

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:

22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MS

Lesley

M

NICKNAME

LAST

SUFFIX

Guilmart

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

16635 Spring Cypress road,
Cypress, TX, 77429

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

927-4430

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS

Mariah

M

NICKNAME

LAST

SUFFIX

DOCK

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

11627 Magnolia crest cove court, Cypress,
TX, 77433

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(805)

453-7270

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

Day

Year

02 / 26 / 25

THROUGH

Month

Day

Year

06 / 30 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 04 / 25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Trustee

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

COMMITTEE NAME

Cy-Fair Strong Schools

☒ GENERAL

COMMITTEE ADDRESS

PO BOX 1222 Cypress, TX, 77310

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Stacey DeMyer

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO BOX 1222 Cypress, TX, 77310

☒ Additional Pages

GO TO PAGE 2

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 FIRST MI			OFFICE USE ONLY																	
	NICKNAME LAST SUFFIX																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			Date Received																		
<input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE																					
5 CANDIDATE / OFFICEHOLDER PHONE			AREA CODE PHONE NUMBER EXTENSION		Date Hand-delivered or Date Postmarked																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI			Receipt # Amount \$																	
	NICKNAME LAST SUFFIX			Date Processed																	
7 CAMPAIGN TREASURER ADDRESS			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		Date Imaged																
(Residence or Business)																					
8 CAMPAIGN TREASURER PHONE			AREA CODE PHONE NUMBER EXTENSION																		
()																					
9 REPORT TYPE																					
<input type="checkbox"/> January 15 <input 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 THROUGH Month / Day / Year																					
11 ELECTION																					
ELECTION DATE ELECTION TYPE Month / Day / Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special																					
12 OFFICE																					
OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)																		
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> GENERAL</td> <td style="padding: 5px;">CE ISD Advocates for Public Ed.</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td style="padding: 5px;">5315-B Cypress Creek Parkway #283, Houston, TX, 77069</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">Darcy Mingoia</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td style="padding: 5px;">5315-B Cypress Creek Parkway #283, Houston, TX, 77069</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input checked="" type="checkbox"/> GENERAL	CE ISD Advocates for Public Ed.	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		5315-B Cypress Creek Parkway #283, Houston, TX, 77069		COMMITTEE CAMPAIGN TREASURER NAME		Darcy Mingoia		COMMITTEE CAMPAIGN TREASURER ADDRESS		5315-B Cypress Creek Parkway #283, Houston, TX, 77069
COMMITTEE TYPE	COMMITTEE NAME																				
<input checked="" type="checkbox"/> GENERAL	CE ISD Advocates for Public Ed.																				
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS																				
	5315-B Cypress Creek Parkway #283, Houston, TX, 77069																				
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	5315-B Cypress Creek Parkway #283, Houston, TX, 77069																				

GO TO PAGE 2

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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 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.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,265.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,238.35
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 Lesley M. Guilmarf, and my date of birth is 12/20/1980.
 My address is 16635 Spring Cypress Rd Cypress, TX 77429 USA.
 (street) #88 (city) (state) (zip code) (country)
 Executed in Harris County, State of Texas, on the 15th day of July, 2025.
 (month) (year)
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME LESLEY GUILMART		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,724.94
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 50.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,475.58
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 789.42
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 10
2 FILER NAME Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 05-05-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Gilyot 6 Contributor address; City; State; Zip Code 10538 Wind Walker Trail Houston TX 77095	7 Amount of contribution (\$) 210.91
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05-05-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Skoda Contributor address; City; State; Zip Code 16026 Lockdale Ln. Cypress TX 77429	Amount of contribution (\$) 11.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05-05-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will Jendy Contributor address; City; State; Zip Code 2125 Yale #551 Houston TX 77008	Amount of contribution (\$) 316.11
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05-06-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Sowden Contributor address; City; State; Zip Code 8202 Town Creek Dr. Houston TX 77095	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.		

