CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Allison	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Drew	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: P.O. Box 234	APT / SUITE #: 13 Missouri City, T	CITY: STATE: ZIP CODE X 77459	JUL 15 2025
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	BI.
OFFICEHOLDER PHONE	(832)	376.7768		Date Hald-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Ms.	Debra		Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		Quill		
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE): APT / S 13 Missouri City, T		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	376.7768	EXTENSION	
9 REPORT TYPE	January 15	30th day before a		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Altach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	4	24 / 25	THROUGH GAS noted 6 no.	30 / 25
11 ELECTION	ELECTION DA	Reimanu	ELECTION TYPE	an a the angle of
	Month Day	Year Contract Year Year General	Description	
	5 / 3 /	25 General		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	
the former of the	1. 21	그냥 가지 않는 게	FBISD Trustee	Position 7
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CANL	ADE BY POLITICAL COMMITTEES TO SUPPORT NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	1	GO TO	PAGE 2	

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www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Allison Drew			16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION 1 TOTALS	. TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUAR/ CONTRIBUTIONS MADE ELEC	AL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR TRONICALLY)	NN \$	1
fecerven		BUTIONS NS, OR GUARANTEES OF LOANS	\$) \$	500.00
EXPENDITURE TOTALS 3	. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$	
	TOTAL POLITICAL EXPEND	ITURES	\$	1,330.00
CONTRIBUTION 5 BALANCE 5	. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	AST DAY \$	0.00
OUTSTANDING 6 LOAN TOTALS	. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS (G PERIOD	OF THE \$	
	l to be reported by me under Title 15, E	A	Candidate or O	fficeholder
	Please comp	lete either option belo	w:	
(1) Affidavit	YADIRA CASTILLO Notary ID #124453055 My Commission Expires January 6, 2027			
NOTARY STAMP/SEAL				
	re me by <u>Allison</u> Dre	this the	a K da	ay of July,
20 25 , to certify which Vadua Color Signature of officer administering o	ath Printed rame of offi	va Cashilo	Title	of officer administering oath
		OR		
(2) Unsworn Declaration				
My name is		, and my date of birth	s	
Executed in	(street) County, State of	1	(state) (zip , 2 th)	No contra de la
		Signature of Cano	lidate/Officehol	der (Declarant)
orms provided by Texas Ethics (Commission www.etl	hics.state.tx.us		Revised 1/1/2025

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

	HEDULE SUBTOTALS ME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.°%
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1330.00/
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	S
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) CWA Local 6222	7 Amount of contribution (\$)
05/03/2025	6 Contributor address; City; State; Zip Code 10959 Ella Blvd. Houston, TX 77067	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occuj	Dation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	Lions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)

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 The Instruction Guide explai	Office Over Polling Exp Printing Exp Salaries/Wa	vment/Reimbursement head/Rental Expense vense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)			
Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	s Commission Filers)		
Date	5 Payeen	ame						
Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	(a) Catego	See Categories listed at the top of thi	s schedule)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if A			Check if Aust	stin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
Amount (\$)	Payee a	uddress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Categor	Y (See Categories listed at the top of this	schedule)	Description				
	-	Check if travel outside of Texas, Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held		
Date	Payee	name						
Amount (\$)	Payee a	address;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense		
Complete ONLY if direct	Candi	idate / Officeholder name		Office sought		Office held		

Forms provided by Texas Ethics Commission

LOANS

SCHEDULE E

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
N N			to matany date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll none	ateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City:	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	1
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
<u>γ</u> Ν			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		T	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

