FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE / M Lesler M5. **OFFICEHOLDER** Date Received NAME SUFFIX NICKNAME 10/3/2025 - electronic 4 CANDIDATE / ADDRESS / PO BOX; 16635 Spring Cypress Rd. **OFFICEHOLDER** MAILING **ADDRESS** Cypress, TX 77429 Change of Address EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** 927 - 4430 (713) 10/3/2025 11:06am PHONE MS / MRS / MR 6 CAMPAIGN Mariah M. **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged Dock 10/3/2025 ZIP CODE STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #; 7 CAMPAIGN 11627 Magnolia Crest Cove Cour **TREASURER** ADDRESS CYPYESS, TX (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 453 - 7270 15th day after campaign Runoff 9 REPORT TYPE January 15 treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) **Exceeded Modified** July 15 8th day before election Reporting Limit Day Month 10 PERIOD 25/2025 COVERED 9 2025 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Description Runoff Primary Day Special ✓ General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE CFISD Board of Trustees Pos. 5 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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE CY-Fair St GENERAL 70 BOX 1222 CYPNRSS Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Stacey De Mu COMMITTEE CAMPAIGN TREASURER ADDRESS BOX 1222 Cypress

GO TO PAGE 2

Additional Page - Lesley Guilmart

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 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** NAME Date Received SUFFIX LAST NICKNAME 4 CANDIDATE / APT / SUITE #; STATE: ZIP CODE ADDRESS / PO BOX; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address **EXTENSION** 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MI 6 CAMPAIGN MS / MRS / MR FIRST TREASURER Date Processed NAME SUFFIX NICKNAME LAST Date Imaged STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED **THROUGH** ELECTION TYPE **ELECTION DATE** 11 ELECTION Runoff Primary Other Month Day Year Description Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE CF15D COMMITTEE ADDRESS GENERAL 5315-B Cypress Cree Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Durcy Mingoia COMMITTEE CAMPAIGN TREASURER ADDRESS 5315-B Cypress Creek Pkwy \$283 **GO TO PAGE 2**

Additional Page-Lesley Guilmart

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USEONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	K; APT / SUITE #,	CITY; STATE; ZIP CODE			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	d or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$	
NAME	NICKNAME	LAST		Date Processed		
	NICKIANIE	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE,	ZIP CODE	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day aff treasurer ag (Officeholde		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		t (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	,		THROUGH			
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other Description			
	/ /	General	Special			
12 OFFICE	OFFICE HELD (if any))	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME	AFT COPE		OCCUPANT ENDITORIES	
Additional Pages	GENERAL	COMMITTEE ADDRESS	H-35, Str. 175 Au	N TV	78754	
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	UTN, IX	70704	
		Zeph Car				
3000 S. IH-35, Ste-175 Austin, TX 78704					78704	
		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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 320.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,191.78				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$6,381.93				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 20,525.2\				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information				
req	uired to be reported by me under Title 15, Election Code.					
	Signature of Car	ndidate or Officeholder				
	3					
	Please complete either option below	:				
,						
(1) Affidavit						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed I	before me by this the _	, day of,				
20, to certify v	vhich, witness my hand and seal of office.					
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaratio	n					
My name isS My address is(0 2 (a)	Lock Dale Co., Cypress, T	12/20/1980 X 77429 USA				
Executed in	(street) (sl)	ate) (zip code) (country)				
((month)	(year) ate/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	The file (Lames estimated)					
	Lesley M. Guilmart					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$22,191.78				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$200.00				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	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 CONTRIBUTIO	NS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	JRNED \$				

SCHEDULE

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Ms. Lesley M. Guilmar	t	3 Filer ID (Ethics Commission Filers)			
4 Date 7/1/2025	 Full name of contributor out-of-state PAC Allan Guilmart & Bailey Morrison Contributor address; City; Stonewall Way, Durham, NC, 27704 	(ID#:) State; Zip Code	7 Amount of contribution (\$) 50			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Automotive T	echnician	Pete's Garage				
Date 7/3/2025	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$) 105.72			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
teacher		Cy-Fair ISD				
Date 7/3/2025	Full name of contributor out-of-state PAC Karen Coates Contributor address; City; 24510 Corbridge Creek Ct, Spring, Tx, 7738	State; Zip Code	Amount of contribution (\$) 11.04			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
unemployed	•	unemployed				
Date 7/3/2025	Full name of contributor out-of-state PAC Kathryn Cruzen Contributor address; City; 12811 Marron Court, Cypress, Tx, 77429	(ID#:) State; Zip Code	Amount of contribution (\$) 21.56			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
unemployed		unemployed				
	ATTACH ADDITIONAL COPIES (

