CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Christine	9.	МІ	OFFICE USE ONLY
NAME	NICKNAME	Kalmbach		SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	7710 Cherry	Park, T260, Hous	city, state, ton, TX 77095	ZIP CODE	
Change of Address			1.77	1.2	9
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	755-2954	EXTENS	ION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Stephen	er odkory referencer	MI	Receipt # Amount \$
NAME	NICKNAME	LAST Kalmbach		SUFFIX	Date Processed 10/10/2023
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT / Park, T260, Hous		•	STATE; ZIP CODE
(Residence or Business)					
B CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENS	ION	and the company of the state of
PHONE	(832)	755-2953			
9 REPORT TYPE	January 15	30th day before	e election Ru	ınoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e		ceeded Modified eporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year 23	THROUGH	Month 10	09 23
11 ELECTION	Month Day	Year Primar)	Other Description	
12 OFFICE	OFFICE HELD (if any	To the second		SOUGHT (if know Board of T	rustees Position 4
14 NOTICE FROM		CCUAINED THESE EVDENNITIII	REC MAY HAVE KEEN MADI	E WITHOUT THE CAT	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
POLITICAL					
COMMITTEE(S)	COMMITTEE TYPE	Cy-Fair Liberty PA	iC		
	GENERAL	Cy-Fair Liberty PA COMMITTEE ADDRESS 13121 Louetta R	d #1555 Cypre	ess TX 774	129
COMMITTEE(S)	ray in the state of the state o	Cy-Fair Liberty PA	d #1555 Cypre	ess TX 774	129

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

16 C/OH NAME	Stine Kalmbach	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5022.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
1 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. TOTAL POLITICAL EXPENDITURES	\$ 2392.51
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 2630.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 2600.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	quired to be reported by me under Title 15, Election Code	ulmbook
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
(1) Affidavit	DAVID SNOOK My Notary ID # 126948231 Expires December 4, 2023	
Sworn to and subscribed	before me by Christine Kalmbach this the	10 day of October,
20 to certify	which, witness my hand and seal of office. DAVV) SUAN	DOTAY
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on Çürkiyeye ili girin eler ili girinde ele	
My name is	, and my date of birth is	·
My address is	4 3 4 5 6 6 6 6	
		state) (zip code) (country)
Executed in	County, State of, on the day of(month) 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9 FILER N Christine	Kalmbach	20 Filer ID (Ethics C	ommission Filers)
21 SCHED	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 299207
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2030-44
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s —
4.	4. SCHEDULE E: LOANS		\$ 2600.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 2392.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s —	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
B. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s —	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		s	
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 CONTRIBUTO FILER		\$ <u> </u>

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SCHEDULE A1

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

Th	e Instruction Guide explains how to	complete ti	nis form.	1 Total pages Schedule A1:
2 FILER NAM Christine H		* ~ **		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/2023	5 Full name of contributor William Ely 6 Contributor address; City; State; Zip Code Cypress, TX 77433		7 Amount of contribution (\$) 520.51	
Principal o∞ CCOUNT Ex€	cupation / Job title (See Instructions)		9 Employer (See Instruction SAP Americas	tions)
Date 5/8/2023	Full name of contributor Andrea Zimmer Contributor address:	out-of-state Pa	AC (ID#:) State; Zip Code	Amount of contribution (\$) 104.10
	Houston, TX 77095	Oily,	Sala, Zip Godo	
Principal occu Oach	upation / Job title (See Instructions)		Employer (See Instruct 24 Hour Fitness	ions)
Date /11/2023	Full name of contributor Michele Adcock Contributor address; Clarksville, TN 37042	out-of-state PA	State; Zip Code	Amount of contribution (\$) 52.05
Principal occu etired	upation / Job title (See Instructions)		Employer (See Instructi Retired	ons)
Date 5/14/2023	Full name of contributor Jeffery Fetterly Contributor address; Houston, TX 77064	out-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal oœu PrVİCE	pation / Job title (See Instructions)		Employer (See Instruction Texas Access Control	
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SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	Christine Kalmbach		3 Filer ID (Ethics Commission Filers)
4 Date	6 Contributor address; City;	#	7 Amount of contribution (\$) \$52.05
8 Principal occu	pation / Job title (See Instructions) 2011	Employer (See Instruct	,
Date 9.31.2023		m Davida D	Amount of contribution (\$) 6 26:63
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 6-31-202		tate; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date (6-31-2023)	Full name of contributor CDW+Ny Spradly Contributor address; City; s	Charles To a large	Amount of contribution (\$) \$ 26-67
	ation / Job title (See Instructions)	Employer (See Instruction Pesson Ownce	Staffing
	ATTACH ADDITIONAL COPIES OF TI If contributor is out-of-state PAC, please see Instruction	HIS SCHEDULE AS NE	EDFD

