

# 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 Ms.</div> <div>FIRST Cheryl</div> <div>MI A</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Buford</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <hr/> Date Received  <div style="font-size: 2em; color: blue; font-weight: bold; text-align: center;">RECEIVED</div> <div style="color: red; font-weight: bold; text-align: center;">APR 06 2023</div> <hr/> BY: _____  <hr/> Date Hand-delivered or Date Postmarked  <div style="text-align: right;"><i>[Signature]</i></div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Date Processed</div> <div>4/6/23</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Date Imaged</div> <div>3:26 pm</div> </div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  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> <div style="margin-top: 5px;">811 Merrick Dr. Sugar Land, TX 77478</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="margin-top: 5px;">( 713 )      303-4888</div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Michael</div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Treybig</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> <div style="margin-top: 5px;">811 Sandpiper Dr. Sugar Land, TX 77478</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="margin-top: 5px;">( 281 )      901-2233</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 checked="" 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  1      /      25      /      23 </div> <div>THROUGH</div> <div> Month      Day      Year  3      /      27      /      23 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  5      /      6      /      23 </div> <div> ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div>Primary</div> <div>Runoff</div> <div>Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div>Special</div> <div></div> </div> </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Fort Bend ISD Board of Trustees - Pos. 4</b>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; text-align: center;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Cheryl Anne Buford</i>		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)	\$ 140.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,465.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 98.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,509.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 955.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

x *Cheryl Anne Buford*  
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 *Cheryl Anne Buford*, and my date of birth is *5/25/53*.  
My address is *811 Merrick Dr.*, *Sugar Land*, *Tx*, *77478* *Ft. Bend*  
(street) (city) (state) (zip code) (country)  
Executed in *Ft. Bend* County, State of *TX*, on the *6th* day of *April*, 20 *23*.  
(month) (year)  
x *Cheryl Anne Buford*  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Cheryl Anne Buford

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 3,465.00

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 0

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$ 0

4. SCHEDULE E: LOANS

\$ 0

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 1,251.08

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$ 803.76

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$ 0

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ 454.54

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 454.54

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$ 0

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 0

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED  
TO FILER

\$ 0



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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Cheryl Anne Buford		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/01/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Stephan Fairfield <b>6</b> Contributor address; City; State; Zip Code PO Box 131316, Houston, TX 77219	<b>7</b> Amount of contribution (\$)  <b>1,000.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Covenant Community Capital
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Jim Goldman Contributor address; City; State; Zip Code 3306 Black Locust Dr Sugar Land, TX 77479	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) AWSOMsoft LLC
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Matthew Brown Contributor address; City; State; Zip Code 2319 Squire Dobbins Dr Sugar Land, TX 77478	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Katherine Luckenbach Contributor address; City; State; Zip Code 534 Longview Dr. Sugar Land, TX77478	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) retired		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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Cheryl Anne Buford		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/08/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Sandra Dickey <b>6</b> Contributor address; City; State; Zip Code 815 Sugar Creek Blvd. Sugar Land, TX 77478	<b>7</b> Amount of contribution (\$)  <b>250.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Christopher Meyer Contributor address; City; State; Zip Code 2114 Thornton Hills Ct, Sugar Land, TX 77479	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Chris Meyer Law Firm, PLLC
Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Melody Cook Contributor address; City; State; Zip Code 3907 Gallaher Court, Missouri City, Tx 77459	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) Associate Director		Employer (See Instructions) Ernst and Young
Date 03/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Greg Bennett Contributor address; City; State; Zip Code 715 Longview Dr., Sugar Land, TX 77478	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions) Broker/Owner		Employer (See Instructions) Greg Bennett Fine Properties Realty
<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 Cheryl Anne Buford		3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas M Jackson 6 Contributor address; City; State; Zip Code 815 Merrick Dr., Sugar Land, TX 77478	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Kathleen M. Owen Contributor address; City; State; Zip Code 3203 Fairway Dr., Sugar Land, TX 77478	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Richard Cadenhead Contributor address; City; State; Zip Code 807 Merrick Dr., Sugar Land, TX 77478	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/23/23	Full name of contributor out-of-state PAC (ID#: _____) Victor Chen Contributor address; City; State; Zip Code 107 Blaincroft Ct. Sugar Land, TX 77478	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) General Realty
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>3</b>		2 FILER NAME <b>Cheryl Anne Buford</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/13/23</b>		5 Payee name <b>Comerica fee</b>			
6 Amount (\$) <b>72.57</b>		7 Payee address; City; State; Zip Code <b>One Sugar Creek Center Sugar Land, TX 77478</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>bank account fee</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held <b>Cheryl Anne Buford FBISD Board Pos 4</b>			
Date <b>3/15/23</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>88.57</b>		Payee address; City; State; Zip Code <b>15375 Southwest Fwy Sugar Land TX 77478</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event expense</b>		Description <b>Invitations</b>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held <b>Cheryl Anne Buford FBISD Board Pos 4</b>			
Date <b>3/15/23</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>14.93</b>		Payee address; City; State; Zip Code <b>15375 Southwest Fwy Sugar Land TX 77478</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event expense</b>		Description <b>Invitations</b>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held <b>Cheryl Anne Buford FBISD Board Pos 4</b>			

