

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 Filer)

2 Total pages (incl. 6)

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR MR.	FIRST Lance	MI 	OFFICE USE ONLY Date Received RECEIVED APR 25 2025 By <u>7:01 pm</u> Date Hand Delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____			
		NICKNAME 	LAST Redmon	SUFFIX 				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>		ADDRESS / PO BOX 27522 Beauford Dr. Katy, TX 77494	APT / SUITE # 	CITY 	STATE 	ZIP CODE 		
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (281)	PHONE NUMBER 769-2632	EXTENSION 				
6 CAMPAIGN TREASURER NAME		MS / MRS / MR MRS	FIRST Carla	MI 				
		NICKNAME 	LAST Justus	SUFFIX 				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE) 2019 Arbor Cove, Katy TX 77494	APT / SUITE # 	CITY 	STATE 	ZIP CODE 		
8 CAMPAIGN TREASURER PHONE		AREA CODE ()	PHONE NUMBER 	EXTENSION 				
9 REPORT TYPE		<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Nurest	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
		<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 5th day before election	<input type="checkbox"/> Extended Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED		Month 4	Day 4	Year 25	THROUGH	Month 4	Day 25	Year 25
11 ELECTION		ELECTION DATE Month Day Year 5 / 3 / 25			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE		OFFICE HELD (if any) Katy ISD Board of Trustees, PT 2			13 OFFICE SOUGHT (if known) Katy ISD Board of Trustees, PT 2			
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>		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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Katy Educational Excellence Partners (KEEP) PAC					
			COMMITTEE ADDRESS 5554 South Peek Road PMB 42, Katy Texas 77450					
			COMMITTEE CAMPAIGN TREASURER NAME Melissa Nixon					
			COMMITTEE CAMPAIGN TREASURER ADDRESS 5554 South Peek Road PMB 42, Katy, TX 77450					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Lance Redman		16 Filer ID (Ethics Commission Files)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1400 00
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	\$ 2004.22
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 Lance Redman and my date of birth is [REDACTED]
 My address is 27522 BEAUFORD DR, KATY TX 77494 USA
(street) (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of TEXAS, on the 25 day of April, 2022.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Lance Redmon		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1400.00
2	SCHEDULE A2: NON-MONETARY (IN KIND) POLITICAL CONTRIBUTIONS	\$ 4083.18
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E: LOANS	\$
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	SCHEDULE F4: EXPENDITURES MADE BY CHECK 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, REFINDS, 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 FILER NAME

Lance Redmon

3 Filer ID (Ethics Commission Filers):

4 Date

04/04/2025

5 Full name of contributor

Diane Smith

out-of-state PAC (OR)

6 Contributor address:

21540 Provincial Blvd, Katy TX 77450

City:

State:

Zip Code

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/19/2025

Full name of contributor

Erick Peterson

out-of-state PAC (OR)

Contributor address:

27611 Brentsprings Run Lane, Katy, TX 77494

City:

State:

Zip Code

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2025

Full name of contributor

Duke Keller

out-of-state PAC (OR)

Contributor address:

2406 Fairbreeze Dr, Katy, TX 77494

City:

State:

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2025

Full name of contributor

Fort Bend Business Coalition

out-of-state PAC (OR)

Contributor address:

PO Box 19336, Sugar Land, TX 77496

City:

State:

Zip Code

Amount of contribution (\$)

1,000.00

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2 2	
2 FILER NAME Lance Redmon		3 Filer ID (Ethics Commission Filer)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 4,083.18	
5 Date 04/24/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katy Educational Excellence Partners PAC	8 Amount of Contribution \$ 2,873.18	9 In-kind contribution description Postcards, Stamps, Texting Service, Facebook Boosts
7 Contributor address: City: State: Zip Code 5554 South Peek Rd PMB 42, Katy TX 77450		Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maggie La Rotta	Amount of Contribution \$ 1,150.00	In-kind contribution description Facility Rental
Contributor address: City: State: Zip Code 5806 4th St, Katy TX 77493		Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (FOR NON JUDICIAL) (See instructions)		Employer (FOR NON JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Lance Redmon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/04/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Rebecca Fox and Wendy Duncan	8 Amount of Contribution \$ 60.00	9 In-kind contribution description Food and Drinks
7 Contributor address: City: State: Zip Code 22915 Chaus Ct, Katy TX 77494		Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR)	Amount of Contribution \$	In-kind contribution description
	Contributor address, City, State, Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			