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	Christine Kallub	ach	3 Filer ID (Ethics Commission Filers)
Date 9, 4, 2023	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)
1/1	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#	Amount al contribution (\$)
P. 11.2023	Contributor address; City,	State: Zip Cods Stm TX 77095	\$ 50.00
Principal occup	BN dge Director	Emplayer (See Instruct	ions)
Date Q, , 1673	Full name of contributor OF THE MAN Contributor address; City; City;	State; Zip Coda	\$ 52.05
Principal occur	pation / Job title (See Instructions)	Employer (Spe Instrument Vet Ved	fons)
Date 7. Nr. 2023	Full name of contributor Cay Dly Williams Contributor address; City;	State; Zip Code	\$ 104, 10
Principal occup	pation / Job title (See Instructions)	Employer (See Instrue	Silliams
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	VI EDED

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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. 2 FILER NAME Stre La Mall 4 Date 5 Full name of contributor O, 15, 2023 6 Contributor address; City; State; Zip Code	1 Total pages Schedule A1: 3 Filer ID (Fibles Commission Filers) 7 Amount of contribution (\$)
4 Date 5 Full name of contributor out-of-state PAC (ID#	
0.15.2023 Molthew Faith	7 Amount of contribution (\$)
G Contributor address; City; State; Zip Code Cupres TX 77433	\$26.03
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ens)
Date Full name of contributor Out-of-state PAC (IDH:	\$ 104.10
Principal occupation / Job title (See Instructions) Service THMATO Employer (See Instructions) Texas Ac	cess Controls
Date Full name of contributor One out-of-state PAC (ID#	\$260.25
Principal occupation / Job title (See Instructions) Employer (See Instructions) Hall burn	
Date Out-of-state PAC (ID#	652.05
Principal occupation / Job title (See Instructions)	ions)

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If contributor is out-of-state PAC, please see Instruction guide for

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 2 FILER NAME \$52.05 8 Principal occupation / Job title (See Instructions) ltires Son Contributor address Principal occupation / Job title (See Instructions) out-of-state PAC (ID# bution (\$) \$26.03 City; Principal occupation / Job title (See Instructions) Lotre Full name of contributor \$ 26.03 Contributor address; Principal occupation (Job title (See Instructions)

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If contributor is out-of-state PAC, please see Instruction

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SCHEDULE A1

if the reques	ted information is not applicable	e, DO NOT III	cidde this page at the	report.
The	Instruction Guide explains how to	complete this	form,	1 Tested process to be the A1:
2 FILER NAME	errishne Kalmbi	sch		2 Filer (O #515 is Commission Filers)
4 Date 9.27.2023	Full name of contributor LUSHEV LUST Contributor address;	City;	State; Zip Code 5 TX 77433	7 Armond a defibution (\$)
8 Principal occu	pation / Job title (See Instructions) Director - Proj Ba	sed labs	9 Employer (See Institute Houston C	Wristian University
Q 29 203	Full name of contributor Parid Jaks Contributor address;	out-of-state PAC City;	State; Zip Code N Ston TX 77041	\$26.03
	nation / Job title (See Instructions)		Employer (See Instant	ens)
Q 24 2023	Full name of contributor LOVIC Contributor address;	City	State; Zip Code	\$ 52,05
Principal occup	ation / Job title (See Instructions)	er i de green en	monarch	Title
9.79- 2	Full name of contributor DI TONE Contributor address;	City;	State; Zip Code	\$ 25.00
Principal occupa	ation / Job title (See Instructions)		Retired	ons)
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If contributor is out-of-state PAC, please see Instruction and to a trial

