

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: **39**

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 Rd.
#88 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
(Residence or Business)

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

CITY;

STATE;

ZIP CODE

11627 Magnolia Crest Cove Court
Cypress, TX 77433

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

7 / 1 / 2025

THROUGH

Month

Day

Year

9 / 25 / 2025

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)

CFISD Board of Trustees Pos. 5

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

CF - Fair Strong Schools

COMMITTEE ADDRESS

PO Box 1222 Cypress, TX 77310

COMMITTEE CAMPAIGN TREASURER NAME

Stacey DeMyer

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 1222 Cypress, TX 77310

☒ Additional Pages

☒ GENERAL

☐ SPECIFIC

GO TO PAGE 2

Additional Page - Lesley Guilmarf

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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> Date Processed Date Imaged		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>			
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div>()</div> </div>			
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>			
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div>()</div> </div>			
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>THROUGH</div> <div>Month Day Year</div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> </div>			
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> </div> <div style="width: 60%;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> <div></div> </div> </div> </div>			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">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.</p> <div style="display: flex;"> <div style="width: 20%;"> COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div style="width: 80%;"> COMMITTEE NAME CFISD Advocates for Public Ed. COMMITTEE ADDRESS 5315-B Cypress Creek Pkwy #283 Houston, TX 77069 COMMITTEE CAMPAIGN TREASURER NAME Darcy Mingoia COMMITTEE CAMPAIGN TREASURER ADDRESS 5315-B Cypress Creek Pkwy #283 Houston, TX 77069 </div> </div> </div>			

GO TO PAGE 2

Additional Page - Lesley Guilmarf

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 Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME LAST SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME LAST SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()					
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit </div> <div> <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>					
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year / / </div> <div> THROUGH </div> <div> Month Day Year / / </div> </div>					
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year / / </div> <div style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;"> COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 2px;"> COMMITTEE NAME <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Texas AFT COPE</div> COMMITTEE ADDRESS <div style="border-bottom: 1px solid black; padding-bottom: 2px;">3000 S. IH-35, Ste. 175 Austin, TX 78704</div> COMMITTEE CAMPAIGN TREASURER NAME <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Zeph Capo</div> COMMITTEE CAMPAIGN TREASURER ADDRESS <div style="border-bottom: 1px solid black; padding-bottom: 2px;">3000 S. IH-35, Ste. 175 Austin, TX 78704</div> </td> </tr> </table> </div>				COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Texas AFT COPE</div> COMMITTEE ADDRESS <div style="border-bottom: 1px solid black; padding-bottom: 2px;">3000 S. IH-35, Ste. 175 Austin, TX 78704</div> COMMITTEE CAMPAIGN TREASURER NAME <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Zeph Capo</div> COMMITTEE CAMPAIGN TREASURER ADDRESS <div style="border-bottom: 1px solid black; padding-bottom: 2px;">3000 S. IH-35, Ste. 175 Austin, TX 78704</div>
COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Texas AFT COPE</div> COMMITTEE ADDRESS <div style="border-bottom: 1px solid black; padding-bottom: 2px;">3000 S. IH-35, Ste. 175 Austin, TX 78704</div> COMMITTEE CAMPAIGN TREASURER NAME <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Zeph Capo</div> COMMITTEE CAMPAIGN TREASURER ADDRESS <div style="border-bottom: 1px solid black; padding-bottom: 2px;">3000 S. IH-35, Ste. 175 Austin, TX 78704</div>					

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)	\$ 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 LAST DAY OF REPORTING PERIOD	\$ 20,525.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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. Guilmar and my date of birth is 12/20/1980.
My address is 16026 Lockdale Ln. Cypress, TX 77429 USA.
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 3rd day of October, 20 25.
(month) (year)

Lesley M. Guilmar
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Lesley M. Guilmart</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,191.78
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ _____
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ _____
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,381.93
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ _____
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ _____
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ _____
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ _____
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ _____
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ _____
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ _____

