CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MS Lesley NAME Date Received Guilmart NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: Spring Cypress road, **OFFICEHOLDER** MAILING CYPress, TX, 77429 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Hand-delivered or Date Postmarked **OFFICEHOLDER** 2025 e 11:11 (713) 927-4430 PHONE Receipt # MS / MRS / MR 6 CAMPAIGN Mariah **TREASURER** MRS NAME RECEIVED JUL 1 5 2025 NICKNAME SUFFIX DOCK STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE ZIP CODE 7 CAMPAIGN 11627 Magnolia crest cove court, Cypress, TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (805)453-7270 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Month COVERED 260 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Description X General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME 4-Fair Schools COMMITTEE ADDRESS **X** GENERAL Cypress, TX, 77310 Additional Pages SPECIFIC Cypress, Tx, 77310

	TE / OFFICE N FINANCE				CO/		ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how to co	mplete this form.	1 Filer ID (Ethi	ics Commission Filers)	2 Tot	al pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI		OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date R	eceived	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STAT	E; ZIP CODE			
Change of Address			1				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PH	HONE NUMBER	EXTE	NSION	Date Ha	and-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt	#	Amount \$
TREASURER NAME	NICKNAME	LAST		SUFFIX	Date Pr	ocessed	
	NICKNAME	LAST		SUFFIX	Date In	naged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PC	BOX PLEASE); APT / S	UITE #; C	ITY;		STATE;	ZIP CODE
(Residence or Business)			y				
8 CAMPAIGN TREASURER PHONE	AREA CODE P	IONE NUMBER	EXTE	NSION			
9 REPORT TYPE	January 15	30th day before e	lection	Runoff		15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	CHOIL	Exceeded Modified Reporting Limit		Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day	Year	
11 ELECTION	ELECTION DATE			ELECTION TYPE	7		
	Month Day	Year Primary General	Runoff Special	Other Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFI	CE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF F THE CANDIDATE / OFFICEHOLE CONSENT. CANDIDATES AND C	ER. THESE EXPENDITURES	S MAY HAVE BEEN MA	DE WITHOUT THE CANE	DIDATE'S O	R OFFICEHOL	DER'S KNOWLEDGE OR
001/11/11/12(0)	00	CF ISD F	Advoca	tes for	- Pu	blic '	Ed.
Additional Pages	GENERAL COM	MITTEE ADDRESS	CAPTORS	Creek	Pa	rkwo	4283, HOL
	SPECIFIC	MITTEE CAMPAIGN TRE	ASURER NAME	2			12)
	-19	IMITTEE CAMPAIGN TR					
	53	15-B CVI	ress cree	ck Parkwa	4#2	83. Hor	Stop. TX 77008

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 396.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,120.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,265.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 3,265.°° AST DAY \$5,238.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	
	swear, or affirm, under penalty of perjury, that the accompanying report is true	ue and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	Signature of C	andidate or Officeholder
	Please complete either option below	w:
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	e day of,
	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	1. /
My name is Les U	y. Guilmart, and my date of birth i	s 12 20 1980
My address is 1063	5 Spring Cypress Rd Cypress -	TX, 77429, USA
Executed in Havvi	(street) #88 (city) S County, State of Texas, on the 15th day of Jo	(state) (zip code) (country)
LAGGUEU III IIO II I	County, State of 12/00, on the 13 day of (mon)	(your)
	Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	20 Tilel ID (Etitles Col				
	LESLEY GUILMART				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6	,724.94	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	٥	
4.	SCHEDULE E: LOANS		\$ 4	50.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 2	475.58	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	\Diamond	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	O	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 7	189-42	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0	

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 fo	orm.	1 Total pages Schedule A1: /O	
2 FILER NAME	Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)	
05-05-25	Lori Gilyot 6 Contributor address; City; 10538 Wind Walker Trail Hou	State; Zip Code	210.91	
-	10538 Wind Walker Trail Ho	uston 1 x 77095		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
05-05-25	Martin Skoda Contributor address; City; 16026 Lockdale Ln. Cypress	State; Zip Code	11.04	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
` Date	_	D#:)	Amount of contribution (\$)	
05-05-25	Will Jeudy Contributor address; City; 2125 Yale #551 Houston	State; Zip Code	316.11	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
05-06-25	Mark Sowden contributor address; City; 8202 Town Creek Dr. Houston	I I	1,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
,				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
05-07-25		State; Zip Code	53.11
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05-07-25	Margarette Boswell contributor address; city; 18506 Imagination Way Cypr	State; Zip Code	11.04
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	- 4	(ID#:)	Amount of contribution (\$)
05-07-25	Brian Milan contributor address; City; 18406 N. Settlers Drive Cypres	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05-09-25	Leadership for Education Eq. Contributor address; City; 25 Broadway 13th floor Ne	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL CODIES (DE TUIS SCUEDIN E AS N	EEDED

