Schoeffler | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 841.73 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 4,400.96 |

**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 Kristofer Schoeffler, and my date of birth is December 17, 1980.

My address is 1601 N Main Street (street), Pearland (city), TX (state), 77581 (zip code), Brazoria (country).

Executed in Brazoria County, State of Texas, on the 13th day of January (month), 20 26 (year).

_____
Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

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**1** Filer ID (Ethics Commission Filers)

**2** Total pages filed:

**OFFICE USE ONLY**

Date Received

Rec 1/13/26

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mrs. | FIRST: Nanette | MI:

NICKNAME: Nan | LAST: Weimer | SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

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

3513 E. Plum St. | Pearland | TX | 77581

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

( 713 ) | 816-4279 |

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs. | FIRST: Donna | MI:

NICKNAME: | LAST: Watkins | SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

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

1808 Sleepy Hollow | Pearland, | TX | 77581

**8 CAMPAIGN TREASURER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

( 281 ) | 996-1516 |

**9 REPORT TYPE**

- [X] 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 — THROUGH — Month | Day | Year

01 / 15 / 2026 — THROUGH — 07 / 15 / 2026

**11 ELECTION**

ELECTION DATE: Month 05 / Day 03 / Year 2025

ELECTION TYPE:

- [ ] Primary
- [ ] Runoff
- [X] Other Description: unopposed
- [X] General
- [ ] Special

**12 OFFICE**

OFFICE HELD (if any): School Board Secretary

**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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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) | $ 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF 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 |

**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.

Nanette Weimer
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 Nanette Weimer, and my date of birth is 05/23/1951.

My address is 3513 E. Plum St., Pearland, TX, 77581, USA.
(street) (city) (state) (zip code) (country)

Executed in Brazoria County, State of Texas, on the 13 th day of Jan. (month), 20 26 (year).

Nanette Weimer
Signature of Candidate/Officeholder (Declarant)

# 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:

**OFFICE USE ONLY**

Date Received: Rec 1/14/26

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr. | FIRST: James | MI: K.

NICKNAME: Jim | LAST: Johnson | SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX: 2610 Rip Van Winkle Dr | APT / SUITE #: | CITY: Pearland | STATE: Tx | ZIP CODE: 77581

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (832) | PHONE NUMBER: 385-4260 | EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs. | FIRST: Jasmine | MI: A.

NICKNAME: | LAST: Johnson | SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS (Residence or Business)**

STREET ADDRESS (NO PO BOX PLEASE): 2610 Rip Van Winkle Drive | APT / SUITE #: | CITY: Pearland | STATE: Tx | ZIP CODE: 77581

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( ) | PHONE NUMBER: | EXTENSION:

**9 REPORT TYPE**

- ☒ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year: 7 / 1 / 2025 THROUGH 12 / 31 / 2025

**11 ELECTION**

ELECTION DATE — Month / Day / Year: / /

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Pearland ISD Board of Trustees

**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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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** | $ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 362.39 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 189.14 |

**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 James Johnson, and my date of birth is April 26, 1984.
My address is 2610 Rip Van Winkle Drive, Pearland, TX, 77581, Brazoria
(street) (city) (state) (zip code) (country)
Executed in Brazoria County, State of Texas, on the 15 day of January (month), 20 26 (year).

_____
Signature of Candidate/Officeholder (Declarant)

# 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: 2

**OFFICE USE ONLY**

Date Received: Rec 1/15/26

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| Mr. | Daniel | J |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Stuckey | |

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
|---|---|---|---|---|
| 3115 Sagewood Ct | | Pearland | TX | 77584 |

**5 CANDIDATE/ OFFICEHOLDER PHONE**

| AREA CODE | PHONE NUMBER | EXTENSION |
|---|---|---|
| ( 281 ) | 640-4910 | |

**6 CAMPAIGN TREASURER NAME**

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| Mrs. | Dawn | M |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Stuckey | |

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
|---|---|---|---|---|
| 3115 Sagewood Ct | | Pearland | TX | 77584 |

**8 CAMPAIGN TREASURER PHONE**

| AREA CODE | PHONE NUMBER | EXTENSION |
|---|---|---|
| ( 832 ) | 407-6894 | |

**9 REPORT TYPE**

- ☑ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

| | Month | Day | Year | | Month | Day | Year |
|---|---|---|---|---|---|---|---|
| | 07 | 01 | 2025 | THROUGH | 12 | 31 | 2025 |

**11 ELECTION**

ELECTION DATE — Month / Day / Year

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Pearland ISD Board of Trustees, Pos. 5

**13** OFFICE SOUGHT (if known)

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

☐ Additional Pages

**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.**

COMMITTEE TYPE

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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) | $ 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 2,700.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 5,000.00 |

**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 Daniel Stuckey, and my date of birth is 12/01/1977.

My address is 3115 Sagewood Ct (street), Pearland (city), TX (state), 77584 (zip code), USA (country).

Executed in Brazoria County, State of Texas, on the 15 day of January (month), 20 26 (year).

Signature of Candidate/Officeholder (Declarant)

# 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:

**OFFICE USE ONLY**

Date Received

Rec 1/27/26

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR | FIRST: Sean | MI

NICKNAME | LAST: Murphy | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

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

3014 Greentree Dr
Pearland, TX 77581

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

(832) 385-5071

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR | FIRST: Anthony | MI

NICKNAME | LAST: Carbone | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

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

2051 Pearland Suite 105
Pearland, TX 77581

**8 CAMPAIGN TREASURER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

(281) 997-6659

**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: 1/1/25 THROUGH Month Day Year: 12/31/2025

**11 ELECTION**

ELECTION DATE — Month / Day / Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any): School Board PISD

**13** OFFICE SOUGHT (if known)

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

☐ Additional Pages

**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.**

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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) |
|---|---|
| Sean Murphy | |

| | | | |
|---|---|---|---|
| **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** | $ 0 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ |
| 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.

Sean Murphy
Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

GINA GUZZETTA
Notary Public, State of Texas
Comm. Expires 06-07-2025
Notary ID 1231337-4

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sean Murphy this the 27th day of January 20 24, to certify which, witness my hand and seal of office.

Gina Guzzetta — Gina Guzzetta — Notary
Signature of officer administering oath | Printed name of officer administering oath | 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 Candidate/Officeholder (Declarant)

# 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: 2

**3 CANDIDATE / OFFICEHOLDER NAME**
MS / MRS / MR: (MRS) | FIRST: Toni | MI: P
NICKNAME | LAST: Carter | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4115 Flamingo Ct. Pearland 77584
☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE: (281) | PHONE NUMBER: 704-5526 | EXTENSION

**6 CAMPAIGN TREASURER NAME**
MS / MRS / MR: (MS) | FIRST: Rosemarie | MI: A
NICKNAME | LAST: Furman | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
911 Woodfern Glen Pearland 77584

**8 CAMPAIGN TREASURER PHONE**
AREA CODE: (713) | PHONE NUMBER: 826-1852 | 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: 7 / 1 / 25 THROUGH 12 / 31 / 25

**11 ELECTION**
ELECTION DATE — Month / Day / Year: 11 / 3 / 20
ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☑ General
- ☐ Special

**12 OFFICE**
OFFICE HELD (if any): Trustee PISD Pos. 1

**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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**
Date Received: Rec 1/29/26
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

**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** | $ 0 |
| 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 Toni Cortez, and my date of birth is 7/8/1970

My address is 4115 Flamingo Ct, Rosharon, TX, 77584, USA
(street) (city) (state) (zip code) (country)

Executed in Brazoria County, State of TX, on the 29 day of Jan, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)