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	Ms. Lesley M. Guilmar	t	3 Filer ID (Ethics Commission Filers)
4 Date 7/3/2025	5 Full name of contributor out-of-state PAC • Elaine Luna	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	5.78
	10203 Elk Point Lane, Houston, Tx, 77064		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Creative Dire	ector		^
Data	Full name of contributes	Great America Busir	ness Products
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
7/3/2025	Christian Kimbell		11.04
	Contributor address; City;	State; Zip Code	
	14703 Aspen Peak Dr, Houston, Tx, 77069		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Manager		PWC	
Date	Full name of contributor	(ID#:)	A
7/4/2025	Emily Clay	,	Amount of contribution (\$)
	Contribution of the contri		26.82
	Contributor address; City;	State; Zip Code	
	4614 Northrup Drive, Houston, Tx, 77092		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
5th Grade EL	A Teacher	Cy-Fair ISD	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
7/4/2025	Debra Rieke		
			21.56
	Contributor address; City;	State; Zip Code	
Principal occur	8315 Lake Crystal Drive, Houston, Tx, 7709 pation / Job title (See Instructions)	5 Employer (See Instruc	tions)
•	valion / Sob title (See instructions)	**************************************	uons)
unemployed		unemployed	
		·	

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 t	1 Total pages Schedule A1:				
2 FILER NAME	Ms. Lesley M. Guilm	art	3 Filer ID (Ethics Commission Filers)			
4 Date 7/4/2025	 5 Full name of contributor uut-of-state Christina Pogoloff 6 Contributor address; City; 218 Forestwood Drive, Durham, NC, 277 	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) 105.72			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
unemployed		unemployed				
Date 7/4/2025	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)			
11412023	Sarah Guilmart Contributor address; City;	State; Zip Code	53.12			
	17802 Mound Road, #1103 , Cypress, Tx	•				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)			
unemployed		unemployed				
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)			
7/5/2025	Amy Miller					
	Contributor address; City;	State; Zip Code	53.12			
	15047 Viero Vista Dr, Cypress, Tx, 7743	3				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
Stewardship	& Outreach	Coastal Prairie Con	servancy			
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)			
7/7/2025	Margarette Boswell					
			11.04			
	Contributor address; City;	State; Zip Code				
Principal occup	18506 Imagination Way, Cypress, Tx, 77 pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
unemployed		unemployed				
unemployed						
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	Ms. Lesley M. Guil	mart	3 Filer ID (Ethics Commission Filers)		
4 Date 7/9/2025	 5 Full name of contributor	State; Zip C	53.12		
	35 Gordon Rd., Medford, MA, 02155	i			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (S	ee Instructions)		
Parking Lot A	Attendant	Town of Aq	uinnah		
Date	Full name of contributor ut-of-	state PAC (ID#:	Amount of contribution (\$)		
7/9/2025	Audrey Nath		53.12		
	Contributor address; City;	State; Zip C	ode		
	1316 West Bell Street, Houston, Tx,	77019			
Principal occup	pation / Job title (See Instructions)	Employer (S	ee Instructions)		
Physician		UТМВ			
Date	Full name of contributor out-of-	state PAC (ID#:	Amount of contribution (\$)		
7/11/202 5	Eve Myers		105.72		
	Contributor address; City;	State; Zip C	ode		
	22734 Timberlake Creek Road, Tom	ball, Tx, Tx, 77377			
Principal occup	pation / Job title (See Instructions)	Employer (S	See Instructions)		
unemployed		unemploye	nd		
Date	Full name of contributor	state PAC (ID#:	Amount of contribution (C)		
7/15/202	Lauren Gray	state PAC (ID#:) Amount of contribution (\$)		
5			53.12		
	Contributor address; City;	State; Zip C	ode		
	21103 Grove Briar Ln,Richmond,Tx,	77407			
Principal occup	pation / Job title (See Instructions)	Employer (S	See Instructions)		
Education		HCDE			
	·				

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

SCHEDULE A1

	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ms. Lesley M.	Guilma	rt	3 Filer ID (Ethics Commission Filers)
7/15/2025	5 Full name of contributor Hoye Bishop	out-of-state PA	C (ID#)	7 Amount of contribution (\$)
	6 Contributor address; 308 Lake Ave, Salem, VA, 241:	City;	State; Zip Code	53.12
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Teacher			Public School	,
Date 7/15/202	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
5	Jasmine Booker Contributor address;	City;	State; Zip Code	53.12
	31110 Oneawa Stone Way,H	ockley,Tx,7744	7	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
unemployed			unemployed	^
Date 116/202	Full name of contributor [out-of-state PAC	(ID#:)	Amount of contribution (\$)
5	Contributor address; 18615 Porthaven Rose Lane,	City;	State; Zip Code	105.72
Principal occup	ation / Job title (See Instructions)			
School Librari			Employer (See Instruction Waller ISD	ons)
Date 16/202 5	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	53.12
Principal occupa	15707 Stable View Court, Cyprention / Job title (See Instructions)	ess,Tx,77429		
unemployed	and (ode manachons)		Employer (See Instruction	ons)
инстрюуеа			unemployed	
	ATTACH ADDITION	AL COPIES OF	THIS SCHEDULE AS NE	