Forms provided by Texas Ethics Commission

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDI	URE CATEG	ORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	By al Committee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memo Legal Services	bense	Loan Rep Office Ov Polling Ex Printing E	ayment/Reimbursement erhead/Rental Expense :pense	Solicitation/Fundraisi Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
		The Instruction	n Guide explain		complete this form.	- and former dictilego	y nonsted above)
1 Total pages Schedule F2:	2 FILER	VAME				3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF UNITEN	AIZED UN	PAID INCUR	RED OBLIG	BATION	S	\$	
5 Date	6 Payee r	ame					
7 Amount (\$)	8 Payee a	address;		5	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Г Р	olitical		Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category	(See Calegories liste	ed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of	Texas. Complete Sch	edule T.	Check if Aust	in, TX. officeholder living e	ivpenco
11 Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officehold	der name	0	ffice sought	Office he	ld
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
TYPE OF EXPENDITURE	C Po	litical		Non-Pol	itical		
PURPOSE OF EXPENDITURE	Category	(See Categories listed	d at the top of this sc	hedule)	Description		
	1	Check if travel outside of	Texas. Complete Sch	nedule T.	Check if Aus	in, TX. officeholder living i	avnerce
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officehold			fice sought	Office hel	
	ATTACH	ADDITIONAL	COPIES OF	THISSO	HEDULE AS NEE	DED	
orms provided by Texas Ethics						DED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAM	IE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

Forms provided by Texas Ethics Commission

	EX	PENDITURE CA	TEGODIES		······		
Advertising Expense	Event Ex						1.58
Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po	Fees Food/Bey Gift/Awar	/erage Expense /ds/Memorials Expense	Office O Polling I Printing	payment/Reimbursem iverhead/Rental Exper Expense Expense /Wages/Contract Labo	ise Transpo Travel I Travel C	n District Out Of District	ig Expense hent & Related Expe y not listed above)
The Instruction	on Guide explains how to c	omplete this form.		USE A NEW PAG			7) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILE	R ID (Ethics	Commission File
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO A	A CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institu	ition					
5 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit C	ard Issuer Paid		
PAYEE	(a) Payee name		1/1-) 0	1			
	tu) i uyce name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this sche	dule)	(b) Description			******
Non-Political	(c) Check if travel ou	itside of Texas. Complet	e Schedule T	[Chec	k if Austin TV offic	obaldas livias	
Complete <u>ONLY</u> if direct Denditure to benefit C/OH	Candidate / Officeholder			ice Sought	k if Austin, TX, offic	Office Held	
AYMENT	(a) Amount Charged	(b) Date Expenditi	ure Charged	(c) Date(s) Credit C	ard Issuer Paid		
AYEE	(a) Payee name	-	(b) Payee add	dress;	City,	State,	Zip Code
URPOSE OF XPENDITURE	(a) Category (See Categories I	isted at the top of this sche	dule)	(b) Description			
 Political Non-Political 	(c) Check if travel ou	tside of Texas. Complet	e Schedule T	Choo		1.11 8.2	
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder			ice Sought	k if Austin, TX, offic	Office Held	expense
		1					
AYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Ca	ard Issuer Paid		
AYEE	(a) Payee name	•	(b) Payee add	lress;	City,	State,	Zip Code
JRPOSE OF XPENDITURE	(a) Category (See Categories li	sted at the top of this schee	dule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T	Chr	eck if Austin, TX, of	Ficebolder livie	
omplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder			ce Sought	eee in Austin, 17, 01	Office Held	g expense
	ATTACH ADDI	FIONAL COPIES			NEEDED		