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan Guilmart & Bailey Morrison 6 Contributor address; City; State; Zip Code 49 Stonewall Way, Durham, NC, 27704	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions) Automotive Technician		9 Employer (See Instructions) Pete's Garage
Date 7/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Ciro Contributor address; City; State; Zip Code 5611 Barton Falls, Houston, Tx, 77041	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Cy-Fair ISD
Date 7/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Coates Contributor address; City; State; Zip Code 24510 Corbridge Creek Ct, Spring, Tx, 77389-1782	Amount of contribution (\$) 11.04
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 7/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Cruzen Contributor address; City; State; Zip Code 12811 Marron Court, Cypress, Tx, 77429	Amount of contribution (\$) 21.56
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 7/3/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine Luna 6 Contributor address; City; State; Zip Code 10203 Elk Point Lane, Houston, Tx, 77064	7 Amount of contribution (\$) 5.78
8 Principal occupation / Job title (See Instructions) Creative Director		9 Employer (See Instructions) Great America Business Products
Date 7/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian Kimbell Contributor address; City; State; Zip Code 14703 Aspen Peak Dr, Houston, Tx, 77069	Amount of contribution (\$) 11.04
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) PWC
Date 7/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Clay Contributor address; City; State; Zip Code 4614 Northrup Drive, Houston, Tx, 77092	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) 5th Grade ELA Teacher		Employer (See Instructions) Cy-Fair ISD
Date 7/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Rieke Contributor address; City; State; Zip Code 8315 Lake Crystal Drive, Houston, Tx, 77095	Amount of contribution (\$) 21.56
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 7/4/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Pogoloff 6 Contributor address; City; State; Zip Code 218 Forestwood Drive, Durham, NC, 27707	7 Amount of contribution (\$) 105.72
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 7/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Guilmart Contributor address; City; State; Zip Code 17802 Mound Road, #1103 , Cypress, Tx, 77433	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 7/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Miller Contributor address; City; State; Zip Code 15047 Viero Vista Dr, Cypress, Tx, 77433	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) Stewardship & Outreach		Employer (See Instructions) Coastal Prairie Conservancy
Date 7/7/2025	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) unemployed		Employer (See Instructions) unemployed
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**Ms. Lesley M. Guilmart****3** Filer ID (Ethics Commission Filers)**4** Date
7/9/2025**5** Full name of contributor☐ out-of-state PAC (ID# _____)

David Messina

7 Amount of contribution (\$)

53.12

6 Contributor address;

City;

State;

Zip Code

35 Gordon Rd., Medford, MA, 02155

8 Principal occupation / Job title (See Instructions)

Parking Lot Attendant

9 Employer (See Instructions)

Town of Aquinnah

Date

7/9/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Audrey Nath

Amount of contribution (\$)

53.12

Contributor address;

City;

State;

Zip Code

1316 West Bell Street, Houston, Tx, 77019

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

UTMB

Date

7/11/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Eve Myers

Amount of contribution (\$)

105.72

Contributor address;

City;

State;

Zip Code

22734 Timberlake Creek Road, Tomball, Tx, Tx, 77377

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

Date

7/15/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Lauren Gray

Amount of contribution (\$)

53.12

Contributor address;

City;

State;

Zip Code

21103 Grove Briar Ln, Richmond, Tx, 77407

Principal occupation / Job title (See Instructions)

Education

Employer (See Instructions)

HCDE

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

Ms. Lesley M. Guilmart

3 Filer ID (Ethics Commission Filers)

4 Date
7/15/2025

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Hoye Bishop

7 Amount of contribution (\$)

53.12

6 Contributor address;

City;

State;

Zip Code

308 Lake Ave, Salem, VA, 24153

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Public School

Date

7/15/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jasmine Booker

Amount of contribution (\$)

53.12

Contributor address;

City;

State;

Zip Code

31110 Oneawa Stone Way, Hockley, Tx, 77447

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

Date

7/16/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Beth Keene

Amount of contribution (\$)

105.72

Contributor address;

City;

State;

Zip Code

18615 Porthaven Rose Lane, Tomball, Tx, 77377

Principal occupation / Job title (See Instructions)

School Librarian

Employer (See Instructions)

Waller ISD

Date

7/16/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robbie Bondy

Amount of contribution (\$)