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. 2 FILER NAME 8 Principal occupation / Job title (See Instructions) bution (\$) Principal occupation / Job title (See Instructions) Self Employed Principal occupation / Job title (See Instructions) ution (\$) Principal occupation / Job title (See Instructions

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SCHEDULE A1

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

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The Instruction Guide explains how to complete this form.			1° Total pages is contain A1:
2 FILER NAME	Christne Kaluba	ach	3 Filer to (Ett et Commission Filers)
4 Date	6 Contributor address; City;	State; Zip Code	7 Amon delibution (\$) 4 15.62
8 Principal occur	pation / Job title (See Instructions)	9 Employer (Son Institut) Retirch	gns)
Q. 29.22		State: Zip Gorde	\$ 104. 10
Principal occup	Red See Instructions) Red Stelle Broker	Kellar Will	idm S
Date 0.2023	Full name of contributor out-of-state PA JULIE WILSON Contributor address; City;	State; Zip Code Y TX THYP Retified Instruct	\$ 10.41
Principal occur	Destion / Job title (See Instructions)	Retited	ions)
Principal occup	Full name of contributor Many Jo House Contributor address; City; pation / Job title (See Instructions)	State: Zin Cond SS TX 77433 Employed (Conditional Plet Hed	\$ 76.03

If contributor is out-of-state PAC, please see Instruct

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SCHEDULE A1

Revised 8/17/2020

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

The Instruction Guide explains how to co	omplete this form.	1 Total pures inhabite A1:
2 FILER NAME Christine Ko	hubbeh	3 Filer ID. Ethies Commission Filers)
9.30.703 Amy Savoil	city; State; 71433	7 Amount of contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instru	lions).
10.22023 Jehnifer Breih	City:	Athosa (\$) (\$)
Principal occupation (Job title (See Instructions)	Houston TX 77095 ACBL	(ano
O Contributor address; C	ut-of-state PAC (CC) V Strange Ac CC Ac Ac CC	\$ 52.05
8-8-2023 Linda Cole	thot state packets Cypress 1x7742	\$ 10.55 (5)
Principal occupation / Job title (See Instructions)	The tayon (1999 Ingliquete	the state of the s
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SCHEDULE A1

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

All form	1 Total pages Schedule A1;
The Instruction Guide explains how to complete this form.	10
	3 Filer ID (Ethics Commission Filers)
FILER NAME Christne Kalinbach	
Date 0 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
Date 5 Full name of contributor City: State; Zip Code Littleton Co Solve	\$ 26.03
9 Employer (See Instructions)	uctions)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 54	 Programme And Company of the Company o
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
City: State; Zip Code	The problem
Contributor address; City; State; Zip Code	
Employer (See Instructions)	auctions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	ent of the second of the secon
Commence of the second of the	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	1 A PASS
	er van de fant en de 1973 Abert van gebruik gebruik de 1985 en 1986 en 1986 en 1986 en 1986 en 1986 en 1986 en En 1986 en 1986 bijde meentere De technologie – de heepfere yn 1982 de
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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:
Christine Kalmbach	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$ 2030.44
13121 LOUETTA RD NUM 1555, CYPRESS TX 77	Contribution \$ description Marketing Zip Code Zip Code Materials
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
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 out-of-state PAC (ID#: Contributor address; City; State;	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
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)	
	ALDRAN MEDIC OF ALL PARTE WE SEE
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SCHEDULE E **LOANS**

