

# 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: **26**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mrs Tiffany S  
-----  
NICKNAME LAST SUFFIX  
Auzenne

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS  
  
Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
PO Box 5986 Katy, TX 77491-5986

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 724-1979

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mrs Tiffany S  
-----  
NICKNAME LAST SUFFIX  
Auzenne

7 CAMPAIGN  
TREASURER  
ADDRESS  
  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
24907 Bridgeton Meadow Ln. Katy, TX 77494

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 724-1979

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 Month Day Year  
1 / 1 / 26 THROUGH 3 / 23 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
5 / 2 / 26  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Katy ISD Board Trustee, Position 4

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  Additional Pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received

**RECEIVED**

APR 02 2026

BY: 12:30pm *826*

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

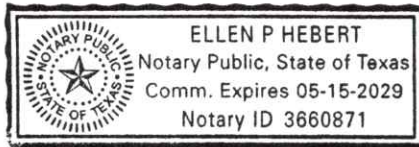
<b>15 C/OH NAME</b> Tiffany S. Auzenne		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 160.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,254.33
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 107.19
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,652.02
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 339.25
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 871.68

**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 Tiffany Auzenne this the 2<sup>nd</sup> day of April, 2026, to certify which, witness my hand and seal of office.

Ellen P. Hebert Signature of officer administering oath  
Ellen P. Hebert Printed name of officer administering oath  
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19</b> FILER NAME <b>Tiffany S. Auzenne</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <b>3,444.33</b>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <b>1,650.00</b>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ <b>450.62</b>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <b>2,638.27</b>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <b>906.56</b>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>11</b>
2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/08/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Vernetta Daniely</b>	7 Amount of contribution (\$)  <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>2903 Martin Place Katy, TX 77493</b>	
8 Principal occupation / Job title (See Instructions) <b>Interior Decorator</b>		9 Employer (See Instructions) <b>Destined2Design</b>
Date <b>02/11/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Brenda Hawkins</b>	Amount of contribution (\$)  <b>1.00</b>
	Contributor address; City; State; Zip Code <b>1933 Courtside Dr. Grand Prairie, TX 75051</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/12/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Ada Cohen</b>	Amount of contribution (\$)  <b>133.33</b>
	Contributor address; City; State; Zip Code <b>3143 ohio street Miami , FL 33133</b>	
Principal occupation / Job title (See Instructions) <b>Director</b>		Employer (See Instructions) <b>Kaufman Rossin &amp; Co</b>
Date <b>02/12/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Dametria Carson</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>3895 Mountain View Rd Kennesaw, GA 30152</b>	
Principal occupation / Job title (See Instructions) <b>Mental health professional</b>		Employer (See Instructions) <b>LPC, NCC</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/12/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Patrizia Robinson</b> 6 Contributor address; City; State; Zip Code <b>29922 Valley Terrace Drive Fulshear, 77441</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/12/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Tanaka Scott</b> Contributor address; City; State; Zip Code <b>2823 Hollinwell dr Katy, TX 77450</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Educator</b>		Employer (See Instructions) <b>NA</b>
Date <b>02/12/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Cherie Lee</b> Contributor address; City; State; Zip Code <b>6703 pheasant oak dr Houston, TX 77083</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/12/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Welugewe Anigo</b> Contributor address; City; State; Zip Code <b>7649 N Eastlake Terrace Chicago, IL 60626</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>HR</b>		Employer (See Instructions) <b>Hyatt</b>