53.12

Contributor address;

City;

State;

Zip Code

15707 Stable View Court, Cypress, Tx, 77429

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 7/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Bailey 6 Contributor address; City; State; Zip Code 146 Mallard Ct,Banner Elk,NC,28604	7 Amount of contribution (\$) 105.72
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 7/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Edgar Contributor address; City; State; Zip Code 11606 Timberly Park Lane,Cypress,Tx,77433	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Edgar Investment Management
Date 7/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Brill Meckler Contributor address; City; State; Zip Code 334 N. Patrick St,Alexandria,VA,22314	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) AEON Prep
Date 7/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathryn Curry Contributor address; City; State; Zip Code 4618 Verbena Valley Way,Spring,Tx,77388	Amount of contribution (\$) 12.09
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 7/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Villareal 6 Contributor address; City; State; Zip Code 18319 Cobblestone Drive,Cypress,Tx,77429	7 Amount of contribution (\$) 11.04
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) CFISD
Date 7/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nausheen Choudhry Contributor address; City; State; Zip Code 6026 Dover Creek Lane,Katy,Tx,77494	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) Program advisor		Employer (See Instructions) 240 Certification
Date 7/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agustin Lozada Contributor address; City; State; Zip Code 16127 Folk Festival Place,Cypress,Tx,77433	Amount of contribution (\$) 21.56
Principal occupation / Job title (See Instructions) System Analyst		Employer (See Instructions) CenterPoint Energy
Date 7/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ami Lopez Contributor address; City; State; Zip Code 8011 Windswept Lane,Houston,Tx,77063	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SMCS
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 7/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Wakefield 6 Contributor address; City; State; Zip Code 13706 Bowden Creek Dr, Cypress, Tx, 77429	7 Amount of contribution (\$) 105.72
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Baker Hughes
Date 7/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Burnthorn Contributor address; City; State; Zip Code 235 County Road 4551, Spurger, Tx, 77660	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 7/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Gulamhussein Contributor address; City; State; Zip Code 442 West 24th Street, Houston, Tx, 77008	Amount of contribution (\$) 263.51
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Safal Partners
Date 7/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Folwell Contributor address; City; State; Zip Code 6103 Downwood Forest Drive, Houston, Tx, 77088	Amount of contribution (\$) 21.56
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 7/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David & Anne Marie Wakefield 6 Contributor address; City; State; Zip Code 336 West 34th Street, Houston, Tx, 77018	7 Amount of contribution (\$) 105.72
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 7/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Coulon Contributor address; City; State; Zip Code 16215 Rutley Cir, Spring, Tx, 77379	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) Instructional Coach		Employer (See Instructions) Klein ISD
Date 7/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samantha Commander Contributor address; City; State; Zip Code 16635 Amelia Island Dr, Cypress, Tx, 77433	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) CFISD
Date 7/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Serena Jain Contributor address; City; State; Zip Code 14 Casselberry Way, Princeton, NJ, 8540	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) Educator and coach		Employer (See Instructions) Self employed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 7/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laurie Spence 6 Contributor address; City; State; Zip Code 14603 Kanai Court,Cypress,Tx,77429	7 Amount of contribution (\$) 53.12
8 Principal occupation / Job title (See Instructions) Instructional Coach		9 Employer (See Instructions) CFISD
Date 8/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ben & Megan Gibbs Contributor address; City; State; Zip Code 336 W 27th St,Houston,Tx,77008	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) HISD
Date 8/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Cook Contributor address; City; State; Zip Code 13718 Pristine Lake Lane, Cypress, Tx, 77429	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Halliburton
Date 8/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose Knoop Contributor address; City; State; Zip Code 359 Glen Arbor Drive Northeast, Rockford, MI, 49341	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) RPS
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/4/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Biancaniello 6 Contributor address; City; State; Zip Code 21 Avondale Rd, White Plains, NY, 10605	7 Amount of contribution (\$) 53.12
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Miller Zeiderman
Date 8/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Berry Contributor address; City; State; Zip Code 14034 Conway Landing, Cypress, Tx 77429	Amount of contribution (\$) 263.51
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 8/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abigail Smith Contributor address; City; State; Zip Code 3618 Sunburst Drive Manvel, Tx, 77578	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) PISD
Date 8/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Henry Contributor address; City; State; Zip Code 14807 Oak Bluff Court Houston,Tx, 77070	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Lone Star College
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/6/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Nater 6 Contributor address; City; State; Zip Code 5619 Benning Drive Houston, Tx, 77096	7 Amount of contribution (\$) 20
8 Principal occupation / Job title (See Instructions) Fundraiser		9 Employer (See Instructions) MD Anderson
Date 8/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey Zink Contributor address; City; State; Zip Code 13919 Kellerton Ln Cypress, Tx, 77429	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) Unemployed
Date 8/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elissa & William Batzer Contributor address; City; State; Zip Code 19411 Shady Loch Lane Cypress Tx 77433	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) Unemployed
Date 8/7/2025	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) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie McDonald 6 Contributor address; City; State; Zip Code 15206 wild plum thicket lane Cypress Tx 77433	7 Amount of contribution (\$) 105.72
8 Principal occupation / Job title (See Instructions) Publisher		9 Employer (See Instructions) Private Curriculum Company
Date 8/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Tucker Contributor address; City; State; Zip Code 15539 Bluestem Bend Trail, Cypress, Tx, 77433	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) consulting		Employer (See Instructions) alight
Date 8/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie Martin Contributor address; City; State; Zip Code 18718 Pilot Knolls Drive, Cypress, Tx, 77433	Amount of contribution (\$) 210.91
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions) TCH
Date 8/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie Sheehy Contributor address; City; State; Zip Code 18707 South Moss Loop, Cypress Tx 77433	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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