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

The I	nstruction Guide explains how to complet	e this form.	1 Total pages Schedule E:
FILER NAME	ach		3 Filer ID (Ethics Commission Filers)
4	ITEMIZED LOANS		\$ 2600.00
			9 Loan Amount (\$)
Date of loan 7/21/2023	7 Name of lender □ out-of-state PAC (ID#:) Christine Kalmbach		100.00
Is lender a financial			10 Interest rate 0 11 Maturity date
Institution?	77 To Orienty Fank Brill 1200 Co.	710 Cherry Park Dr #1260 Houston 1X 77666	
Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions) Self Emplo	sed
4 Description of Co	(107		ds were deposited into political
none 6 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
	pation (See Instructions)	21 Employer (See Instructions) PAC (ID#:)	Loan Amount (\$)
Date of loan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State; Zip Code	Interest rate
	Lender address; City;		§
Is lender a financial Institution?			Maturity date
a financial Institution?	pation / Job title (See Instructions)	Employer (See Instructions)	The second secon
a financial Institution?	and the second s		unds were deposited into political
a financial Institution? Y N Principal occup	Collateral Name of guarantor	Check if personal fu	unds were deposited into political
a financial Institution? Y N Principal occup Description of none GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	Check if personal for account (See Instru	unds were deposited into political uctions) Amount Guaranteed (\$)
a financial Institution? Y N Principal occup Description of the second occup Name of guarantor Guarantor address; City; able upation (See Instructions)	Check if personal fraccount (See Instru	unds were deposited into political uctions) Amount Guaranteed (\$)	

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 Christine Kalmbach			3 Filer ID (Ethics Commission Filers)	
TOTAL OF UN	IITEMIZED LOANS	en e	\$ 7600.00	
Date of loan 10/10/2023	7 Name of lender out-of-state PAC (ID#:) Christine Kalmbach		9 Loan Amount (\$) 2500.00	
Is lender a financial Institution?	8 Lender address; City; State; Zip Code 7710 Cherry Park Dr #T260 Houston TX 77095		10 Interest rate 0 11 Maturity date 03/10/2023	
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	axel	
4 Description of Col	lateral Residence Americans	15 and 10	ds were deposited into political	
GUARANTOR INFORMATION	17 Name of guarantor	Section of the sectio	19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
Principal Occupa	ntion (See Instructions)	21 Employer (See Instructions)	7 11 i 38	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interestrate	
	Charles and Charles		Maturity date	
Institution?	· · · · · · · · · · · · · · · · · · ·			
YN	ion / Job title (See Instructions)	Employer (See Instructions)		
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	ds were deposited into political tions)	
Y N	ion / Job title (See Instructions)	Employer (See Instructions) Check if personal fun		
Principal occupate Description of Conone GUARANTOR	Ilateral Name of guarantor Guarantor address; City;	Employer (See Instructions) Check if personal fun	tions)	

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

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

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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)

Revised 8/17/2020

Credit Card Payment	The instruction Guide explains how to	complete this form.		`
1 Total pages Schedule F1:	2 FILER NAME Christine Kalmbach		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name	g in the State county of particular transport on	TO ALL VIOLE NO.	Francisco Ma ze nia, in terminal of the file
07/31/2023	True Texas Project			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
25.00	2300 Valley View Ln Ste 242 Irving T Irving, TX 75062	X 75062		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	pro- 1 filosocous symplecter	
PURPOSE OF EXPENDITURE	Event Expense	Online Event 7	Training	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Christine Kalmbach	Office sought CyFair ISD Boa	rd 🦠	Office held
Date	Payee name		and the second of the second o	and the second second of the second s
09/08/2023	CyFair Republican Women			
Amount (\$) 25.00	Payee address; 10750 Barker Cypress Rd, Ste 104	City; #153, Cypress,	State; TX 77433	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Lunch	Suite 2 to 3 to	in maller or an adding control
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Christine Kalmbach	Office sought Cy-Fair ISD Boa	ard Addition	Office held
Date 09/20/2023	Payee name Cherry Tree Republicans			. Spring Military
Amount (\$) 2 5 • ©	Payee address; 1107 Wortham Blvd Houston TX 770	City; 65	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Dinner	an de esperador de la compessión de la comp La compessión de la compe	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Christine Kalmbach	Office sought CyFair ISD Boa	rd	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 Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages The Instruction Guide explains how to complete	· · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME STINE Kalmbach	3 Filer ID (Ethics Commission Filers)
4 Date [0.10.2023	5 Payee name Google	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
15.88	345 Spears St. 5an	Francisco CA 94103
8	(a) Category (See Categories listed at the top of this schedule) (b)	Description
PURPOSE OF EXPENDITURE	Other	Web services
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Chnishre (Calmbach	Office sought Office held CFLSD BD LACE
Date	Payee name	
B·11-8-14/2023	WIXERRA	
Amount (\$)	Payee address;	City; State; Zip Code
43.26	7095 Hollywood Blue	Market
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Other many	webscries
\$ }	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought Office held
expenditure to benefit C/OH	Christne barnbach	CPISO BO PACE
Date	Payee name	
9.12.2023	WIX	
Amount (\$)	Payee address;	City; State; Zip Code
36.80	7095 Hollywood Blv	a. CA
in the second of	Category (See Categories listed at the top of this schedule)	Description ·
PURPOSE OF EXPENDITURE	Other	web Service
1 *	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Christne Kalnuban	CFISO BD Race
	ATTACH ADDITIONAL COPIES OF THIS SCH	FDIII F 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.