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Ms. Lesley M. Guilmaı	rt	3 Filer ID (Ethics Commission Filers)			
4 Date 7/17/2025	5 Full name of contributor out-of-state PAC Amy Bailey 6 Contributor address; City; 146 Mallard Ct,Banner Elk,NC,28604	State; Zip Code	7 Amount of contribution (\$) 105.72			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
unemployed		unemployed	ı			
Date 7/17/202 5	Full name of contributor out-of-state PAC Matthew Edgar Contributor address; City; 11606 Timberly Park Lane, Cypress, Tx, 7743	(ID#:) State; Zip Code	Amount of contribution (\$) 53.12			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Investment A	dvisor	Edgar Investment Ma	anagement			
Date 7/17/202 5	Full name of contributor out-of-state PAC Rachel Brill Meckler Contributor address; City; 334 N. Patrick St,Alexandria,VA,22314	(ID#:) State; Zip Code	Amount of contribution (\$) 53.12			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	inna)			
Education	and the fact managements,	Employer (See Instructi	ions)			
Date 7/18/202 5	Kathryn Curry Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$) 12.09			
Principal occup	4618 Verbena Valley Way,Spring,Tx,77388 pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Coach			,			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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	Ms. Lesley M. Guilma	rt	3 Filer ID (Ethics Commission Filers)			
4 Date 7/18/2025	Julie Villareal	C (ID#:)	7 Amount of contribution (\$) 11.04			
	6 Contributor address; City;	State; Zip Code				
	18319 Cobblestone Drive, Cypress, Tx, 7742	9				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Teacher		CFISD				
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
7/18/202 5	Nausheen Choudhry		50			
	Contributor address; City;	State; Zip Code				
	6026 Dover Creek Lane,Katy,Tx,77494					
Principal occupation / Job title (See Instructions) Employer (See Instruc			tions)			
Program adv	sor	240 Certification				
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
7/18/202 5	Agustin Lozada		24.52			
	Contributor address; City;	State; Zip Code	21.56			
	16127 Folk Festival Place, Cypress, Tx, 7743	3				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
System Analy	vet	CenterPoint Energy				
		Centeri oint Energy				
Date		C (ID#:)	Amount of contribution (\$)			
7/25/202	Ami Lopez		105.72			
	Contributor address; City;	State; Zip Code				
	8011 Windswept Lane, Houston, Tx, 77063					
Principal occupation / Job title (See Instructions) Employer (See Instru			tions)			
Teacher		SMCS				

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.

			T		
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:		
2 FILER NAME	Ms. Lesley M. Guilm	art	3 Filer ID (Ethics Commission Filers)		
4 Date 7/26/2025	5 Full name of contributor out-of-state Amanda Wakefield	PAC (ID#:)	7 Amount of contribution (\$)		
	6 Contributor address; City; 13706 Bowden Creek Dr, Cypress, Tx, 774	State; Zip Code	105.72		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Engineer	(See Mediacione)		aions)		
Liigiileei		Baker Hughes			
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)		
7/30/202 5	Jeffrey Burnthorn		53.12		
	Contributor address; City;	State; Zip Code			
	235 County Road 4551,Spurger,Tx,7766	60			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
unemployed		unemployed			
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)		
7/30/202 5	Allison Gulamhussein		263.51		
	Contributor address; City;	State; Zip Code			
	442 West 24th Street, Houston, Tx, 77008				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
Consultant		Safal Partners			
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
7/30/202 5	Katie Folwell		21.56		
	Contributor address; City;	State; Zip Code			
	6103 Downwood Forest Drive, Houston, T				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
unemployed unemployed					
8					

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	1 Total pages Schedule A1:			
2 FILER NAME	Ms. Lesley M. Guilmar	3 Filer ID (Ethics Commission Filers)			
4 Date 7/30/2025	 Full name of contributor out-of-state PAC David & Anne Marie Wakefield Contributor address; City; 336 West 34th Street, Houston, Tx, 77018 	(ID#:) State; Zip Code	7 Amount of contribution (\$) 105.72		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
unemployed		unemployed			
Date 7/30/202 5	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)		
	16215 Rutley Cir,Spring,Tx,77379				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Instructional (Coach	Klein ISD			
Date 7/30/202 5	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; 16635 Amelia Island Dr,Cypress,Tx,77433	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Teacher		CFISD			
Date 7/31/202 5	Full name of contributor	(ID#:)	Amount of contribution (\$) 53.12		
	Contributor address; City;	State; Zip Code			
Delevier I	14 Casselberry Way, Princeton, NJ, 8540				
Principal occupation / Job title (See Instructions) Employer (See Instru			tions)		
Educator and	Educator and coach Self employed				

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	1 Total pages Schedule A1:	
2 FILER NAME	Ms. Lesley M. Guilmar	t	3 Filer ID (Ethics Commission Filers)
4 Date 7/31/2025	 Full name of contributor out-of-state PAC Laurie Spence Contributor address; City; 14603 Kanai Court, Cypress, Tx, 77429 	(ID#:) State; Zip Code	7 Amount of contribution (\$) 53.12
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Instructional	Coach	CFISD	
Date 8/1/2025	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Ben & Megan Gibbs		53.12
	Contributor address; City;	State; Zip Code	
	336 W 27th St,Houston,Tx,77008		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Educator		HISD	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/3/2025	Jason Cook Contributor address; City; 13718 Pristine Lake Lane, Cypress, Tx, 774;	State; Zip Code	53.12
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Engineer		Halliburton	
Date 8/4/2025	Full name of contributor out-of-state PAC Rose Knoop	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 359 Glen Arbor Drive Northeast, Rockford, M	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
teacher		RPS	