Ms. Lesley M. Guilmart

3 Filer ID (Ethics Commission Filers)

4 Date
8/10/2025

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Sherry Laser

7 Amount of contribution (\$)

263.51

6 Contributor address;

City;

State;

Zip Code

16211 Frog Pond Drive, Cypress Tx 77433

8 Principal occupation / Job title (See Instructions)

unemployed

9 Employer (See Instructions)

unemployed

Date

8/10/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Erick Seda-Toro

Amount of contribution (\$)

26.82

Contributor address;

City;

State;

Zip Code

18515 Bridgeland Creek Parkway, Cypress Tx 77433

Principal occupation / Job title (See Instructions)

AP

Employer (See Instructions)

cfisd

Date

8/15/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jen Chenette

Amount of contribution (\$)

53.12

Contributor address;

City;

State;

Zip Code

18418 Winding Willow Oak Way, Cypress, Tx 77433

Principal occupation / Job title (See Instructions)

LCSW

Employer (See Instructions)

self-employed

Date

8/15/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Annie Kochersberger

Amount of contribution (\$)

53.12

Contributor address;

City;

State;

Zip Code

630 Westwood Dr, garner, nc, 27529

Principal occupation / Job title (See Instructions)

data analyst

Employer (See Instructions)

NBME

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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Martone 6 Contributor address; City; State; Zip Code 10603 Wax Mallow Ct, Houston, Tx 77095	7 Amount of contribution (\$) 105.72
8 Principal occupation / Job title (See Instructions) president		9 Employer (See Instructions) cyfair chamber
Date 8/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Russey Contributor address; City; State; Zip Code 28231 Shorecrest Lane, katy, Tx, 77494	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) anne russey counseling
Date 8/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Wells Contributor address; City; State; Zip Code 13203 Raven Roost Drive, Cypress, Tx, 77429	Amount of contribution (\$) 11.04
Principal occupation / Job title (See Instructions) life coach		Employer (See Instructions) self-employed
Date 8/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aly Fitzpatrick Contributor address; City; State; Zip Code 18618 Thomas Survey Drive, Cypress, Tx, 77433 USA	Amount of contribution (\$) 11.04
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarred Hostetler 6 Contributor address; City; State; Zip Code 27218 Horseshoe Falls Lane, Cypress Tx 77433	7 Amount of contribution (\$) 1053.54
8 Principal occupation / Job title (See Instructions) geophysicist		9 Employer (See Instructions) SIB
Date 8/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Oritz Contributor address; City; State; Zip Code 4223 Browns Forest Drive Houston Tx 77084	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) transcend eningeers and planners
Date 8/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tana Lam Contributor address; City; State; Zip Code 12306 Banyan Cove Ct, Cypress Tx 77433	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) NRG eneregy
Date 8/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Van Orden Contributor address; City; State; Zip Code 20403 Trumbull Ridge, Cypress, Tx 77433	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) attourney		Employer (See Instructions) law office of charles van orden
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Ballmer 6 Contributor address; City; State; Zip Code 8310 RED SHINER WAY, Fulshear, Tx 77441	7 Amount of contribution (\$) 5.78
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) cfisd
Date 8/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Segall Kaplun Contributor address; City; State; Zip Code 4309 Greeley Street, Houston, Tx 77006	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 8/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Cole Contributor address; City; State; Zip Code 12822 Shady Knoll Lane, Cypress, Tx 77429	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 8/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lillian Ligon Contributor address; City; State; Zip Code 14811 Vista Chase Trl, Cypress, Tx 77429	Amount of contribution (\$) 68.9