Г

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Ol Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense Ilaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G: 1	2 FILER NAME Allison Drew		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		·
05/04/2025	Hazel Lundy		
6 Amount (\$) 1,080.00 ✓ Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Polling Expense	(b) Description Poll Workers	
	(c) Check if travel outside of Texas. Complete Schedu	n, 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		
05/03/2025	Madison Signs		
Amount (\$) 250.00 Reimbursement from political contributions intended	Payee address: Missouri City, TX 77479	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere Other	Description Sign Removal	
	Check if travel outside of Texas. Complete Schedu	ile T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	lin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		EXPENDITURE CA	TEGORIES	6 FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing		payment/Reimbursement verhead/Rental Expense Expense Zwages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business	name	******	en en en en litter ingen pro-senten en priser politis en der	1		
6 Amount (\$)	7 Business address;			City;	SI	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of Ir	iis schedule)	(b) Description			
	(c) (Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	i, TX, officeholder	living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Description			
	C	heck if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder	living exp	ense
Complete ONLY if direct expenditure to benefit C/OI		ite / Officeholder name		Office sought		0	office held
Date	Business	name					
Amount (\$)	Business	address;	Meanair (2000)	City;	Sti	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Description			
	C	heck if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder	living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		0	ffice held
	ATT	ACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEEI	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to cor	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See i required.)	nstructions rega	rding type of	Information
Date	Payee name			6400-00-000-00-00-00-00-00-00-	
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	arding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regr	arding type of	information
Date	Payee name			2	
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions reg	arding type o	f information
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEI	EDED		

	EST, CREDITS, GAINS, REFUNDS, AND RIBUTIONS RETURNED TO FILER		SCHEDULE K
If the reque	ested information is not applicable, DO NOT include this page	e in the report.	
The	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	Ξ	s Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)	
	6 Address of person from whom amount is received; City; S	State; Zip Code	
	7 Purpose for which amount is received Check	; if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Check	if political contribution	n returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Check	k if political contribution	n returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Chec	k if political contributio	n returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Ins	ruction Guide explains how to complet	e this form.	1 Total pages Schedule T:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
			· · · · · · · · · · · · · · · · · · ·
4 Name of Contributo	/ Corporation or Labor Organization / Pledg	gor / Payee	
5 Contribution / Exper Schedule A2 Schedule F2 6 Dates of travel	Schedule B Schedule B	J) Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
	8 Departure city or name of departure le	ocation	
	9 Destination city or name of destinatio	n location	
10 Means of transporta	tion 11 Purpose of travel (includ	ing name of conference,	seminar, or other event)
Name of Contributo	/ Corporation or Labor Organization / Pledg	gor / Payee	
Contribution / Exper	Schedule B Schedule B(Schedule F4 Schedule G	J) Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Dates of travel	Name of person(s) traveling Departure city or name of departure lo Destination city or name of destinatio		
Means of transporta			seminar, or other event)
Name of Contributor	/ Corporation or Labor Organization / Pledg	or / Payee	
Contribution / Expen	diture reported on:		
Schedule A2	Schedule B Schedule B(J)	Schedule C2	Schedule D Schedule F1
Dates of travel	Name of person(s) traveling	Land	
	Departure city or name of departure lo	ocation	
	Destination city or name of destination	1 location	
Means of transporta	ion Purpose of travel (includi	ng name of conference,	seminar, or other event)
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDUL	E AS NEEDED
orms provided by Texas	Ethics Commission www.e	thics.state.tx.us	Revised 1/1/2025

			OFFICI	E USE ONLY
	AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION An exemption affidavit must be submitted with each paper report.		Date Received DECEIVE JUL 15 2025 MADULA Date Hand-delivered or Date Postmarked Sizo PM	
\$33,910 in political contributions or made more than \$33,910 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.			Receipt #	Amount \$
			Date Processed	
Filer name		Filer ID #	Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 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.
- 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 \$33,910 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 <u>CINFRAL</u> report due on <u>Juy 15</u> 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 complet	e either option below:	1.1	\mathcal{D}		
(1) Affidavit	YADIRA CASTILLO Notary ID #124453055 My Commission Expires January 6, 2027	A	Signature		
Sworn to and subscribe	EAL d before me by <u>Allson</u> fy which, witness my hand and seal of offi	Drew th	is the 15	_ day of <u>J</u>	sly.
Viadura	fy which, witness my hand and seal of offi Castello V stering oath Printed name	pairg Cashllo		NOIC	administering
(2) Unsworn Declara	tion				
My name is		, and my date of	birth is		•
	(street)				
Executed in	County, State of	, on the day of _	(month)	, 20 (year)	
		S	ignature of Fil	er (Declarant)	
	ILERS WHO ARE EXEMPT FRO ARE STILL REQUIRED TO FILE				

Complete only if "Report Type IE RE ect any further political contributions or political e a report as a final report terminates my campaigr	xpenditures in connection with m	al Report" •• 2 Filer ID (Ethics Commission Filers)
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simplify experiations of make any campaign experiationes.	i treasurer appointment. I also u without a campaign treasurer ap	inderstand that I may not accept any
	Signatur	re of Candidate / Officeholder
IO IS NOT AN OFFICEHOLDER te A & B below only if you are not an officeho	older. ••	
MPAIGN FUNDS		
ly one:		
o not have unexpended contributions or unexpend	ded interest or income earned fro	om political contributions.
y not convert unexpended political contributions sonal use. I also understand that I must file an expended contributions or unexpended interest or ng this final report. Further, I understand that I mu	or unexpended interest or incor annual report of unexpended or income earned on political contr ist dispose of unexpended politic	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended
SETS	VADIRA CASTILLO otary 10 #124453055	n . 253. b
ly one:		* (2) (2) (
o not retain assets purchased with political contrib	3	e from political contributions.
o retain assets purchased with political contributio t I may not convert assets purchased with politica sonal use. I also understand that I must dispose	ns or interest or other income fro I contributions or interest or othe	om political contributions. I understand
	S	ignature of Candidate
e this section only if you are an officeholder	**	
	AMPAIGN FUNDS hly one: lo not have unexpended contributions or unexpended lave unexpended contributions or unexpended inter- ay not convert unexpended political contributions rsonal use. I also understand that I must file an expended contributions or unexpended interest or ng this final report. Further, I understand that I mu erest or income earned on political contributions in SSETS hly one: o not retain assets purchased with political contribution at I may not convert assets purchased with political contribution	HOIS NOT AN OFFICEHOLDER te A & B below only if you are not an officeholder AMPAIGN FUNDS Inly one: to not have unexpended contributions or unexpended interest or income earned from political ave unexpended contributions or unexpended interest or income earned from political you convert unexpended political contributions or unexpended interest or income earned on political contributions or unexpended contributions or unexpended interest or income earned on political contributions or unexpended contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions in accordance with the requirement of this final report. Further, I understand that I must dispose of unexpended political expended contributions or unexpended interest or income earned on political contributions in accordance with the requirement of the final report. Further, I understand that I must dispose of unexpended political or retain assets purchased with political contributions or interest or other income from at I may not convert assets purchased with political contributions or interest or other income from at I may not convert assets purchased with political contributions or interest or other income from at I may not convert assets purchased with political contributions or interest or other income from at I may not convert assets purchased with political contributions or interest or other income from at I may not convert assets purchased with political contributions or interest or other income from at I may not convert assets purchased with political contributions or interest or other income from at I may not convert assets purchased with political contributions or interest or other isonal use. I also understand that I must dispose of assets purchased with political quirements of Election Code, § 254.204. S

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 6	te 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code	I I Check if travel outside of Texas. Complete Schedule T.		
10 Principal occup	pation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's p	rincipal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's e	mployer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)	athree 2.5			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code	 Check if travel outside of Texas. Complete Schedule T.		
Principal occup	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)		
Contributor's p	rincipal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIA			of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

PLEDGED CONTRIBUTIONS

SCHEDULE B

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OI	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta			
			Check if travel outsi	i. ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor 🗌 out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	te; Zip Code		
			Check if travel outsi	l. de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta			
			Check if travel outsi	I. ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		
			Check if travel outsi	i de of Texas. Complete Schedule T.
Principal occu	apation / Job title (See Instructions)	Employer (See	Instructions)	
R.				
If	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instr	이는 영화가에서 여러 전화가에서 통법	TREASE STREAM AND TREASE STREAM	requirements.
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