**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  
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: 3		2 FILER NAME Cheryl Anne Buford		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name USPS			
6 Amount (\$) 12.60		7 Payee address; 025 Matlage Way Sugar Land TX 77478		City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event expense		(b) Description Postage		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Cheryl Anne Buford		Office sought FBISD-Pos4	
Date 3/27/23		Payee name IWO Print			
Amount (\$) 312.84		Payee address; 20718 Ivory Creek Katy TX 77450		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description Push cards		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/22/23		Payee name Anedot fee			
Amount (\$) 52.90		Payee address; NA		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Fundraising service		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Cheryl Anne Buford		Office sought FBISD Board-Pos4	

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: <div style="text-align: center;">3</div>	<b>2</b> FILER NAME <div style="text-align: center;">Cheryl Anne Buford</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">3/27/23</div>	<b>5</b> Payee name <div style="text-align: center;">Universal Sign And Banner</div>	
<b>6</b> Amount (\$) <div style="text-align: center;">756.67</div>	<b>7</b> Payee address; <div style="text-align: center;">7825 Hwy6 South      City: Houston      State: TX      Zip Code 77083</div>	
<b>8</b>  <div style="text-align: center;"><b>PURPOSE OF EXPENDITURE</b></div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">756.67</div>	
	<b>(b)</b> Description <div style="text-align: center;">Advertising expense</div>	
<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <span style="float: right;">Office sought      Office held</span>		
Date	Payee name	
Amount (\$)	Payee address; <span style="float: right;">City;      State;      Zip Code</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <span style="float: right;">Office sought      Office held</span>		
Date	Payee name	
Amount (\$)	Payee address; <span style="float: right;">City;      State;      Zip Code</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <span style="float: right;">Office sought      Office held</span>		

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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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.

<b>1</b> Total pages Schedule F2: <u>1</u>		<b>2</b> FILER NAME <u>Cheryl Anne Buford</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$ <u>803.76</u>	
<b>5</b> Date		<b>6</b> Payee name <u>ILO Print</u>			
<b>7</b> Amount (\$) <u>803.76</u>		<b>8</b> Payee address; <u>20718 Ivory Creek</u>		City; <u>Katy</u>	State; <u>TX</u>
		Zip Code <u>77450</u>			
<b>9</b> TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
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					



**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F4:		<b>2</b> FILER NAME Cheryl Anne Buford		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 98,40	
<b>5</b> Date 3/3/23		<b>6</b> Payee name IW Print			
<b>7</b> Amount (\$) 356.14		<b>8</b> Payee address; 20718 Ivory Creek Ln		<b>City;</b> Katy	<b>State;</b> Tx
		<b>Zip Code</b> 77450			
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description Cards	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
		Office held			
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address;</b>		<b>City;</b>	<b>State;</b> <b>Zip Code</b>
<b>TYPE OF EXPENDITURE</b>		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>	
		Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought	
		Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Cheryl Anne Burford</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>3/10/23</i>	<b>5</b> Payee name <i>USAA Credit Card Payments</i>			
<b>6</b> Amount (\$) <i>16.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>10750 McDermott Frey</i>		City; <i>San Antonio Tx</i>	State; <i>78288</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>		<b>(b)</b> Description <i>web expense</i>	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name      Office sought      Office held				
Date <i>3/15/23</i>	Payee name <i>Bank of America</i>			
Amount (\$) <i>437.55</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>POB 851001</i>		City; <i>Dallas</i>	State; <i>Tx</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>		Description <i>printing, web expenses</i>	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name      Office sought      Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address;		City;	State;      Zip Code
Reimbursement from political contributions intended				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name      Office sought      Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED