

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

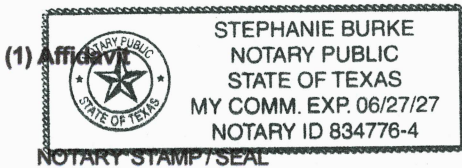
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Kendra Camarena Campaign		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)	\$ 545
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4052.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 214.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3838.04
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.

Kendra Camarena
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by KENDRA CAMARENA this the 15th day of JULY, 2025, to certify which, witness my hand and seal of office.

Stephanie Boulee STEPHANIE BURKE 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Kendra Camarena		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3507.87
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	\$ 214.83
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: 1-8
2 FILER NAME Kendrs Camarena		3 Filer ID (Ethics Commission Filers) 1-8
4 Date 06/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Sakina Lanig	7 Amount of contribution (\$) \$105.75
	6 Contributor address; City; State; Zip Code 9631 Tree Sparrow Lane Houston TX 77083	
8 Principal occupation / Job title (See Instructions) Advisor		9 Employer (See Instructions) Harris County Precinct 4
Date 06/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Odus E. Evbagharu	Amount of contribution (\$) \$158.46
	Contributor address; City; State; Zip Code 18226 Dusty Terrace Ln Katy TX 77449	
Principal occupation / Job title (See Instructions) Strategist		Employer (See Instructions) Self
Date 06/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Freddy Guerra	Amount of contribution (\$) \$263.90
	Contributor address; City; State; Zip Code 1314 Shearn St Houston TX 77007	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Harris County
Date 06/12/202	Full name of contributor out-of-state PAC (ID#: _____) Traci Latson	Amount of contribution (\$) \$53.04
	Contributor address; City; State; Zip Code 8519 Sandy Glen Lane Houston TX 770071	
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 FILER NAME Kendra Camarena		3 Filer ID (Ethics Commission Filers) 2-8
4 Date 06/16/202	5 Full name of contributor out-of-state PAC (ID#: _____) Noelle McSherry	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 1316 Lakin Street Houston TX 77007	
8 Principal occupation / Job title (See Instructions) Admin		9 Employer (See Instructions) Harris County
Date 06/16/202	Full name of contributor out-of-state PAC (ID#: _____) Howard Williams	Amount of contribution (\$) \$105.75
	Contributor address; City; State; Zip Code 6519 Pleasant Stream Drive Katy TX 77449	
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 06/16/202	Full name of contributor out-of-state PAC (ID#: _____) Michael Dibenedetto	Amount of contribution (\$) \$105.75
	Contributor address; City; State; Zip Code 13507 Wedgewood Thicket Way, Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 06/17/202	Full name of contributor out-of-state PAC (ID#: _____) Valerie Quintana	Amount of contribution (\$) \$53.04
	Contributor address; City; State; Zip Code 16506 Cancy Creek Court, Cypress TX 77433-5203	
Principal occupation / Job title (See Instructions) Systems Analyst		Employer (See Instructions) Energy Transfer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Reset Form

Reset Page

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

Kendrs Camarena

3 Filer ID (Ethics Commission Filers)

3-8

4 Date

06/19/202

5 Full name of contributor

Jon Rosenthal

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City;

State;

Zip Code

7902 Swan Hollow Court Houston TX 77041

8 Principal occupation / Job title (See Instructions)

Representative

9 Employer (See Instructions)

Texas House of Representatives

Date

06/19/202

Full name of contributor

Lisa Gonzales

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$26.68

Contributor address;

City;

State;

Zip Code

19914 Stanton Lake Drive, Harris County, TX, 77433

Principal occupation / Job title (See Instructions)

Retail Operations

Employer (See Instructions)

Houston Astros

Date

06/20/2025

Full name of contributor

Elizabeth Bosquez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$105.75

Contributor address;

City;

State;

Zip Code

12122 W allen shore Cypress TX 77433

Principal occupation / Job title (See Instructions)

Medical director

Employer (See Instructions)

BCM

Date

06/21/202

Full name of contributor

Michael Owens

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10.86

Contributor address;

City;

State;

Zip Code

19931 Costa Bella Pointe Dr, Cypress, TX, 77433

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

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

Kendrs Camarena

3 Filer ID (Ethics Commission Filers)

4-8

4 Date

06/21/202

5 Full name of contributor

Jay Malone

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

2810 Riverby Road 165

City;

Houston

State;

TX

Zip Code

77020

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

06/27/2025

Full name of contributor

Leah Stephanow

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$105.75

Contributor address;

12607 Texas Army Trail,

City;

Cypress,

State;

TX,

Zip Code

77429

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

06/27/2025

Full name of contributor

John Ogletree

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$211.18

Contributor address;

8131 Sun Terrace Ln NULL

City;

Houston

State;

TX

Zip Code

77095-4959

Principal occupation / Job title (See Instructions)

Minister

Employer (See Instructions)

First Metropolitan Church

Date

06/27/2025

Full name of contributor

John Bartos

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

831 Azalea Street,

City;

Houston,

State;

TX,

Zip Code

77018

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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

Kendrs Camarena

3 Filer ID (Ethics Commission Filers)

5-8

4 Date

06/27/2025

5 Full name of contributor

Alyssa Howell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$53.04

6 Contributor address;

2015 Althea Drive

City;

Houston

State;

TX

Zip Code

77018

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Rice University

Date

06/27/2025

Full name of contributor

Patrice Allen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10.86

Contributor address;

4126 Buras Pass Ln

City;

Houston,

State;

TX,

Zip Code

77045

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Houston ISD

Date

06/27/2025

Full name of contributor

Elena Leal

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10.86

Contributor address;

7858 Mosewood Street,

City;

Houston,

State;

TX,

Zip Code

77040

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

HISD

Date

06/27/2025

Full name of contributor

Erick Lopez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$26.68

Contributor address;

5115 Havenwoods Dr,

City;

Houston,

State;

TX,

Zip Code

77066

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

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

Kendrs Camarena

3 Filer ID (Ethics Commission Filers)

6-8

4 Date

06/27/2025

5 Full name of contributor

Jasmine Back James

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$21.41

6 Contributor address;

6610 Atasca Creek Dr.

City;

Humble

State;

TX

Zip Code

77346

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Stellar Virtual / Texas State

Date

06/27/2025

Full name of contributor

Reginald Lillie

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300.00

Contributor address;

4914 Windy Orchard Lane, Cypress,

City;

State;

TX,

Zip Code

77084

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

Self

Date

06/28/2025

Full name of contributor

Sally Woolweaver

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$5.00

Contributor address;

1523 Sutton Street,

City;

Houston,

State;

TX,

Zip Code

77006

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

HISD

Date

06/29/2025

Full name of contributor

Rufi Natarajan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$105.75

Contributor address;

5201 Memorial Drive, #234

City;

Houston,

State;

TX,

Zip Code

77007

Principal occupation / Job title (See Instructions)

Director of Events

Employer (See Instructions)

Harris County Precinct 4

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 Kendrs Camarena		3 Filer ID (Ethics Commission Filers) 7-8
4 Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Alexandra Villarreal	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2349 Jackson St Houston TX 77004		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Excavator
Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Rogelio Martinez	Amount of contribution (\$) \$26.68
Contributor address; City; State; Zip Code 7920 James Franklin Street, Houston, TX, 77088		
Principal occupation / Job title (See Instructions) Teacher Specialist		Employer (See Instructions) Houston ISD
Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Sheena Blain	Amount of contribution (\$) \$10.86
Contributor address; City; State; Zip Code 2121 El Paseo St Apt 1907, Houston, TX, 77054		
Principal occupation / Job title (See Instructions) CTE Coordinator II		Employer (See Instructions) Houston ISD
Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Linda Hopson	Amount of contribution (\$) \$10.86
Contributor address; City; State; Zip Code PO Box 7985, Houston, TX, 77270		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fort Bend ISD
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 Kendrs Camarena		3 Filer ID (Ethics Commission Filers) 8-8
4 Date 06/17/202	5 Full name of contributor out-of-state PAC (ID#: _____) Ralph Edelbach	7 Amount of contribution (\$) \$105.75
6 Contributor address; City; State; Zip Code 20403 Scenic Woods Drive, Cypress, TX, 77433		

8 Principal occupation / Job title (See Instructions) Unknown	9 Employer (See Instructions) Unknown
---	---

Date 06/18/202	Full name of contributor out-of-state PAC (ID#: _____) Michelle Palmer	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 8740 WESTHEIMER RD APT 17, Cypress, TX, 77063-4234		

Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Aldine ISD
---	--

Date 06/18/202	Full name of contributor out-of-state PAC (ID#: _____) Darcy Mingoia	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 6610 BARRINGTON GARDEN, Houston, TX, 77069		

Principal occupation / Job title (See Instructions) Unknown	Employer (See Instructions) Unknown
---	---

Date 06/18/202	Full name of contributor out-of-state PAC (ID#: _____) Christina Milan	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 18406 North Settlers Shore Dr, Cypress, TX, 77433		

Principal occupation / Job title (See Instructions) Accountant	Employer (See Instructions) TMHCC
--	---

--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2025	5 Payee name Stripe	
6 Amount (\$) \$111.34	7 Payee address; City; State; Zip Code 354 Oyster Point Boulevard, South San Francisco, CA, 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payment Processing	(b) Description Processing Fee
	(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 06/30/2025	Payee name Doner Box	
Amount (\$) \$103.49	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Payment Processing	Description Platform Fee
	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	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 <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