2

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME almbach Zip Code 6 Amount (\$) 14.23 1455 market St 4600 Sin Francisco CA 9410 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** web services DILLEY OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name

The Famubach Office held 9 Complete ONLY if direct CPISD & D Race expenditure to benefit C/OH 9.30.2023 FCCU.org Zip Code Pavee address; Amount (\$) Houston K77095 15260 Fm 529 \$10.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting Banking Fee de EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH CRISD BD RZCO 9.31.2023 FCCU OVS Amount (\$) 15260 FM 529 \$ 10,00 Houston TX 17095 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct CASOBPERO expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 90. 2023 Zip Code 6 Amount (\$) 7 Pavee address 1HACKERWAY Mento Park CA 94025 \$ 6.01 (b) Description (a) Category (See Categories listed at the top of this schedule) Adjertisiz q **PURPOSE** Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholdername 9 Complete ONLY if direct CFISD BD RXCE Christne Kalmbach expenditure to benefit C/OH 9-20-2023 CANDP Zip Code Payee address; 156-48 Huntsville Tx PURPOSE Advertising Advertising OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH CFKD BD Race CAZ Consulting 4.31.2023 Amount (\$) Houston TX 77057 1616 VOSS Rd 400.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Consulting consultino EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct CASD BORACE expenditure to benefit C/OH

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense verage Expense Gift/Awards/Memorials Expense

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 Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 9-11-2023 Cy-Pair for Liverty
7 Payee address: Rd #1585 Capress Tx 77429 \$ 760.09 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising OF Advertising **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sandidate / Officeholder name NNSML Columbach Office sought CPISD BD RACE Office held 9 Complete ONLY if direct expenditure to benefit C/OH 9-13-2003 Cyfairfor Liberty PAC Amount (\$) 13121 Louetta Rd #1555 Cypress 84.22 Advertising **PURPOSE** Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct expenditure to benefit C/OH CFIDDBD Race Louette Rd #1555 Copress TX 77429 390.06 Category (See Categories listed at the top of this schedule) **PURPOSE** Ad vertising duerting OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH FISD BD Roce

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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.

6

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)

Credit Card Payment	The instruction Guide explains how to con	Other (enter a category not listed above) nplete this form.
Total pages Schedule F1: 2	Christie La Imbach	3 Filer ID (Ethics Commission Filers)
Date 9 - 26-2023 6	Payee name Cyfair for Uberty D	AC
Amount (\$) 7	Payee address;	City; State; Zip Code
290.00	13121 Lowetta Rd #	1555 Cy Press TX 77429
((b) Description
PURPOSE OF EXPENDITURE	Advertising	Advertising
***	(C) 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 CFISD PA RACE Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	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
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held