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 <div style="font-size: 1.2em; font-family: cursive;">Lesley M. Guilmart</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">05-07-25</div>	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Susan P. Baker</div> <div>6 Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">21679 Wave Hollow Dr. Cypress TX 77433</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">53.11</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">05-07-25</div>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Margarette Boswell</div> <div>Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">18506 Imagination Way Cypress TX 77433</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">11.04</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">05-07-25</div>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Brian Milan</div> <div>Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">18406 N. Settlers Drive Cypress TX 77433</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">05-09-25</div>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Leadership for Education Equity</div> <div>Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">25 Broadway 13th floor New York NY 10004</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">1,000.00</div>
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 Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 05-10-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Dutton 6 Contributor address; City; State; Zip Code 11603 Barwood Bend Dr. Houston TX 77065	7 Amount of contribution (\$) 53.11
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06-01-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Moore Contributor address; City; State; Zip Code 13410 Greenwood Manor Dr. Cypress TX 77429	Amount of contribution (\$) 105.71
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06-01-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Weidman Contributor address; City; State; Zip Code 16519 Dunleith Circle Cypress TX 77429	Amount of contribution (\$) 105.71
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06-01-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldie Mahon Contributor address; City; State; Zip Code 12719 Campsite Trail Cypress TX 77429	Amount of contribution (\$) 11.04
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Lesley M. Guilmart</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">06-01-25</div>	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Sophia Graves</div> <div>6 Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">17115 Palisade Lakes, Houston TX 77095</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">53.11</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <div style="font-size: 1.2em; font-family: cursive;">06-02-25</div>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Joyce Boin</div> <div>Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">12323 Lakeshore Ridge, Houston, TX 77041</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">53.11</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.2em; font-family: cursive;">06-03-25</div>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Jennifer Williams</div> <div>Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">12803 W. Shadow Lake Ln. Cypress TX 77429</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">105.71</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.2em; font-family: cursive;">06-04-25</div>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Sarah Guilmart</div> <div>Contributor address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">17802 Mound Rd #1103 Cypress, TX 77433</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">26.81</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 06-04-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Stephanow 6 Contributor address; City; State; Zip Code 12607 Texas Army Trail, Cypress TX 77429	7 Amount of contribution (\$) 105.71
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06-05-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Pogoloff Contributor address; City; State; Zip Code 1827 James St. Durham NC 27707	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06-06-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osagioduwa Eybagharu Contributor address; City; State; Zip Code 18226 Dusty Terrace Ln. Katy, TX 77449	Amount of contribution (\$) 158.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06-07-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margarette Boswell Contributor address; City; State; Zip Code 18506 Imagination Way, Cypress, TX 77433	Amount of contribution (\$) 11.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 06-07-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Honore 6 Contributor address; City; State; Zip Code 5043 Oak Shadows Dr. Houston TX 77091	7 Amount of contribution (\$) 53.11
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06-10-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Collins Contributor address; City; State; Zip Code 14307 Hazeldale Dr, Cypress, TX 77429	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06-14-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan Guilmart Contributor address; City; State; Zip Code 49 Stonewall Way, Durham, NC 27704	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06-15-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill McCaskill Contributor address; City; State; Zip Code 13919 Claymont Hill Dr, Cypress, TX 77429	Amount of contribution (\$) 526.50
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LESLEY GUILMART		3 Filer ID (Ethics Commission Filers)
4 Date 06/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Dibenedetto	7 Amount of contribution (\$) \$105.72
6 Contributor address; City; State; Zip Code 13507 Wedgewood Thicket Way Cypress, TX, 77429		
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 06/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Williams	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 6519 Pleasantstream Dr. Katy, TX, 77429		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 06/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Follmer	Amount of contribution (\$) \$11.04
Contributor address; City; State; Zip Code 5930 Yarwell Drive, Houston, TX, 77096		
Principal occupation / Job title (See Instructions) Federal Government		Employer (See Instructions) Health and Safety
Date 06/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Henry	Amount of contribution (\$) \$105.25
Contributor address; City; State; Zip Code 14807 Oak Bluff Ct. Houston, TX, 77070		
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) Lone Star College
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LESLIE GUILMART		3 Filer ID (Ethics Commission Filers)
4 Date 6/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Quintana	7 Amount of contribution (\$) \$105.72
6 Contributor address; City; State; Zip Code 16506 Cancy Creek Ct. Cypress, TX, 77433		
8 Principal occupation / Job title (See Instructions) System Analyst		9 Employer (See Instructions) Energy Transfer
Date 6/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Edelbach	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 20403 Scienic Woods Drive, Cypress, TX, 77433		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 06/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Slaughter	Amount of contribution (\$) \$105.72
Contributor address; City; State; Zip Code 441 Amberwood Park Drive, Katy, TX, 77433		
Principal occupation / Job title (See Instructions) Licenced clinical social worker		Employer (See Instructions) Self employed
Date 6/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) michelle Palmer	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 8740 Westheimer Road #17, Houston, TX, 77063		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Aldine ISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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

LESLEY GUILMART

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/25

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Darcy Mingoia

7 Amount of contribution (\$)

\$105.72

6 Contributor address;

City;

State;

Zip Code

6610 Barrington Garden, Houston, TX, 77069

8 Principal occupation / Job title (See Instructions)

unemployed

9 Employer (See Instructions)

unemployed

Date

6/19/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jon Rosenthal

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

7902 Swan Hollow Court, Houston, TX 77041

Principal occupation / Job title (See Instructions)

Representative

Employer (See Instructions)

Texas House of Representatives

Date

06/20/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thomas Wiess

Amount of contribution (\$)

\$105.72

Contributor address;

City;

State;

Zip Code

26302 Concord Hill Drive, Cypress, TX, 77433

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

Geo Southern Energy

Date

06/24/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Theodoro Oshiro

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

41 morningside Drive, Croton-on-Hudson NY, 10520

Principal occupation / Job title (See Instructions)

CO-executive Director

Employer (See Instructions)

