

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

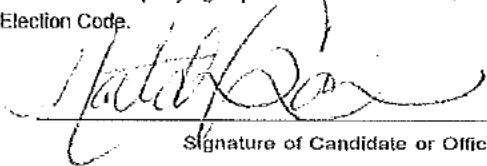
The C/OH Instruction Guide explains how to complete this form. <b>NataliCarter</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs</b>	FIRST <b>Natalie</b>	MI <b>E</b>
	NICKNAME	LAST <b>Carter</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>9734 Carina Forest Court Humble Texas 77396</b>		OFFICE USE ONLY Date Received <b>RECEIVED</b>  <b>APR 06 2023</b>  <b>SUPERINTENDENT'S OFFICE</b>
<input type="checkbox"/> Change of Address			Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 713 )</b>	PHONE NUMBER <b>398-0840</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Marcus</b>	MI <b>A</b>
	NICKNAME	LAST <b>Carter</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>9734 Carina Forest Court Humble Texas 77396</b>		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 850 )</b>	PHONE NUMBER <b>284-6817</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year <b>02 / 17 / 2023</b>		THROUGH    Month    Day    Year <b>03 / 27 / 2023</b>
11 ELECTION	ELECTION DATE Month    Day    Year <b>05 / 06 / 2023</b>	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)	13 OFFICE SOUGHT (if known) <b>Humble I.S.D. Board of Trustee, Position 7</b>	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>			

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <b>Natalie Carter</b>		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)	\$ 1810.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4193.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 496.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2880.00

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

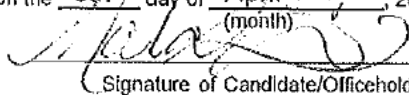
**OR**

**(2) Unsworn Declaration**

My name is Natalie E. Carter, and my date of birth is [REDACTED]

My address is 9734 Carina Forest Court, Humble, TX, 77396, USA  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 6th day of April, 20 23  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Natalie Carter

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1810.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2880.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4193.89
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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 of 3

2 FILER NAME

**Natalie Carter**

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/23

5 Full name of contributor

Ryan Guillory

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**250.00**

6 Contributor address; City; State; Zip Code

9735 Carina Forest Court, Humble, Texas 77396

8 Principal occupation / Job title (See Instructions)

Insurance Agent

9 Employer (See Instructions)

Self-Employed

Date

03/04/23

Full name of contributor

Alyson Verducci

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

7903 Pine Heath Court, Humble, Texas 77396

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Locke Lord

Date

03/04/23

Full name of contributor

Equator L. Turner Corporation

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**500.00**

Contributor address; City; State; Zip Code

440 Louisiana Street, Suite 900, Houston, Texas 77002

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self-Employed

Date

03/05/23

Full name of contributor

Teaberry Gaston

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

14202 Teaberry Breeze, Houston, Texas 77044

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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 of 3
2 FILER NAME <b>Natalie Carter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/05/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yvrose Daniel</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>9835 N. Sam Houston Pkwy E, Apt. 7103 Humble, Texas 77396</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>03/09/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reynolds Clinton</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code <b>18307 Yellowstone Trail, Humble, TX 77346</b>		
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>JLA Realty</b>
Date <b>03/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chandra Gordon</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>9715 Carina Forest Court, Humble, TX 77396</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>03/12/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reginald Spivey</b>	Amount of contribution (\$) <b>125.00</b>
Contributor address; City; State; Zip Code <b>4855 Magnolia Cove Drive, Kingwood, TX 77345</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:  
3 of 3

2 FILER NAME

**Natalie Carter**

3 Filer ID (Ethics Commission Filers)

4 Date

03/19/23

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Marcellious Stephens**

6 Contributor address; City; State; Zip Code

20617 Southwood Oak Drive, Porter, TX 77365

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

03/25/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Alexandria Koberstein**

Contributor address; City; State; Zip Code

7623 Fall Creek Bend, Humble, TX 77396

Amount of contribution (\$)

**25.00**

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

03/25/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**John Cotter**

Contributor address; City; State; Zip Code

4223 Terrace Pines Drive, Kingwood, TX 77345

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Pilot

Employer (See Instructions)

United Airlines

Date

03/25/23

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Marcus A. Carter**

Contributor address; City; State; Zip Code

9734 Carina Forest Court, Humble, TX 77396

Amount of contribution (\$)

**350.00**

Principal occupation / Job title (See Instructions)

Senior Legal Counsel

Employer (See Instructions)

Shell USA, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

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 E: <b>1</b>
2 FILER NAME <b>Natalie Carter</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>2880.00</b>
5 Date of loan <b>03/03/23</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Marcus A. Carter</b>	9 Loan Amount (\$) <b>1880.00</b>
6 Is lender a financial institution?  Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>9734 Carina Forest Court, Humble, Texas 77396</b>	10 Interest rate <b>0%</b>
		11 Maturity date <b>n/a</b>
12 Principal occupation / Job title (See Instructions) <b>Attorney/Senior Legal Counsel</b>		13 Employer (See Instructions) <b>Shell USA, Inc.</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>3/27/23</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Marcus A. Carter</b>	Loan Amount (\$) <b>1000.00</b>
Is lender a financial institution?  Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>9734 Carina Forest Court, Humble, Texas 77396</b>	Interest rate <b>0%</b>
		Maturity date <b>n/a</b>
Principal occupation / Job title (See Instructions) <b>Attorney/Senior Legal Counsel</b>		Employer (See Instructions) <b>Shell USA, Inc.</b>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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 of 2	2 FILER NAME Natalie Carter	3 Filer ID (Ethics Commission Filers)
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4 Date 03/03/23	5 Payee name Jumping Fiesta Rentals
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6 Amount (\$) 445.04	7 Payee address; City; State; Zip Code 11418 Cypress North Houston Road, Cypress, Texas 77429
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Bounce house rental for campaign launch event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/13/23	Payee name Humble Area Democrats
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Amount (\$) 500.00	Payee address; City; State; Zip Code PO Box 3863, Humble, Texas 77347
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by Candidate	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date 03/16/23	Payee name The Toasted Yolk
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Amount (\$) 51.37	Payee address; City; State; Zip Code 9630 N. Sam Houston Parkway E Suite A, Humble, Texas 77396
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meals for volunteers at Meet and Greet
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 2 of 2	2 FILER NAME <b>Natalie Carter</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/03/23</b>	5 Payee name <b>Carroll Printing Company</b>
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6 Amount (\$) <b>445.99</b>	7 Payee address; City; State; Zip Code <b>2907 Canal St, Houston, TX 77003</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Flyers, Name Badges, advertising materials</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <b>03/23/23</b>	Payee name <b>Carroll Printing Company</b>
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Amount (\$) <b>1,751.49</b>	Payee address; City; State; Zip Code <b>2907 Canal St, Houston, TX 77003</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Banners, flyers, and business cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date <b>03/27/23</b>	Payee name <b>M3 Graphics, Inc.</b>
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Amount (\$) <b>1000.00</b>	Payee address; City; State; Zip Code <b>11730 Wilcrest Dr, Houston, TX 77099</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Flyers, Yard Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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