

# 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**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Bob

MI

R

NICKNAME

LAST

Covey

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

17110 Ledgefield Cypress TX 77433

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 304-2274

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Kathleen

MI

M.

NICKNAME

LAST

Covey

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

17110 Ledgefield Cypress TX 77433

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 721-0168

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

09 / 24 / 2021

THROUGH

Month

Day

Year

10 / 23 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 2021

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CFISD Board of Trustees - <sup>position</sup> 7

13 OFFICE SOUGHT (if known)

CFISD Board of Trustees - <sup>position</sup> 7

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Citizens for CFISD Proven Leaders

GENERAL

COMMITTEE ADDRESS

5315-B Cypress Creek Pkwy #350 Houston TX 77069

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Darcy Mingoia

COMMITTEE CAMPAIGN TREASURER ADDRESS

6610 Battington Garden Houston, TX 77069

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

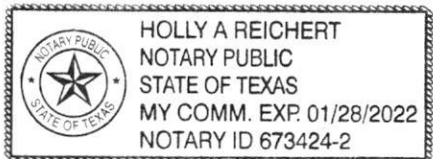
**15 C/OH NAME** Bob R. Covey **16 Filer ID (Ethics Commission Filers)**

|                                |   |    |               |
|--------------------------------|---|----|---------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | <u>0.00</u>   |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | <u>0.00</u>   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ | <u>0.00</u>   |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ | <u>485.00</u> |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ | <u>0.00</u>   |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | <u>0.00</u>   |

**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.

Bob R. Covey  
Signature of Candidate or Officeholder

**Please complete either option below:**



**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bob R. Covey this the 25<sup>th</sup> day of Oct.

20 21 to certify which, witness my hand and seal of office.

Holly A. Reichert Holly A. Reichert Notary Public  
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 Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Bob R. Covey*

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$                 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$                 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$                 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ <i>485.00</i>   |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$                 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$                 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$                 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><i>1</i>                       | <b>2</b> FILER NAME<br><i>Bob R. Covey</i>   | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Date<br><i>10/15/2021</i>                                  | <b>5</b> Payee name<br><i>Citizens for CFISD Proven Leaders</i>  |   |
| <b>6</b> Amount (\$)<br><i>\$485.00</i>                             | <b>7</b> Payee address; City; State; Zip Code<br><i>5315-B Cypress Creek Pkwy # 350 Houston TX 77069</i>   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  | <b>(b)</b> Description<br><i>Covey Yard Signs</i> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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   | Payee name  |               |                 |
| Amount (\$)  | Payee address;  | City;         | State; Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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     |

|  |   |               |                 |
|--|---|---------------|-----------------|
| Date   | Payee name  |               |                 |
| Amount (\$)  | Payee address;  | City;         | State; Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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**