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris Lee 6 Contributor address; City; State; Zip Code 11323 Water Oak Lane, Cypress, Tx 77429	7 Amount of contribution (\$) 26.82
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 8/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Camann Contributor address; City; State; Zip Code 14546 Terrace Bend, Cypress, Tx 77429	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) prinicipal engineer		Employer (See Instructions) arcadis
Date 8/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Mattox Contributor address; City; State; Zip Code 19811 Sandy Hill Circle, Cypress, Tx 77433	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 8/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eve Myers Contributor address; City; State; Zip Code 22734 Timberlake Creek Road, Tomball, Tx 77377	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self-employed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paulette Laurant 6 Contributor address; City; State; Zip Code 10602 Hondo Hill Road, Houston, Tx 77064	7 Amount of contribution (\$) 26.82
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 8/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Ligon Contributor address; City; State; Zip Code 14811 Vista Chase Trl, Cypress, Tx 77429	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 8/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CR Contributor address; City; State; Zip Code 2503 Village Square Dr, Missouri City, Tx 77489	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 8/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Withner Contributor address; City; State; Zip Code 16309 Saint Helier Street, Jersey Village, Tx 77040	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) SLP		Employer (See Instructions) CFISD
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 8/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Ware 6 Contributor address; City; State; Zip Code 1407 Church Street, MI 49757	7 Amount of contribution (\$) 105.72
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) D and S north
Date 8/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) April Young Contributor address; City; State; Zip Code 17118 Burrowdale CT, Houston, Tx 77084	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 8/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leadership for Education Equity Contributor address; City; State; Zip Code 25 Broadway, 13th floor, New York, NY 10004	Amount of contribution (\$) 6000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carol Hoyland Contributor address; City; State; Zip Code 12823 Rolling Valley Drive, , Cypress, Tx 77429	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) 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.		

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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriela Perez 6 Contributor address; City; State; Zip Code 16406 Redcrest Dr, Houston, Tx 77095	7 Amount of contribution (\$) 79.42
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) MSC
Date 9/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Okwudei Contributor address; City; State; Zip Code 14020 Schroeder Rd	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) attendancespecialist		Employer (See Instructions) cfisd
Date 9/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toni Williams Contributor address; City; State; Zip Code 16742 Pine Castle Drive, Houston, Tx 77095	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) cfisd
Date 9/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Baker Contributor address; City; State; Zip Code 19622 Hickory Heights Drive, Cypress, Tx 77433	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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**Ms. Lesley M. Guilmart****3** Filer ID (Ethics Commission Filers)**4** Date
9/7/2025**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Maria Mangano

7 Amount of contribution (\$)

53.12

6 Contributor address;

City;

State;

Zip Code

1424 ACADIA ST, Durham, NC 27701

8 Principal occupation / Job title (See Instructions)

unemployed

9 Employer (See Instructions)

unemployed

Date

9/7/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Min Hsiao

Amount of contribution (\$)

105.72

Contributor address;

City;

State;