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2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/12/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Brittany Brown</b> 6 Contributor address; City; State; Zip Code <b>404 horizon light Katy, TX 77493</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Area Director of Sales</b>		9 Employer (See Instructions) <b>Crestline</b>
Date <b>02/13/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Celina Koscinski</b> Contributor address; City; State; Zip Code <b>17107 Winter Hedge Ct Richmond, TX 77407</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/13/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Robbie Best</b> Contributor address; City; State; Zip Code <b>25102 Sundance Park LN Katy, TX 77494</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions) <b>Clinical Nursing Director</b>		Employer (See Instructions) <b>MD Anderson</b>
Date <b>02/13/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Adenna Huggins</b> Contributor address; City; State; Zip Code <b>1003 Ricky Ct. Hutto, TX 78634</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Recruiter</b>		Employer (See Instructions) <b>DR Horton</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/13/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Antionatte Mbuh</b> 6 Contributor address; City; State; Zip Code <b>20746 Barrington Meadow Trace Richmond, 77407</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Nurse</b>		9 Employer (See Instructions) <b>Aklad Healthcare</b>
Date <b>02/15/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Ovinuchi Anwuri</b> Contributor address; City; State; Zip Code <b>23507 Bainford Ct Katy, TX 77494</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Senior Clinical Researcher Associate</b>		Employer (See Instructions) <b>Fortrea</b>
Date <b>02/15/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Tomekia Carter</b> Contributor address; City; State; Zip Code <b>5730 Westminster Village Dr 77084</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/16/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Diane Hill</b> Contributor address; City; State; Zip Code <b>3293 Owens Meadow Ln NW Kennesaw, 30152-2585</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/19/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Onome Nwaneri</b>	7 Amount of contribution (\$)  <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>20326 terra hollow lane Richmond TX 77407</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/19/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Anne Russey</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>28231 Shorecrest Lane Katy, TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>Counselor, owner</b>		Employer (See Instructions) <b>Anne Russey Counseling</b>
Date <b>02/19/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Sonja Traxler Nwabuoku</b>	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code <b>5614 W. Grand Parkway S Richmond, 77406</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/20/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Paige Abney</b>	Amount of contribution (\$)  <b>10.00</b>
Contributor address; City; State; Zip Code <b>Midlothian, TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/22/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Lisa Miranda</b> 6 Contributor address; City; State; Zip Code <b>32435 Oxbow Court Fulshear, TX 77441</b>	7 Amount of contribution (\$) <b>10.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/24/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Gregory Ashby</b> Contributor address; City; State; Zip Code <b>25130 Sundance Park Ln Katy, TX 77494</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>Retired Engineer</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/25/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Montecella Flaniken</b> Contributor address; City; State; Zip Code <b>18622 Winford Arbor Ln Richmond, 77407</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/25/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Alina White</b> Contributor address; City; State; Zip Code <b>208 Scenic Grove Court Willis, TX 77318</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Social Worker</b>		Employer (See Instructions) <b>DFPS</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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4 Date <b>03/02/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Lillian Walcott</b> ..... 6 Contributor address; City; State; Zip Code <b>4311 Fenetre Forest St Katy, TX 77494</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/03/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Anne Russey</b> ..... Contributor address; City; State; Zip Code <b>28231 Shorecrest Lane Katy, TX 77494</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Counselor, owner</b>		Employer (See Instructions) <b>Anne Russey Counseling</b>
Date <b>03/04/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Shelly Puckett</b> ..... Contributor address; City; State; Zip Code <b>3614 Stratford Town Ln Sugar Land 77498</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/04/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Stephanie Monarch</b> ..... Contributor address; City; State; Zip Code <b>3506 Canyon Pass Drive Katy, TX 77494</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>03/05/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Chioma Akerele</b> ..... 6 Contributor address; City; State; Zip Code <b>27 Crest Gate Houston TX 77082</b>	7 Amount of contribution (\$)  <b>300.00</b>
8 Principal occupation / Job title (See Instructions) <b>IT contractor</b>		9 Employer (See Instructions)
Date <b>03/08/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Beverly Elmer</b> ..... Contributor address; City; State; Zip Code <b>22397 Mountain Pine Drive New Caney, TX 77357</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>03/13/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Brenda Hawkins</b> ..... Contributor address; City; State; Zip Code <b>1933 Courtside Dr Grand Prairie, TX 75051</b>	Amount of contribution (\$)  <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/14/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Shari Brown-Henry</b> ..... Contributor address; City; State; Zip Code <b>1615 Durfey Ln Katy, TX 77449-3021</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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4 Date <b>03/22/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Annette Smith</b> 6 Contributor address; City; State; Zip Code <b>542 Rockingham Dr Irving, TX 75063-8053</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/22/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jeanne Amuta</b> Contributor address; City; State; Zip Code <b>2039 Greenvine Cir Katy, TX 77494-6249</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>MD</b>		Employer (See Instructions) <b>Cleveland Clinic</b>
Date <b>03/22/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Brandon Robinson</b> Contributor address; City; State; Zip Code <b>1720 18th Ave N Texas City, TX 77590-5353</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/22/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Erin Freeman</b> Contributor address; City; State; Zip Code <b>10746 Beacon Harbor Way Richmond, TX 77406</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>HR Director</b>		Employer (See Instructions) <b>Salamander Solutions</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/22/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Gloria Sanderson</b> ..... 6 Contributor address; City; State; Zip Code <b>906 Old Valley Way Houston, TX 77094</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Banker</b>		9 Employer (See Instructions) <b>Sunflower Bank</b>
Date <b>03/22/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Tyres Donnett</b> ..... Contributor address; City; State; Zip Code <b>4802 Ridgeton Drive Houston, 77053-4514</b>	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/22/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Candice McConnell</b> ..... Contributor address; City; State; Zip Code <b>26815 Mesquite Orchard Ln Katy, TX 77494-4153</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/22/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Carla Bone</b> ..... Contributor address; City; State; Zip Code <b>25131 Dunbrook Springs Ln Katy, TX 77494-7331</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Alexandria Ochei</b> 6 Contributor address; City; State; Zip Code <b>17322 Browning Trace Ln Richmond, TX 77407-2657</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/23/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Sarah Rasnick</b> Contributor address; City; State; Zip Code <b>1327 Angel Shrs Ln Katy, TX 77494-4851</b>	Amount of contribution (\$) <b>15.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/23/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Carl Auzenne</b> Contributor address; City; State; Zip Code <b>619 Clinton Street Ovilla , TX 75154</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/23/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Tanaka Lee-Scott</b> Contributor address; City; State; Zip Code <b>2823 Hollinwell Dr Katy, TX 77450-5957</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Educator</b>		Employer (See Instructions) <b>NA</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>1</b>	
2 FILER NAME <b>Tiffany S. Auzenne</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1,650.00</b>	
5 Date  02/23/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>YeTunde and Bola Oso</b> ..... 7 Contributor address; City; State; Zip Code <b>6607 castlereagh lake ln. katy, tx 77493</b>	8 Amount of Contribution \$  1,650.00	9 In-kind contribution description  Venue  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Event Planner &amp; Business Owners</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Self-Employed</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# LOANS

# SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>01/16/2026</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Tiffany Auzenne</b>	9 Loan Amount (\$) <b>100.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>24907 Bridgeton Meadow Ln Katy, TX 77494</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Banker</b>		13 Employer (See Instructions) <b>American Bank, NA (Prosperity)</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>01/30/2026</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Tiffany Auzenne</b>	Loan Amount (\$) <b>135.00</b>
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>24907 Bridgeton Meadow Ln Katy, TX 77494</b>	Interest rate <b>0.00</b>
		Maturity date
Principal occupation / Job title (See Instructions) <b>Banker</b>		Employer (See Instructions) <b>American Bank, NA (Prosperity)</b>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

# SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>02/09/2026</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Tiffany Auzenne</b>	9 Loan Amount (\$) <b>69.83</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>24907 Bridgeton Meadow Ln Katy, TX 77494</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Banker</b>		13 Employer (See Instructions) <b>American Bank (Prosperity)</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <b>02/25/2026</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>24907 Bridgeton Meadow Ln Katy, TX 77494</b>	Loan Amount (\$) <b>32.36</b>
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>24907 Bridgeton Meadow Ln Katy, TX 77494</b>	Interest rate <b>0.00</b>
		Maturity date
Principal occupation / Job title (See Instructions) <b>Banker</b>		Employer (See Instructions) <b>American Bank (Prosperity)</b>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**LOANS****SCHEDULE E**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Tiffany Auzenne</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>03/04/2026</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Tiffany Auzenne</b>	9 Loan Amount (\$) <b>66.03</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>24907 Bridgeton Meadow Ln Katy, TX 77494</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Banker</b>		13 Employer (See Instructions) <b>American Bank (Prosperity)</b>
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <b>03/16/2026</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Tiffany Auzenne</b>	Loan Amount (\$) <b>47.40</b>
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>24907 Bridgeton Meadow Ln Katy, TX 77494</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>Banker</b>		Employer (See Instructions) <b>American Bank (Prosperity)</b>
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Tiffany Auzenne</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>02/09/2026</b>	<b>5</b> Payee name <b>Outhouse Tickets (Katy Livestock Show &amp; Rodeo 2026)</b>
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<b>6</b> Amount (\$) <b>19.04</b>	<b>7</b> Payee address; City; State; Zip Code <b>610 Elm St Ste 700, McKinney, Texas, 75069</b> <small>Check if individual's residence address.</small>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>OTHER</b>	<b>(b) Description</b> <b>Community outreach, KISD agricultural department rodeo</b>
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/23/2026</b>	Payee name <b>Grand UpperRoom</b>
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Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>3161 Morton Ranch Rd. Katy, TX 77449</b> <small>Check if individual's residence address.</small>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>Campaign Kickoff Event</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/23/2026</b>	Payee name <b>Uprinting</b>
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Amount (\$) <b>119.07</b>	Payee address; City; State; Zip Code <b>8000 Haskell Ave Van Nuys CA 91406</b> <small>Check if individual's residence address.</small>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Business Cards</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Tiffany Auzenne	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/23/2026	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) <b>129.90</b>	<b>7</b> Payee address; City; State; Zip Code 500 Terry Francois Street, 6th Floor. San Francisco, CA 94158 <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Email Marketing
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 02/25/2026	Payee name SignsOCheap	
Amount (\$) <b>344.78</b>	Payee address; City; State; Zip Code 11525A Stonehollow Dr., Ste. 120 Austin, TX, 78758 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Yard Signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 02/26/2026	Payee name Good Party LLC	
Amount (\$) <b>7.49</b>	Payee address; City; State; Zip Code 916 SILVER SPUR ROAD 310, ROLLING HILLS ESTATES, CA 90274 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Domain
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Tiffany Auzenne	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/26/2026	<b>5</b> Payee name Good Party LLC	
<b>6</b> Amount (\$) <b>10.00</b>	<b>7</b> Payee address; City; State; Zip Code 916 SILVER SPUR ROAD 310, ROLLING HILLS ESTATES, CA 90274 <small>Check if individual's residence address</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Pro Subscription
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/26/2026	Payee name Atikul LLC		
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code 9801 Harwin Dr, suite # I, Houston Tx 77036 <small>Check if individual's residence address</small>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banner	
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/02/2026	Payee name Atikul LLC		
Amount (\$) <b>112.88</b>	Payee address; City; State; Zip Code 9802 Harwin Dr, suite # I, Houston Tx 77036 <small>Check if individual's residence address</small>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shirts	