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 the	1 Total pages Schedule A1:		
2 FILER NAME	Ms. Lesley M. Guilma	art	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)	
8/4/2025	Christine Biancaniello			
	6 Contributor address; City;	State; Zip Code	53.12	
	21 Avondale Rd, White Plains, NY, 10605			
8 Principal occu	pation / Job title (See Instructions)			
	pation / 300 title (See Histractions)	9 Employer (See Instruc	ctions)	
attorney		Miller Zeiderman		
Date	Full name of contributor uut-of-state	PAC (ID#:)	Amount of contribution (\$)	
8/5/2025	Michelle Berry			
	Contributor address; City;	State; Zip Code	263.51	
	14034 Conway Landing, Cypress, Tx 774			
Dein ein et ee				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
unemployed		unemployed		
Date	Full name of contributor uut-of-state	PAC (ID#:)	Amount of contribution (\$)	
8/5/2025	Abigail Smith			
	Contributor address; City;	State; Zip Code	53.12	
	3618 Sunburst Drive Manvel, Tx, 77578	State, Zip Gode		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Teacher	,	PISD		
Date	Full name of contributor Out-of-state	PAC (ID#:)	Amount of contribution (\$)	
8/5/2025	Bryan Henry	,	Tancant of contribution (c)	
	,		26.82	
	Contributor address; City;	State; Zip Code		
	14807 Oak Bluff Court Houston,Tx, 77070)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Professor		Lone Star College		

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	Ms. Lesley M. Guilman	-t	3 Filer ID (Ethics Commission Filers)
4 Date 8/6/2025	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	20
	5619 Benning Drive Houston, Tx, 77096		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Fundraiser		MD Anderson	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/6/2025	Stacey Zink		E2 42
	Contributor address; City;	State; Zip Code	53.12
	13919 Kellerton Ln Cypress, Tx, 77429		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
unemployed		Unemployed	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/6/2025	Elissa & William Batzer		
	Contributor address; City;	State; Zip Code	1000
	19411 Shady Loch Lane Cypress Tx 77433		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
unemployed		Unemployed	
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
8/7/2025	Margarette Boswell	,	
			11.04
	Contributor address; City;	State; Zip Code	
Principal occup	18506 imagination way Cypress Tx 77433 pation / Job title (See Instructions)	Employer (See Instruc	tions)
unemployed		unemployed	·
		anompieyeu	

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

SCHEDULE A1

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 A1:		
2 FILER NAME	Ms. Lesley M. Gu	ilmart		3 Filer ID (Ethics Commission Filers)	
4 Date 8/10/2025	5 Full name of contributor out-o	of-state PAC (ID#:)	7 Amount of contribution (\$)	
	6 Contributor address; Cit	y; State;	Zip Code	105.72	
	15206 wild plum thicket lane Cypres	-	2.0 3000		
8 Principal occu	pation / Job title (See Instructions)	9 Emplo	oyer (See Instructi	ons)	
Publisher		Priva	te Curriculum C	omnany	
Date	Full name of contributor	of-state PAC (ID#:		отприту	
8/10/202	United St. Continuous	n-state PAC (ID#)	Amount of contribution (\$)	
5	Melissa Tucker			53.12	
	Contributor address; Cit		Zip Code		
	15539 Bluestem Bend Trail, Cypres	ss, Tx, 77433			
Principal occup	ation / Job title (See Instructions)	Emplo	oyer (See Instructi	ons)	
consulting		alight	t		
Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of contribution (\$)	
8/10/202 5	Natalie Martin				
J	Contributor address; Cit	y; State;	Zip Code	210.91	
	18718 Pilot Knolls Drive, Cypress, 7		2,5 0000		
Principal occur	eation / Job title (See Instructions)	Emple	oyer (See Instructi	ions)	
	,			ons,	
nurse		TCH			
Date	Full name of contributor uut-	of-state PAC (ID#:)	Amount of contribution (\$)	
8/10/202 5	Natalie Sheehy			53.12	
	Contributor address; City	/; State;	Zip Code		
	18707 South Moss Loop, Cypress	Гх 77433			
Principal occup	ation / Job title (See Instructions)		oyer (See Instructi	ions)	
unemployed		unem	nployed		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A1