Make the Road States

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 LESELEY GUILMART		3 Filer ID (Ethics Commission Filers)
4 Date 06/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Ogle tree	7 Amount of contribution (\$) \$210.91
6 Contributor address; City; State; Zip Code 8131 Sun Terrace Lane, Houston, TX 77095		
8 Principal occupation / Job title (See Instructions) Minister		9 Employer (See Instructions) First Metropolitan Church
Date 06/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reginald Lillie	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 4914 Windy Orchard Lane, Houston, TX, 77084		
Principal occupation / Job title (See Instructions) insurance		Employer (See Instructions) self employed
Date 06/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Owens	Amount of contribution (\$) \$11.04
Contributor address; City; State; Zip Code 2707 Windy Grove Lane, Cypress, TX, 77433		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

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: 1
2 FILER NAME Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 50.00
5 Date of loan 4/5/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley M. Guilmart	9 Loan Amount (\$) \$50.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 16026 Lockdale Ln. Cypress TX 77429	10 Interest rate n/a
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions) Officer of Secondary Education		13 Employer (See Instructions) Harris County Dept. of Education
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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input 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: 2	2 FILER NAME Lesley M. Guilmart	3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Payee name Lesley M. Guilmart	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 16026 Lockdale Ln. Cypress TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) loan repayment/reimbursement	(b) Description when I opened the campaign bank account, I deposited \$50 of my own funds as a loan.
	(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
Date 6/2/25	Payee name Lesley M. Guilmart		
Amount (\$) \$789.42	Payee address; City; State; Zip Code 16026 Lockdale Lane Cypress TX 77429		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) reimbursement	Description Prior to receiving political contributions, I paid for some expenses from personal funds.	
	<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

Date 5/10/25	Payee name Leadership for Educational Equity		
Amount (\$) \$1,000	Payee address; City; State; Zip Code 25 Broadway New York NY 10004		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) gift	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 <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

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: 34		2 FILER NAME Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)	
4 Date 5/30/25		5 Payee name Amegy Bank			
6 Amount (\$) \$15.00		7 Payee address, City; State; Zip Code 12334 Barker Cypress Rd. Cypress TX 77429			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description monthly bank acct. fee (because balance was > \$1k)		
	(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					

Date 6/15/25		Payee name Canva			
Amount (\$) \$50.00		Payee address, City; State; Zip Code 110 Kippax St. NSW 2010 Australia ABN 80 158929938			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing Expense		Description thank-you cards (branded)		
	<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					

Date 6/21/25		Payee name United States Postal Service			
Amount (\$) \$21.90		Payee address, City; State; Zip Code 16635 Spring Cypress Rd. Cypress TX 77429			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description postage stamps		
	<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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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: <u>34</u>	2 FILER NAME <u>Lesley M. Guilmart</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>6/23/25</u>	5 Payee name <u>Squarespace, Inc.</u>	
6 Amount (\$) <u>\$143.74</u>	7 Payee address; City; State; Zip Code <u>225 Varick Street, 12th Fl. New York NY 10014</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	(b) Description <u>website fee</u>	
	(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		
Date <u>6/30/25</u>	Payee name <u>UZ Marketing</u>	
Amount (\$) <u>\$36.82</u>	Payee address; City; State; Zip Code <u>5900 Bingle Rd. Houston TX 77092</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	
	Description <u>business cards</u>	
	<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		
Date <u>6/29/25</u>	Payee name <u>Pay Pal</u>	
Amount (\$) <u>\$179.74</u>	Payee address; City; State; Zip Code <u>2211 North 1st St. San Jose CA 95131</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	
	Description <u>Fees for contribution processing</u>	
	<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		
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: <div style="font-size: 1.5em;">4</div>	2 FILER NAME <div style="font-size: 1.2em;">Lesley M. Guilmar</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">6/29/25</div>	5 Payee name <div style="font-size: 1.2em;">Donor Box</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$168.96</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1520 Belle View Blvd. Alexandria, VA 22307 #4106</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Fees</div>	
	(b) Description <div style="font-size: 1.2em;">fees for contribution processing</div>	
(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

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<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

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<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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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

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 G: 2	2 FILER NAME Lesley M. Guilmarf	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/25	5 Payee name United States Postal Service	
6 Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10635 Spring Cypress Rd. Cypress TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description procuring post office box
	(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		

Date 5/15/25	Payee name Squarespace, Inc.		
Amount (\$) \$294.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 225 Varick St., 12th Fl. New York NY 10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign website via squarespace	
	<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			

Date 5/15/25	Payee name Squarespace, Inc.		
Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 225 Varick St., 12th Fl New York NY 10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website domain purchase	
	<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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 G: <div style="font-size: 2em; margin-left: 40px;">2</div>	2 FILER NAME <div style="font-size: 1.2em; margin-left: 20px;">Lesley M. Guilmarf</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-left: 20px;">5/30/25</div>	5 Payee name <div style="font-size: 1.2em; margin-left: 20px;">1 Password</div>	
6 Amount (\$) <div style="font-size: 1.2em; margin-left: 20px;">255.20</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Reimbursement from political contributions intended</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">4711 Yonge St., 10th Fl. Toronto Ontario M4N 6K8 Canada</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; margin-left: 20px;">other- password/info. protection</div>	
	(b) Description <div style="font-size: 1.2em; margin-left: 20px;">Teams Starter Pack</div>	
(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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

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