Zip Code

8516 Savanna Oaks Ln., Woodbury, MN, 55125

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

ISD 622

Date

9/8/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wendy Cowen

Amount of contribution (\$)

53.12

Contributor address;

City;

State;

Zip Code

18813 North Bee Cave Springs Circle, Cypress, Tx 77433

Principal occupation / Job title (See Instructions)

trust senior associate

Employer (See Instructions)

Bank of america

Date

9/9/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael McGinity

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

4502 Tilson Lane, Houston, Tx 77041

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Folwell 6 Contributor address; City; State; Zip Code 6103 Downwood Forest Drive, Houston, Tx 77088	7 Amount of contribution (\$) 11.04
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 9/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie Martinez Contributor address; City; State; Zip Code 5528 Bertellis Ln, Houston, Tx 77091	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) HISD
Date 9/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denae Murphy Contributor address; City; State; Zip Code 16226 Latticevine, , Cypress, Tx 77429	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) RN
Date 9/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CFID Advocates for Public Education PAC Contributor address; City; State; Zip Code 5315-B Cypress Creek Pkwy #283, Houston, Tx 77069	Amount of contribution (\$) 5000
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Miller 6 Contributor address; City; State; Zip Code 15047 Viero Vista Dr, Cypress, Tx, 77433	7 Amount of contribution (\$) 79.42
8 Principal occupation / Job title (See Instructions) stewardship and outreach		9 Employer (See Instructions) Coastal Prarie Conservatory
Date 9/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desaree Bateman Contributor address; City; State; Zip Code 16510 Dunleith Cir, , Cypress, Tx 77429	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) benefits and payroll		Employer (See Instructions) siddons martin
Date 9/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Rieke Contributor address; City; State; Zip Code 8315 Lake Crystal Drive, Houston, Tx, 77095	Amount of contribution (\$) 32.08
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 9/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Shane Contributor address; City; State; Zip Code 20710 Via Angelica Court, Cypress, Tx 77433	Amount of contribution (\$) 263.51
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) airtron
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2025	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 (\$) 105.72
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 9/12/2025 5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Willson Contributor address; City; State; Zip Code 7331 Haley Woods Court, Houston, Tx 77095	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) LSC
Date 9/12/2025 5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia Contributor address; City; State; Zip Code 6610 Barrington Garden, Houston, Tx 77069	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 9/12/2025 5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Parchman Contributor address; City; State; Zip Code 12211 Cypress Place Drive, Houston, Tx 77065	Amount of contribution (\$) 11.04
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) cfisd
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Barton 6 Contributor address; City; State; Zip Code 16030 Lockdale Lane, , Cypress, Tx 77429	7 Amount of contribution (\$) 53.12
8 Principal occupation / Job title (See Instructions) marketing		9 Employer (See Instructions) shell
Date 9/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaina Garcia Contributor address; City; State; Zip Code 13701 Barrow Cliff Lane, Cypress, Tx 77429	Amount of contribution (\$) 11.04
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 9/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia Contributor address; City; State; Zip Code 6610 Barrington Garden, Houston, Tx 77069	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 9/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Frankel Contributor address; City; State; Zip Code 15706 Jersey Drive, Jersey Village, Tx 77040	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elissa Batzer 6 Contributor address; City; State; Zip Code 19411 Shady Loch LN, Cypress, Tx 77433	7 Amount of contribution (\$) 36.29
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 9/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miya Dock Contributor address; City; State; Zip Code 11627 Magnolia Crest Cove Court, Cypress, Tx 77433	Amount of contribution (\$) 21.56
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) cfisd
Date 9/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maryanna Gannon Contributor address; City; State; Zip Code 5607 Court Of Lions St, Houston, Tx 77069	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 9/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Rice Contributor address; City; State; Zip Code 17522 Lonesome Dove Trail< Houston, Tx 77095	Amount of contribution (\$) 63.64
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett Gray 6 Contributor address; City; State; Zip Code 21103 Grove Briar Ln, Richmond, Tx 77407	7 Amount of contribution (\$) 21.56
8 Principal occupation / Job title (See Instructions) geoscientist		9 Employer (See Instructions) ryder scott company
Date 9/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miya Dock Contributor address; City; State; Zip Code 11627 Magnolia Crest Cove Court, Cypress, Tx 77433	Amount of contribution (\$) 47.86
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) cfisd
Date 9/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anu Mukherjee Contributor address; City; State; Zip Code 13810 Panola Pointe, Cypress, Tx 77429	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) physical therapist		Employer (See Instructions) houston methodist
Date 9/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elissa Batzer Contributor address; City; State; Zip Code 19411 Shady Loch LN, Cypress, Tx 77433	Amount of contribution (\$) 316.11
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 Ms. Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Basinger 6 Contributor address; City; State; Zip Code 13814 Panola Pointe, Cypress, Tx 77429	7 Amount of contribution (\$) 105.72
8 Principal occupation / Job title (See Instructions) professor		9 Employer (See Instructions) UH
Date 9/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Romero Contributor address; City; State; Zip Code 8818 Bonnyview Dr, Houston, Tx 77095	Amount of contribution (\$) 105.72
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 9/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette Battiste Contributor address; City; State; Zip Code 19019 WALBROOK MEADOWS LN, , Cypress, Tx 77433	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) tax accountant		Employer (See Instructions) Nagesh & Carter PLLC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

SCHEDULE A2

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2025

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Cesley M. Guilmart		3 Filer ID (Ethics Commission Filers)	
4 Date 8/19/25		5 Payee name J&N Enterprises INC			
6 Amount (\$) \$713.89		7 Payee address; City; State; Zip Code 2519 Fairway Park Dr Suite 302 Houston, TX, 77092			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other		(b) Description walk literature		
	(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					
Date 8/27/25		Payee name UZ Marketing			
Amount (\$)		Payee address; City; State; Zip Code 5900 Bingle Rd Houston TX 77092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Business Cards		
	<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					
Date 8/27/25		Payee name Canva			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 110 Kippax St. NSW 2010 Australia ABN 8015 8929938			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Thank you cards		
	<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					
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: 4	2 FILER NAME Lesley M Builmart	3 Filer ID (Ethics Commission Filers)
4 Date 7/19/25	5 Payee name United States Postal Service	
6 Amount (\$) \$23.40	7 Payee address; City; State; Zip Code 16635 Spring Cypress Rd Cypress TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	
	(b) Description Postage Stamps	
(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 7/26/2025	Payee name Canva	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 110 Kippax St. NSW, 2010, Australia ABN 80158929938	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	
	Description Social media Posts	
<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 8/12/25	Payee name United States Postal Service	
Amount (\$) \$39.00	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 Postal 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		
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: 4	2 FILER NAME Ms. Lesley M. Guilmart	3 Filer ID (Ethics Commission Filers)
4 Date 9-22-25	5 Payee name US Postal Service	
6 Amount (\$) \$ 39.00	7 Payee address; City; State; Zip Code 16635 SpringCypress Rd. Cypress TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	
	(b) Description Postage Stamps	
(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 9-23-25	Payee name Alamo Mailing Company	
Amount (\$) \$4114.04	Payee address; City; State; Zip Code 13114 Lookout Run San Antonio TX 78233	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	
	Description Postage : shipping	
<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 9-10-25	Payee name J : N Enterprises Inc.	
Amount (\$) \$713.89	Payee address; City; State; Zip Code 2519 Fairway Park Dr Suite 302 Houston TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	
	Description walk literature	
<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="text-align: center;">4</div>	2 FILER NAME <div style="text-align: center;">Lesley M. Guilmart</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">9/21/25</div>	5 Payee name <div style="text-align: center;">Pay Pal</div>	
6 Amount (\$) <div style="text-align: center;">\$285.12</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">2211 North 1st St. San Jose CA 95131</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Fees</div>	
	(b) Description <div style="text-align: center;">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		
<div style="text-align: center;">9/21/25 Donor Box</div>		
Amount (\$)		
<div style="text-align: center;">\$249.53 1520 Belle View Blvd. Alexandria VA 22307 # 4106</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<div style="text-align: center;">Fees fees for contribution processing</div>	
	<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 (\$)		
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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED