

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

Ms.

NICKNAME

FIRST

Karen

LAST

Strope

MI

A

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

17922 Wigcon Tr

APT / SUITE #

CS

CITY

CS

STATE

TX

ZIP CODE

77845

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(979)

PHONE NUMBER

255-4240

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mrs.

NICKNAME

FIRST

Tessa

LAST

Wright

MI

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #

4412 Regal Oaks Dr

CITY

College Station TX

STATE

ZIP CODE

77845

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

(214)

PHONE NUMBER

796-5586

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

7

Day

18

Year

26

THROUGH

Month

9

Day

24

Year

26

11 ELECTION

ELECTION DATE

Month

11

Day

3

Year

26

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

School Board Place 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.

COMMITTEE TYPE

☐

GENERAL

☐

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

2nd Submission due to
error on last page of previous
document
C8

Superintendent's Office

RECEIVED

OCT 06 2020

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged 10-6-26 @ 2:03pm
C8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Karen Shupe</u>		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)	\$ 770.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,470.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 288.45
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,024.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,445.88
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 Karen Shupe, and my date of birth is 8/20/1979
 My address is 17922 Wigeon Tr Ct, College Station TX, 77845 USA
 (street) (city) (state) (zip code) (country)
 Executed in Brazos County, State of Texas, on the 4th day of October, 2026
 (month) (year)
Karen Shupe
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Karen Strape

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,470
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	\$ 3,024.12
6.	☒	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,055.44
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 2
2 FILER NAME Karen Strope		3 Filer ID (Ethics Commission Filers)
4 Date 8/28	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Ryan Derkowski	7 Amount of contribution (\$) \$ 350.00
6 Contributor address; City; State; Zip Code 4444 Sendera Ct College Station TX 77845		
8 Principal occupation / Job title (See Instructions) Real estate		9 Employer (See Instructions) Derkowski Group
Date 8/29	Full name of contributor ☐ out-of-state PAC (ID# _____) Lamanda Jatzlau	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 404 Oak Meadow College Station TX 77845		
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Perkowski Group
Date 9/1	Full name of contributor ☐ out-of-state PAC (ID# _____) Courtney Pitman	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 2291 Arrington Rd College Station TX 77845		
Principal occupation / Job title (See Instructions) Home builder		Employer (See Instructions) Self-employed
Date 9/3	Full name of contributor ☐ out-of-state PAC (ID# _____) David Kendall	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 631 West Ridge Dr College Sta TX 77845		
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 FILER NAME Karen Strope		3 Filer ID (Ethics Commission Filers)
4 Date 9/3	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Paul Lambert 6 Contributor address; City; State; Zip Code 18864 Indian Lakes College Station TX 77845	7 Amount of contribution (\$) \$ 150.00
8 Principal occupation / Job title (See Instructions) business owner / podcaster		9 Employer (See Instructions) self-employed
Date 9/9	Full name of contributor ☐ out-of-state PAC (ID# _____) L Gerard Toussaint Contributor address; City; State; Zip Code 3000 Arapaho Dr College Station TX 77845	Amount of contribution (\$) \$ 1,000
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Scott White
Date 9/12	Full name of contributor ☐ out-of-state PAC (ID# _____) Karen Strope Contributor address; City; State; Zip Code 17922 Wiggin Tr College Sta TX 77845	Amount of contribution (\$) \$ 1,250
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	Printing 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:	2 FILER NAME Karen Strobe	3 Filer ID (Ethics Commission Filers)
4 Date 9/3	5 Payee name Highpoint	
6 Amount (\$) 1,092.38	7 Payee address: 1516 Shiloh	City, State, Zip Code Bryan TX 77803
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Campaign signs
	(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 9/15	Payee name Fast Signs		
Amount (\$) 1,335.33	Payee address, 404 University Dr E. Ste C	City, College Station	State, Zip Code TX 77845
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Campaign signs	
	(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 9/18	Payee name Tractor Supply		
Amount (\$) 307.96	Payee address, 2704 Texas Ave	City, College Station	State, Zip Code TX 77840
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description tee shirts	
	(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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Karen Shrope	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 1,055.44
5 Date 9/15	6 Payee name Highpoint Signs	
7 Amount (\$)	8 Payee address 1516 Shilds Ave	City: Bryan State: TX Zip Code: 77803
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing expense	Campaign signs
(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense		
11 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
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political		
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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