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

The				4. Total Cobadula Ma
	Instruction Guide explains ho	w to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ms. Lesley M	l. Guilma	rt	3 Filer ID (Ethics Commission Filers)
4 Date 8/10/2025	5 Full name of contributor Sherry Laser	out-of-state PA	C (ID#:)	
	6 Contributor address; 16211 Frog Pond Drive, C	City; Cypress Tx 77433	State; Zip Code	263.51
8 Principal occu	Lipation / Job title (See Instructions	;)	9 Employer (See Instruc	ctions)
unemployed			unemployed	, and the second
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
8/10/202 5	Erick Seda-Toro Contributor address;	City;	State; Zip Code	26.82
	18515 Bridgeland Creek I			
Principal occup	pation / Job title (See Instructions)	,	Employer (See Instruc	ctions)
AP			cfisd	T
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
8/15/202 5	Jen Chenette			53.12
	Contributor address;	City;	State; Zip Code	55.12
	18418 Winding Willow Oa	k Way, Cypress, T	x 77433	
Principal occup	pation / Job title (See Instructions))	Employer (See Instruc	tions)
LCSW	T		self-employed	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
8/15/202 5	Annie Kochersberger			53.12
	Contributor address;	City;	State; Zip Code	
	630 Westwood Dr, garner		1	
Principal occup	pation / Job title (See Instructions)	(Employer (See Instruc	ctions)
data analyst			NBME	
	ATTACH ADDI	TIONAL COPIES (OF THIS SCHEDULE AS N	NEEDED reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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	Ms. Lesley M. Guilma	rt	3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/2025	5 Full name of contributor out-of-state PAC Leslie Martone	(ID#:)	7 Amount of contribution (\$)	
	6 Contributor address; City;	State; Zip Code	105.72	
	10603 Wax Mallow Ct, Houston, Tx 77095	State, Zip Code		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
president		cyfair chamber		
Date	Full name of contributor		Amount of contribution (\$)	
8/15/202 5	Anne Russey		53.12	
	Contributor address; City;	State; Zip Code		
	28231 Shorecrest Lane, katy, Tx, 77494			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
owner		anne russey counse	ling	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
8/15/202 5	Rebecca Wells		44.04	
	Contributor address; City;	State; Zip Code	11.04	
	13203 Raven Roost Drive, Cypress, Tx, 774	29		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
life coach		self-employed		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
8/15/202 5	Aly Fitzpatrick		11.04	
	Contributor address; City;	State; Zip Code		
18618 Thomas Survey Drive, Cypress, Tx, 77433 USA				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
unemployed		unemployed		

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	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Ms. Lesley M. Guilma	rt	3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/2025	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$) 1053.54	
	6 Contributor address; City;	State; Zip Code	1053.54	
	27218 Horseshoe Falls Lane, Cypress Tx 7			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
geophysicist		SIB		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
8/16/202			Amount of contribution (5)	
5	Sandra Oritz		53.12	
	Contributor address; City;	State; Zip Code		
	4223 Browns Forest Drive Houston Tx 770	34		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
marketing		transcend eningeers	and planners	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
8/16/202 5	Tana Lam		250	
	Contributor address; City;	State; Zip Code	250	
	12306 Banyan Cove Ct, Cypress Tx 77433			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
IT		NRG eneregy		
Date 8/17/202	Full name of contributor out-of-state PA Charles Van Orden	C (ID#:)	Amount of contribution (\$)	
5	Charles van Orden		105.72	
	Contributor address; City;	State; Zip Code		
	20403 Trumbull Ridge, Cypress, Tx 77433	-		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
attourney		law office of charles	van orden	
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.

	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME	Ms. Lesley M. Guilma	rt	3 Filer ID (Ethics Commission Filers)	
4 Date 8/17/2025	5 Full name of contributor ut-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
	Vanessa Ballmer		5.78	
	6 Contributor address; City;	State; Zip Code		
	8310 RED SHINER WAY, Fulshear, Tx 774	41		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
teacher		cfisd		
Date	Full name of contributor ut-of-state PAC	C (ID#:)	Amount of contribution (\$)	
8/17/202 5	Stephanie Segall Kaplun		105.72	
	Contributor address; City;	State; Zip Code	103.72	
	4309 Greeley Street, Houston, Tx 77006			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
unemployed		unemployed		
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
8/19/202 5	Stephanie Cole			
	Contributor address; City;	State; Zip Code	53.12	
	12822 Shady Knoll Lane, Cypress, Tx 77429	9		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
unemployed		unemployed		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
8/19/202 5	Lillian Ligon			
3			68.9	
	Contributor address; City;	State; Zip Code		
Principal occup	14811 Vista Chase Trl, Cypress, Tx 77429 ation / Job title (See Instructions)	Employee (See Jests et		
	audit / 300 title (See Hattacaons)	Employer (See Instruct	ions)	
unemployed		unemployed		
····	ATTAONADA			
	ATTACH ADDITIONAL COPIES (THIS SCHEDILLE AS N	EEDED	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Ms. Lesley M. Guilmar	t	3 Filer ID (Ethics Commission Filers)	
4 Date 8/19/2025	Doris Lee	(ID#:)	7 Amount of contribution (\$) 26.82	
	6 Contributor address; City;	State; Zip Code		
	11323 Water Oak Lane, Cypress, Tx 77429			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
unemployed		unemployed		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
8/19/202 5	Joel Camann		26.82	
	Contributor address; City;	State; Zip Code		
	14546 Terrace Bend, Cypress, Tx 77429			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
prinicpal engi	neer	arcadis		
Date		(ID#:)	Amount of contribution (\$)	
8/19/202 5	Kathy Mattox		26.82	
	Contributor address; City;	State; Zip Code		
	19811 Sandy Hill Circle, Cypress, Tx 77433			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
unemployed		unemployed		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
8/20/202	Eve Myers	,	(,,	
5			53.12	
	Contributor address; City;	State; Zip Code		
	22734 Timberlake Creek Road, Tomball, Tx	77377		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
consultant		self-employed	The state of the s	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:				
2 FILER NAME	Ms. Lesley M. Guilmar	t	3 Filer ID (Ethics Commission Filers)			
4 Date 8/20/2025	5 Full name of contributor out-of-state PAC Paulette Laurant	(ID#:)	7 Amount of contribution (\$)			
	6 Contributor address; City;	State; Zip Code	26.82			
	10602 Hondo Hill Road, Houston, Tx 77064	State; Zip Code				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
unemployed		, , , , , , , , , , , , , , , , , , , ,				
		unemplolyed				
Date 8/21/202	Full name of contributor	(ID#:)	Amount of contribution (\$)			
5	Gary Ligon		26.82			
	Contributor address; City;	State; Zip Code				
	14811 Vista Chase Trl, Cypress, Tx 77429					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
unemployed		unemployed				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
8/22/202 5	CR					
J	Contributor address; City;	State; Zip Code	100			
	2503 Village Square Dr, Missouri City, Tx 774	189				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
unemployed		unemployed				
Date	Full name of contributor					
8/24/202	Jennifer Withner	(ID#:)	Amount of contribution (\$)			
5	Serminor Williams		105.72			
	Contributor address; City;	State; Zip Code				
	16309 Saint Helier Street, Jersey Village, Tx	77040				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
SLP		CFISD				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction quide for additional reporting requirements.						