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Tiffany Auzenne	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/03/2026	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) <b>17.59</b>	<b>7</b> Payee address; 23610 Westheimer Pkwy Katy, TX 77494 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Signs
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/03/2026	Payee name BSST LLC
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Amount (\$) <b>270.63</b>	Payee address; 10690 Shadow Wood Dr. Ste 107 HOUSTON, TX 77043 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banner
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/03/2026	Payee name Brent Stephney
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Amount (\$) <b>175.00</b>	Payee address; 6114 Irish Hill, HOUSTON TX 77053 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Sound (Speakers, Mic, Music)
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Tiffany Auzenne	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/11/2026	<b>5</b> Payee name SignsOCheap	
<b>6</b> Amount (\$) 450.59	<b>7</b> Payee address; City; State; Zip Code 11525A Stonehollow Dr., Ste. 120 Austin, TX, 78758 <small>Check if individual's residence address</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Yard Signs
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <span style="float:right;"><small>Check if Austin, TX, officeholder living expense</small></span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 03/16/2026	Payee name Uprinting	
Amount (\$) 331.30	Payee address; City; State; Zip Code 8000 Haskell Ave Van Nuys CA 91406 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <span style="float:right;"><small>Check if Austin, TX, officeholder living expense</small></span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <span style="float:right;"><small>Check if Austin, TX, officeholder living expense</small></span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2</b> FILER NAME <b>Tiffany Auzenne</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/30/2026</b>	<b>5</b> Payee name <b>Amanda Migues Photography</b>	
<b>6</b> Amount (\$) <b>135.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>2303 Horned Owl Drive Katy, TX 77494</b> <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Campaign Photography for website and print materials</b>
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Tiffany S. Auzenne KISD Trustee, Position 4</b>	
Date <b>02/09/2026</b>	Payee name <b>Uprinting</b>	
Amount (\$) <b>69.83</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>8000 Haskell Ave Van Nuys CA 91406</b> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Business Cards</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Tiffany S. Auzenne KISD Trustee, Position 4</b>	
Date <b>02/25/2026</b>	Payee name <b>Amazon</b>	
Amount (\$) <b>32.36</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>410 Terry Ave N Seattle, WA 98109</b> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Displays for Tables</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Tiffany S. Auzenne KISD Trustee, Position 4</b>	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <b>Tiffany Auzenne</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/01/2026</b>	<b>5</b> Payee name <b>Amazon</b>	
<b>6</b> Amount (\$) <b>119.06</b> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code <b>410 Terry Ave N Seattle, WA 98109</b> <small>Check if individual's residence address</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Banner Stand</b>
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Tiffany S. Auzenne</b>	Office sought / Office held <b>KISD Trustee, Position 4</b>
Date <b>03/03/2026</b>	Payee name <b>Sam's Club</b>	
Amount (\$) <b>436.88</b> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>20424 Katy Fwy Katy, TX 77449</b> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Food, Drinks, Paper Items</b>
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Tiffany S. Auzenne</b>	Office sought / Office held <b>KISD Trustee, Position 4</b>
Date <b>03/04/2026</b>	Payee name <b>Imprint</b>	
Amount (\$) <b>66.03</b> <small>Reimbursement from political contributions intended</small> <input checked="" type="checkbox"/>	Payee address; City; State; Zip Code <b>14550 Beechnut St. Houston, TX 77083</b> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Buttons/Pins</b>
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Tiffany S. Auzenne</b>	Office sought / Office held <b>KISD Trustee, Position 4</b>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Tiffany Auzenne	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/16/2026	<b>5</b> Payee name Etsy Gem Awards	
<b>6</b> Amount (\$) 47.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2155 W 580 N. #393 Cedar City, UT 84721 <small>Check if individual's residence address</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Name Tags
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tiffany S. Auzenne	Office sought / Office held KISD Trustee, Position 4
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

### OFFICE USE ONLY

Date Received RECEIVED  
APR U 2 2026  
BY: 12:30pm [Signature]

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

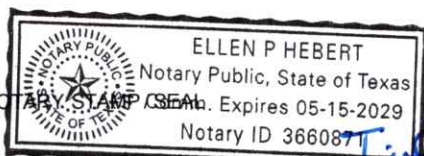
Date Imaged

Filer name: TIFFANY AUZENNE  
Filer ID #:

- 1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the semi-annual report due on 4/2/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

### Please complete either option below:

#### (1) Affidavit



[Signature] Signature of Filer

Sworn to and subscribed before me by Tiffany Auzenne this the 2nd day of April, 2026, to certify which, witness my hand and seal of office.

[Signature] Ellen P. Hebert Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**