SCHEDULE A1

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

in the requested information is not applicable, DO NOT include this page in the report.						
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Lesley M. Guilmart	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)				
05-10-25	Gina Outton 6 Contributor address; City; State; Zip Code 11603 Barwood Bend Dr. Houston TX 77065	53.11				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
06-01-25	Ann Moore					
06.01-72	Contributor address; City; State; Zip Code	105.71				
	13410 Greenwood Manor Dr. CypressTX 77429					
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)				
Date	Full name of contributor	Amount of contribution (\$)				
-1 -1 25	Vanessa Weidman	100 71				
06-01-25		105.71				
	16519 Dunleith Circle Cypress TX 77429					
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
06-01-25	Goldie Mahon Contributor address; City; State; Zip Code	11.04				
	12719 Campsite Trail Cypress TX 77429					
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)				
ATTACH ADDITIONAL CODIES OF THE COLUMN FACILITIES						

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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 f	orm.	1 Total pages Schedule A1:	
2 FILER NAME	Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)	
06-01-25	Sophea Graves 6 contributor address; City; 17115 Palisade Lakes, Hauston	State; Zip Code	53.11	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	cions)	
Date	_	ID#:)	Amount of contribution (\$)	
06-02-25	Joyce Boin contributor address; City; 12323 Lakeshore Ridge, Hous-	State; Zip Code	53.11	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
06-03-25	Jennifer Williams Contributor address; City; 12803 W. Shadow Lake Ln. Cypres		105.71	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date		ID#:)	Amount of contribution (\$)	
06-04-25	Sarah Guilmart Contributor address; City; 17802 Mound Rd #1103 Cypres	State; Zip Code	26.81	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 fo	orm.	1 Total pages Schedule A1:		
2 FILER NAME	Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ut-of-state PAC (II	D#:)	7 Amount of contribution (\$)		
06-04-25	Leah Stephanow 6 Contributor address; City;	State; Zip Code	105.71		
8 Principal occu	Dation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
06-05-25	Elizabeth Pogoloff Contributor address; City; 1827 James St. Durham	State; Zip Code NC 27707	100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
06-06-25	Osagioduwa Evbagharu contributor address; city; 18226 Dusty Terrace Ln. Katy,	State; Zip Code	158.31		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)		
06-07-25	Margarette Boswell Contributor address; City; 18506 Imagination Way, Cypre:	State; Zip Code	11.04		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
7 molpar occa			,		

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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 f	form.	1 Total pages Schedule A1:
2 FILER NAME	Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (7 Amount of contribution (\$)
06-07-25	Sarah Honore 6 contributor address; city; 5043 Oak Shadows Dr. Houste	State; Zip Code	53.11
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		ID#:)	Amount of contribution (\$)
06-10-25	Allison Collins Contributor address; City;	State; Zip Code	50.00
	14307 Hazeldale Dr, Cypress,	TX 17429	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	A	ID#:)	Amount of contribution (\$)
06-14-25	Allan Guilmart contributor address; city; 49 Stonewall Way, Durham	State; Zip Code NC. 27704	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
06-15-25		State; Zip Code	526.50
Principal occu _l	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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

The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
LESLEY GUILMART	-	
4 Date 5 Full name of contributor ut-of-state PA		7 Amount of contribution (\$)
06/16/25 Michael Diben 6 Contributor address; City; Ci	edetto State: Zip Code ress, Tx, 77429	\$105.72
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
unemployed	onemp!	'
0110(11) (20)	0.10(1.16)	
	AC (ID#:)	Amount of contribution (\$)
66/16/25 Howard Williams Contributor address; City;	Katu TX	\$105.72
6519 Pleasant stream		
Principal occupation / Job title (See Instructions)	Employer (See Instruc	
unemployed	unemplo	yea
Date Full name of contributor	AC (ID#:)	Amount of contribution (\$)
06/16/25 Steven Föllmer Contributor address; City; 5930 Yarwell Drive, Hou	State; Zip Code からたの「Tメ,ファクタル	\$11.04
Principal occupation / Job title (See Instructions)	Employer (See Instruc	
regeral Government	Health	and Safety
Date Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	State; Zip Code	\$105.25
14807 Oak Bluff Ct. Ho	uston, Tx, 77070	
Principal occupation / Job title (See Instructions)	Employer (See Instruc	0 11 0
Professor	Lonest	rar College

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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	ESLEY GUILMART		3 Filer ID (Ethics Commission Filers)
4 Date 6/17/25	5 Full name of contributor out-of-state PAC VAHERIE QUINTANA 6 Contributor address; City; 16506 Cancy Creek Ct.		7 Amount of contribution (\$) \$ 105.72
	pation / Job title (See Instructions) Stem AnalySt	9 Employer (See Instruc	tions) Transfer
Date	Full name of contributor		Amount of contribution (\$)
6/17/25	Ralph Edelbach Contributor address; City; 20403 Scienic Woods Drive	State; Zip Code, CYPrcss, TX,	\$105.72
	nation / Job title (See Instructions)	Employer (See Instruc	oloyed
Date 06/18/25	Full name of contributor out-of-state PAC Jennifer Slaughter Contributor address; City; 441 Amberwood Park Drive		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Chinical Social Worker	Employer (See Instruc	mployed
Date (Q 18 25	Full name of contributor out-of-state PAC	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruc	

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SCHEDULE A1

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

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	LESLEY GUILMAR	Τ	3 Filer ID (Ethics Commission Filers)		
4 Date (6/18/25)	5 Full name of contributor out-of-state PAC DATO Mingolo 6 Contributor address; City; 6610 Barrington Gard	7 Amount of contribution (\$) \$\$105.72			
	pation / Job title (See Instructions)	9 Employer (See Instruction Unemplo)	^		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
6/19/25	Jon Rosentho Contributor address; City; 7902 Swan Hollow Cour	State; Zip Code + Houston,TX	\$1,000.00		
		77041	· · · · · · · · · · · · · · · · · · ·		
	epresentative	Texas Hou	use of Representative		
Date	Full name of contributor ut-of-state PA	C (ID#:)	Amount of contribution (\$)		
06/20/25	Thomas Wiess Contributor address; City; 20302 Concord Hill Driv	State: Zip Code VC, CYPress,TX,	\$105.72		
	pation / Job title (See Instructions)	Employer (See Instruc	tions) thern Energy		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
06/24/25	Theodoro OSI Contributor address; City; Morningside Drive, Cr	NITO State: Zip Code Oton-on-Hudson UY 110520	\$50.00		
	pation / Job title (See Instructions)	Employer (See Instruc			
(0-e	xecutive director	Make the	Road States		
ATTA OU ADDITIONAL CODIES CETUS COUEDUS E ACASEDED					

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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	1 Total pages Schedule A1:				
2 FILER NAME	LESCEY GUILMA	+ RT	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
06/27/25 6 Contributor address; City; State; Zip Code 8131 Sun Terrace Lane, Houston, Tx 70095			\$210.91			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction)	tions)			
Mil	nister	First Met	mopolitan Church			
Date	Full name of contributor		Amount of contribution (\$)			
06/28/25	Reginald Lillie Contributor address; City; 4914 Windy Orchard	State; Zip Code	\$300.00			
	49/14 William or critator	×, 77084				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct				
insu	rance	self e	employed			
Date		: (ID#:)	Amount of contribution (\$)			
06/29/25	Arthur owen Contributor address; City; Ci	State; Zip Code Percess,	\$11.04			
Principal occup	pation / Job title (See Instructions)	メ、フフリ33 Employer (See Instruc	tions)			
	employed	unema	noyed			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guide explains how to comp	1 Total pages Schedule E:					
Lesley M. Guilma	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED LOANS		\$ 50.00				
5 Date of loan 7 Name of lender out-of-state Lesly M. Guiln)	9 Loan Amount (\$)				
6 Is lender a financial Institution?	State; Zip Code	10 Interest rate				
Y N lav26 Lockdale Lin. Cy		11 Maturity date				
12 Principal occupation / Job title (See Instructions) Officer of Secondary Education	Harris County De	pt of Education				
14 Description of Collateral v none	15	ds were deposited into political				
16 GUARANTOR INFORMATION 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 Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)				
Is lender Lender address; City; a financial	State; Zip Code	Interest rate				
Institution? Y N		Maturity date				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)					
Description of Collateral	Check if personal fund	ds were deposited into political				
none	account (See Instructi	ions)				
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)				
Guarantor address; City;	State; Zip Code					
☐ not applicable						
Principal Occupation (See Instructions)	Employer (See Instructions)					
ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE struction guide for additional re					

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 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	,
1 Total pages Schedule F1:	2 FILER NAME Legley M. Guilma	art	3 Filer ID (Ethi	cs Commission Filers)
4 Date 6/2/25	5 Payee name Llyley M. Grill	1		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$50,00	16026 Lockdale in. C	ypress	TX	77429
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	sers of the	e campaign
PURPOSE	Loan repayment/	bank acco	unt I do	sociled s
OF EXPENDITURE	reimbrusement	\$50 of my	own fund	es as a loan
	(c) Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
6/2/25	Lesley M. Gruilm	art		
Amount (\$)	Payee address;	City;	State;	Zip Code
789.42	16026 Lockdale Lane	Cypress	TX	77429
	Category (See Categories listed at the top of this schedule)	Description		0 - 200 -
PURPOSE	reimbursement	Prior to r	eceinney.	political paid for
OF EXPENDITURE	14 MBOOF SCHOOL	some exper	rses from y	porsonal funds
	Check if travel outside of Texas. Complete Schedule T.	1	in, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	,		
5/10/25	Leadership for Edu	cational	Eguit	y
Amount (\$)	Payee address;	City;	State;	Zip Code
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EXPENDITURE	3			
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Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEI	EDED	

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

1 Total pages Schedule Ft. 2 Filler NAME		The Instruction Guide explains how to d	complete this form.		
Solution				Filer ID (Ethics Commission Filers)	
B 12334 Barker Capress Rd		5 Payee name			
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W WOUND HIGH A COLUMN AS MEEDED		ATTACH ADDITIONAL COPIES OF THIS S	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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

Credit Card Payment	The Instruction Guide explains how to	complete this form. Other (enter a category not list)	sted above)
1 Total pages Schedule F1:	2 FILER NAME Legley M. Guilm	3 Filer ID (Ethics Comm	mission Filers)
4 Date 6 23 25	5 Payee name Squarespace	4	
6 Amount (\$) \$143.74	7 Payee address: 225 Varick Street	.1.	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	e website fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expens	se
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office	held
Date	Payee name		
6/30/25	UZ Marketing		
Amount (\$)	Payee address;	City; State; Zip	Code
\$36.82	5900 Bingle Rd.	Howston TX 77	092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	businers Card	S
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office	held
Date 6/29/25	Payee name Pay Pal		
Amount (\$)	Payee address;	City; State; Zip	Code
\$179.74	2211 NoAh 15t St.	San Jose CA 95	131
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	fees for contribution	M
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	ATTACH ADDITIONAL COPIES OF THIS	S 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 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 M. Guilma	avt 3 F	iler ID (Ethics Commission Filers)
4 Date 6/29/25	5 Payee name Donor Box		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$168.96	1520 Belle View Blv	d. Alixandr	ia,VA 22307
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	contribution
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OF EXPENDITURE	(10)	proc	evsing
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9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
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expenditure to benefit C/Oh	1		
Date	Payee name	,	
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Amount (\$)	Payee address;	City;	State; Zip Code
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PURPOSE OF			
EXPENDITURE			
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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3/26/a5	5 Payee nan	0 0 1	es Po	stal	Servi	Ce		
6 Amount (\$)	7 Payee add	Iress;			City;	State;	Zip Code	
Reimbursement from political contributions intended	10639	5 sprin	g Cypr	ess Rd	. Cyp	xess TX	77420	7
8 PURPOSE	(a) Category	(See Categories listed at	the top of this sched		scription	. 0		
OF EXPENDITURE	Fees				uring	. Post off	èce box	
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Date 5/15/25	Payee nam	ne yaresy	pace	, Inc	•			
Amount (\$)	Payee add	ress;			City;	State;	Zip Code	
Reimbursement from political contributions intended		Vorrick		th Fl	. New Yor	K NY	10014	
PURPOSE	\wedge	(See Categories listed at t	the top of this sched	ule) Des	scription	- ^		
OF EXPENDITURE	Holver	tising	Exper	15e ca	mporio	an well	verpace	NG SEE
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5/15/25	Sa-	nares	pace	, Inc				
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Reimbursement from political contributions intended	225	Varick	St., 17	2th FQ	New Yor	K NY	10014	
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OF EXPENDITURE	Advert	ising E	pense	_ web	site do	main p	wzhase	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	Legiery M. Guiln	nart	3 Filer ID (Ethics Commission Filers)	
4 Date 5/30/25	Legiery M. Guiln 5 Payee name 1 Password			
6 Amount (\$) 255.20 Reimbursement from political contributions intended	7 Payee address; 4711 Yonge St., 10th Fl	City:	State; Zip Code Ontario Man Canada 6K8	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Pageword in for protection (c) Check if travel outside of Texas. Complete Schedule T.	arter Pack		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held	
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	Check if travel outside of Texas. Complete Schedule T.	edule T. Check if Austin, TX, officeholder living expense		
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Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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