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	Ms. Lesley M. Guilman	-t	3 Filer ID (Ethics Commission Filers)		
4 Date 8/27/2025	5 Full name of contributor out-of-state PAC Mark Ware	(ID#:)	7 Amount of contribution (\$)		
	6 Contributor address; City;	State; Zip Code	105.72		
	1407 Church Street, MI 49757	State, Zip code			
8 Principal occu	*	0. Employer (See Instru	tions)		
20000000	pation / Job title (See Instructions)	9 Employer (See Instruc	uons)		
CEO		D and S north			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
8/27/202 5	April Young		53.12		
	Contributor address; City;	State; Zip Code	500 W W		
	17118 Burrowdale CT, Houston, Tx 77084				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
unemployed	unemployed unemployed				
Date	Full name of contributor	(ID#:)			
8/29/202	Leadership for Education Equity	(15#)	Amount of contribution (\$)		
5		200	6000		
	Contributor address; City;	State; Zip Code			
	25 Broadway, 13th floor, New York, NY 1000)4			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
8/31/202 5	Carol Hoyland		26.82		
	Contributor address; City;	State; Zip Code			
	12823 Rolling Valley Drive, , Cypress, Tx 77				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Office Manager Hoyland Industrial Services					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

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	Ms. Lesley M. C	Guilmar	t		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/2025	5 Full name of contributor [Gabriela Perez	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Gabriela Ferez				79.42
	6 Contributor address;	City;	State;	Zip Code	
	16406 Redcrest Dr, Houston,	Tx 77095			
8 Principal occup	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruct	ions)
Sales			MSC		
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
9/6/2025	Sarah Okwudei				26.92
	Contributor address;	City;	State;	Zip Code	26.82
	14020 Schroeder Rd				
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
attendencesp	ecialist		cfisd		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/6/2025	Toni Williams				
	Contributor address;	City;	State	Zip Code	53.12
	16742 Pine Castle Drive, Hous	- 1 	State;	Zip Code	
		5.011, 12 77095			
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
librarian			cfisd		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/6/2025	Melissa Baker				53.12
		0"			33.12
	Contributor address;	City;		Zip Code	
Principal occup	19622 Hickory Heights Drive, (pation / Job title (See Instructions)	Cypress, Tx 77		oyer (See Instruct	ions)
unemployed			unem	nployed	

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	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Ms. Lesley M. Guilma	rt	3 Filer ID (Ethics Commission Filers)		
4 Date 9/7/2025	 Full name of contributor uut-of-state PAC Maria Mangano Contributor address; City; 1424 ACADIA ST, Durham, NC 27701 	State; Zip Code	7 Amount of contribution (\$) 53.12		
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
unemployed		unemployed			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
9/7/2025	Min Hsiao Contributor address; City;	State; Zip Code	105.72		
	8516 Savanna Oaks Ln., Woodbury, MN, 55	5125			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
teacher		ISD 622			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
9/8/2025	Wendy Cowen		53.12		
	Contributor address; City;	State; Zip Code			
	18813 North Bee Cave Springs Circle, Cypr	ess, Tx 77433			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
trust senior a	ssociate	Bank of america			
Date	Full name of contributor out-of-state_PAG	C (ID#:)	Amount of contribution (\$)		
9/9/2025	Michael McGinity				
			25		
	Contributor address; City;	State; Zip Code			
Principal occur	4502 Tilson Lane, Houston, Tx 77041 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
unemployed unemployed					
1	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS I	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	Ms. Lesley M. Guilmar	t	3 Filer ID (Ethics Commission Filers)	
4 Date 9/11/2025	 5 Full name of contributor out-of-state PAC Katie Folwell 6 Contributor address; City; 6103 Downwood Forest Drive, Houston, Tx 7 	(ID#:) State; Zip Code	7 Amount of contribution (\$) 11.04	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
unemployed		unemployed		
Date 9/11/202 5	Natalie Martinez	(ID#:)	Amount of contribution (\$) 53.12	
	Contributor address; City; 5528 Bertellis Ln, Houston, Tx 77091	State; Zip Code		
Principal occur	pation / Job title (See Instructions)	Employer (Con Instruct	,	
teacher	valion 7 300 title (See Instructions)	Employer (See Instructi	ions)	
Date 9/11/202 5	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$) 105.72	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
RN		RN		
Date 9/12/202 5	Full name of contributor out-of-state PAC CFID Adovcates for Public Education PAC	(ID#:)	Amount of contribution (\$) 5000	
	Contributor address; City;	State; Zip Code		
5315-B Cypress Creek Pkwy #283, Houston, Tx 77069 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Ms. Lesley M. Guilma	rt	3 Filer ID (Ethics Commission Filers)		
4 Date 9/12/2025	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)		
	6 Contributor address; City;	State; Zip Code	79.42		
	15047 Viero Vista Dr, Cypress, Tx, 77433				
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)		
stewardship	and outreach	Coastal Prarie Cons	ervatory		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
9/12/202 5	Desaree Bateman		50		
	Contributor address; City;	State; Zip Code			
	16510 Dunleith Cir, , Cypress, Tx 77429				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
benefits and p	payroll	siddons martin			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
9/12/202 5	Debra Rieke		32.08		
	Contributor address; City;	State; Zip Code			
	8315 Lake Crystal Drive, Houston, Tx, 7709	5			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
unemployed		unemployed			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
9/12/202 5	Jordan Shane		263.51		
	Contributor address; City;	State; Zip Code			
20710 Via Angelica Court, Cypress, Tx 77433					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Director		airtron			
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	IEEDED		
	If contributor is out-of-state PAC please see Instr	uction guide for additional	reporting requirements		

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			3 Filer ID (Ethics Commission Filers)	
	Ms. Lesley M. Guilmar	t		
4 Date 9/12/2025	_	(ID#:)	7 Amount of contribution (\$)	
5,7225	Leah Stephanow		105.72	
	6 Contributor address; City;	State; Zip Code		
	12607 Texas Army Trail, Cypress, Tx 77429			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
unemployed		unemployed		
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)	
9/12/202	Michael Wilson			
3	Contributor address; City;	State; Zip Code	26.82	
	7331 Haley Woods Court, Houston, Tx 7709			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	,			
professor		LSC		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
9/12/202 5	Darcy Mingoia		105.72	
	Contributor address; City;	State; Zip Code	,	
	6610 Barrington Garden, Houston, Tx 77069			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
unemployed		unemployed		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
9/12/202	Linda Parchman	,	,	
5			11.04	
	Contributor address; City;	State; Zip Code		
12211 Cypress Place Drive, Houston, Tx 77065				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
teacher		cfisd		

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	1 Total pages Schedule A1:		
2 FILER NAME	Ms. Lesley M. Guilmar	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
9/13/2025	Dave Barton		53.12	
	6 Contributor address; City;	State; Zip Code	33.12	
	16030 Lockdale Lane, , Cypress, Tx 77429			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
marketing	Y	shell		
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)	
9/13/202 5	Elaina Garcia			
	Contributor address; City;	State; Zip Code	11.04	
	13701 Barrow Cliff Lane, Cypress, Tx 77429)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
unemployed		unemployed		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
9/13/202 5	Darcy Mingoia			
5	Contributor address; City;	State; Zip Code	53.12	
	6610 Barrington Garden, Houston, Tx 77069			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
unemployed		unemployed		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
9/13/202	Gary Frankel	,	Timedia of contribution (¢)	
5			26.82	
	Contributor address; City;	State; Zip Code		
15706 Jersey Drive, Jersey Village, Tx 77040				
Principal occupation / Job title (See Instructions) Employer (tions)	
unemployed		unemployed		
ATTACH ADDITIONAL CODIES OF THE COLUED IN 5 AC NEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

				•	
The	Instruction Guide explains how to	1 Total pages Schedule A1:			
2 FILER NAME	Ms. Lesley M. 0	Guilmar	rt	3 Filer ID (Ethics Commission Filers)	
4 Date 9/13/2025	5 Full name of contributor Elissa Batzer	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
	6 Contributor address;	City;	State; Zip Code	36.29	
	19411 Shady Loch LN, Cypre		51816, 21p 5006		
8 Principal occu					
unemployed			unemployed		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
9/13/202 5	Miya Dock				
	Contributor address;	City;	State; Zip Code	21.56	
	11627 Magnolia Crest Cove C	Court, Cypress,	Tx 77433		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
teacher			cfisd		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
9/13/202 5	Maryanna Gannon			52.12	
	Contributor address;	City;	State; Zip Code	53.12	
	5607 Court Of Lions St, Houst	ton, Tx 77069			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
unemployed			unemployed	*	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
9/13/202 5	Stephanie Rice			62.64	
		011		63.64	
	Contributor address;	City;	State; Zip Code		
Principal occup	17522 Lonesome Dove Trail ation / Job title (See Instructions)	Houston, TX 7	Employer (See Instructi	ions)	
unemployed			unemployed		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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	Ms. Lesley M. Guilmar	t	3 Filer ID (Ethics Commission Filers)
4	Date 9/13/2025	5 Full name of contributor out-of-state PAC Brett Gray	(ID#:)	7 Amount of contribution (\$)
		Contributor address:	State: Zin Code	21.56
		6 Contributor address; City; 21103 Grove Briar Ln, Richmond, Tx 77407	State; Zip Code	
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	geoscientist		ryder scott company	
	Date	Full name of contributor	(ID#:)	
9/1	3/202	Tall harrie of contributor	(10#)	Amount of contribution (\$)
5/ (5	Miya Dock		47.86
		Contributor address; City;	State; Zip Code	
		11627 Magnolia Crest Cove Court, Cypress,	Tx 77433	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	teacher		cfisd	
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/1	4/202	Anu Mukherjee		.,
	5	Contributor address; City;	State; Zip Code	100
		13810 Panola Pointe, Cypress, Tx 77429	State, Zip Code	
	Dringing!			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	physical thera	pist	houston methodist	
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/1	6/202 5	Elissa Batzer		316.11
		Contributor address; City;	State; Zip Code	
19411 Shady Loch LN, Cypress, Tx 77433				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	unemployed		unemployed	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

Fig. III III I III III III III III III III					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Ms. Lesley M. Guilm	art	3 Filer ID (Ethics Commission Filers)		
4 Date 9/17/2025	 Full name of contributor out-of-state Scott Basinger Contributor address; City; 13814 Panola Pointe, Cypress, Tx 77429 	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) 105.72		
8 Principal occu professor	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date 9/19/202 5	Full name of contributor	PAC (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date 9/21/202 5	Annette Battiste Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	19019 WALBROOK MEADOWS LN, , Cy pation / Job title (See Instructions)	press, Tx 77433 Employer (See Instruct	tions)		
tax accounta	nt	Nagesh & Carter PL			
Date	Full name of contributor	PAC (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAM	esley M. Guilmart		3 Filer ID (Ethics Commission Filers)	
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 7 20 25 10 Principal occ	Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$\		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE F1

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Office Ove Polling Expense Ove	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed al	•
Credit Card Payment	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:		mart 3 Filer ID (Ethics Commissio	n Filers)
8/19/25	JON Enterprise	•	
6 Amount (\$)	7 Payee address;	City; State; Zip Coo	ie
\$713.89	2519 Fairway Park	Dr Suite 302 Houston	ZTX,
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	other	Walk literature	ر
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
8/27/25	UZ Marketing		
Amount (\$)	Payee address;	City; State; Zip Cod	le
	5900 Bingle Rd	Houston TX 770	192
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Business Cards	
	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		
8/27/25	Canva		
Amount (\$)	Payee address;	City; State; Zip Coo	le
\$50,00	110 Kippax St.	NSW 2010 Australi ABN 8015892993	8 W
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing	Thank You card	S
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Printing Ex Printing Ex Salaries/Memorials Expense Salaries/Memorials/Memoria	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)	
,	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	Lesley M bui	1 3 Filer ID (Ethics Commission Filers)	
4 Date 7/19/25	United States	Postal Service	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$23.40	16635 Spring Cypr	ress Rd cypress TX 77429	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	other	Postage Stamps	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
7/26/2025	Canva		
Amount (\$)	Payee address;	City; State; Zip Code	
\$120.00	110 Kippax st. NS	W, 2010, Australia ABN 80158929938	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Social Media Posts	
	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		
8/12/25	United states Pos	tal Service	
Amount (\$)	Payee address;	City; State; Zip Code	
\$39,00	16635 Spring Cypre	ess Rd Cypress TX 77429	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	other	Postal Stamps	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking	Fees Office Ove	rhead/Rental Expense Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By		cpense Travel Out Of District	
Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4	Ms. Lesley M. Guilma	rt	
4 Date	5 Payee name		
9-22-25	US Postal Service		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$ 39.00	16635 Spring Cypress	Rd. Cypress TX 77429	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		0 . 6.	
OF EXPENDITURE	Other	Postage Stamps	
	(c) Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
9-23-25	Ala Mailia Ca	00.00	
1 42-12	Alamo Mailing Com		
Amount (\$)	Payee address;	City; State; Zip Code	
\$4114.04	13114 Lookout Run	San Antonio TX 78233	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Λ.	0-1 1-1	
OF EXPENDITURE	Advertising expense	Postage: Shipping	
EXI ENDITORE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
oxperiance to benefit ever			
Date	Payee name		
9-10-25	J:N Enterprises I	Inc.	
Amount (\$)	Payee address;	City; State; Zip Code	
\$713.89	2519 Fairway Park Dr	Suite 302 Houston TX 77092	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	- 10	1 10 (
OF EXPENDITURE	other	walk literature	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Lesl 4 Date 6 Amount (\$) 7 Payee address: City; San Jose CA \$285.12 2211 Nov4 8 (a) Category (See Categories listed at the top of this schedule) (b) Description fees for contribution **PURPOSE** Fees OF processing EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Donor Box 9/21/25 Payee address; State; 1520 Belle View Blvd. Alexandra VA Amount (\$) \$249.53 Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; Zip Code State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED