


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13																
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR MRS	FIRST TONIA	MI C	<b>OFFICE USE ONLY</b>  Date Received  <b>10/9/2023</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed <b>10/9/2023</b> Date Imaged 															
	NICKNAME	LAST JAEGGI	SUFFIX																
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 16635 SPRING CYPRESS RD., CYPRESS TX 77410-2938																		
	AREA CODE      PHONE NUMBER      EXTENSION ( 832 )      526-5999																		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR MR	FIRST WILLIAM	MI C																
	NICKNAME BILL	LAST JAEGGI	SUFFIX																
<b>6 CAMPAIGN TREASURER NAME</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 16635 SPRING CYPRESS RD., CYPRESS TX 77410-2938																		
	AREA CODE      PHONE NUMBER      EXTENSION ( 832 )      867-7379																		
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	<table style="width:100%; border: none;"> <tr> <td style="width:25%;">January 15</td> <td style="width:25%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:25%;">30th day before election</td> <td style="width:25%;">Runoff</td> </tr> <tr> <td>July 15</td> <td></td> <td>8th day before election</td> <td>Exceeded Modified Reporting Limit</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>Final Report (Attach C/OH - FR)</td> </tr> </table>			January 15	<input checked="" type="checkbox"/>	30th day before election	Runoff	July 15		8th day before election	Exceeded Modified Reporting Limit				15th day after campaign treasurer appointment (Officeholder Only)				Final Report (Attach C/OH - FR)
	January 15	<input checked="" type="checkbox"/>	30th day before election	Runoff															
July 15		8th day before election	Exceeded Modified Reporting Limit																
			15th day after campaign treasurer appointment (Officeholder Only)																
			Final Report (Attach C/OH - FR)																
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 832 )      867-7379																		
<b>9 REPORT TYPE</b>	<table style="width:100%; border: none;"> <tr> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> </tr> <tr> <td>7</td> <td>1</td> <td>23</td> <td>09</td> <td>28</td> <td>23</td> </tr> </table>			Month	Day	Year	Month	Day	Year	7	1	23	09	28	23				
Month	Day	Year	Month	Day	Year														
7	1	23	09	28	23														
<b>10 PERIOD COVERED</b>	<table style="width:100%; border: none;"> <tr> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> </tr> <tr> <td>7</td> <td>1</td> <td>23</td> <td>09</td> <td>28</td> <td>23</td> </tr> </table>			Month	Day	Year	Month	Day	Year	7	1	23	09	28	23				
Month	Day	Year	Month	Day	Year														
7	1	23	09	28	23														
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE																
	Month	Day	Year	Primary	Runoff	Other Description													
11 / 7 / 23				<input checked="" type="checkbox"/> General	Special	SCHOOL BOARD													
<b>12 OFFICE</b>	OFFICE HELD (if any) N/A		<b>13 OFFICE SOUGHT (if known)</b> CFISD SCHOOL BOARD TRUSTEE																
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	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																	
	GENERAL	ALL 4 CFISD																	
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS																	
		6340 North Eldridge Pkwy Suite N402, Houston 77041																	
COMMITTEE CAMPAIGN TREASURER NAME																			
Daniel Arizpe																			
COMMITTEE CAMPAIGN TREASURER ADDRESS																			
8910 English Manor Drive, Cypress 77433																			

**GO TO PAGE 2**



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> MRS. TONIA C. JAEGGI		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3578.67
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 523.61
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		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>6</b>
<b>2</b> FILER NAME MRS. TONIA C. JAEGGI		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  07/22/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) EMILY SPOKES ..... <b>6</b> Contributor address; City; State; Zip Code 6202 Hillandale Drive Los Angeles CA 90042	<b>7</b> Amount of contribution (\$)  25
<b>8</b> Principal occupation / Job title (See Instructions) california Climate Action Corps Fellow		<b>9</b> Employer (See Instructions) California Climate Action Corps
<b>Date</b>  07/24/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Michael Wilson ..... <b>Contributor address;</b> City; State; Zip Code 7331 Haley Woods Ct Houston TX 77095	<b>Amount of contribution (\$)</b>  25
<b>Principal occupation / Job title (See Instructions)</b> Adjunct Professor		<b>Employer (See Instructions)</b> Lone Star College
<b>Date</b>  07/31/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Catherine Coby ..... <b>Contributor address;</b> City; State; Zip Code 7114 Blenheim Palace Ln Houston TX 77095	<b>Amount of contribution (\$)</b>  500
<b>Principal occupation / Job title (See Instructions)</b> unemployed		<b>Employer (See Instructions)</b> unemployed
<b>Date</b>  08/01/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Mary Smith ..... <b>Contributor address;</b> City; State; Zip Code 11627 Vailrun Drive Houston TX 77070	<b>Amount of contribution (\$)</b>  250
<b>Principal occupation / Job title (See Instructions)</b> unemployed		<b>Employer (See Instructions)</b> unemployed

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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: 6
2 FILER NAME MRS. TONIA C. JAEGLI		3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Stephen Henry ..... 6 Contributor address; City; State; Zip Code 15839 Laurel Cove Tomball TX 77377	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Freeport LNG
Date 08/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Lisa Flores ..... Contributor address; City; State; Zip Code 19326 Long Haven Drive Cypress TX 77433	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 08/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Hoang Pham ..... Contributor address; City; State; Zip Code 11526 Galbreath Dr Houston TX 77066	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) CFISD
Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Kelly Gerletti ..... Contributor address; City; State; Zip Code 15207 Huckleberry Harvest Trail Cypress 77429	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) CFISD

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 6
<b>2</b> FILER NAME MRS. TONIA C. JAEGGI		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  08/09/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Cathy Covey <hr/> <b>6</b> Contributor address; City; State; Zip Code 20411 Whispering Water Way Cypress TX 77433	<b>7</b> Amount of contribution (\$)  100
<b>8</b> Principal occupation / Job title (See Instructions) Preschool Teacher		<b>9</b> Employer (See Instructions) Good Shepherd
<b>Date</b>  08/22/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) EMILY SPOKES <hr/> <b>Contributor address;</b> City; State; Zip Code 6202 Hillandale Drive Los Angeles CA 90042	<b>Amount of contribution (\$)</b>  25
<b>Principal occupation / Job title (See Instructions)</b> california Climate Action Corps Fellow		<b>Employer (See Instructions)</b> California Climate Action Corps
<b>Date</b>  08/24/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Jennifer Soileau <hr/> <b>Contributor address;</b> City; State; Zip Code 15815 Stenbury Court Cypress TX 77429	<b>Amount of contribution (\$)</b>  100
<b>Principal occupation / Job title (See Instructions)</b> Assistant Principal		<b>Employer (See Instructions)</b> CFISD
<b>Date</b>  08/24/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Kristen Rees <hr/> <b>Contributor address;</b> City; State; Zip Code 14422 Middle Bluff Trail Cypress TX 77429	<b>Amount of contribution (\$)</b>  100
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> CFISD

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME MRS. TONIA C. JAEGGI		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/24/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Michael Wilson <hr/> <b>6</b> Contributor address; City; State; Zip Code 7331 Haley Woods Court Houston TX 77095	<b>7</b> Amount of contribution (\$) 52
<b>8</b> Principal occupation / Job title (See Instructions) Adjunct Professor		<b>9</b> Employer (See Instructions) Lone Star College
<b>Date</b> 08/24/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Hooi Ling Wong <hr/> <b>Contributor address;</b> City; State; Zip Code 17335 Hill Lakes Ct Cypress 77429-6709	<b>Amount of contribution (\$)</b> 50
<b>Principal occupation / Job title (See Instructions)</b> unemployed		<b>Employer (See Instructions)</b> unemployed
<b>Date</b> 08/25/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Penny Johnson <hr/> <b>Contributor address;</b> City; State; Zip Code 16010 Lockdale Lane Cypress TX 77429	<b>Amount of contribution (\$)</b> 100
<b>Principal occupation / Job title (See Instructions)</b> unemployed		<b>Employer (See Instructions)</b> unemployed
<b>Date</b> 08/31/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Haley Anderson <hr/> <b>Contributor address;</b> City; State; Zip Code 16834 Gypsy Red Dr Cypress 77433	<b>Amount of contribution (\$)</b> 104.15
<b>Principal occupation / Job title (See Instructions)</b> unemployed		<b>Employer (See Instructions)</b> unemployed
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME MRS. TONIA C. JAECCI		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/05/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Amanda Martin <hr/> <b>6</b> Contributor address; City; State; Zip Code 17472 Farm to Market 1774 Plantersville TX 77363	<b>7</b> Amount of contribution (\$) <b>25</b>
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) CFISD
<b>Date</b> 09/18/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Doug Watson <hr/> <b>Contributor address; City; State; Zip Code</b> PO Box 148 Bellville TX 77418	<b>Amount of contribution (\$)</b> <b>519.52</b>
<b>Principal occupation / Job title (See Instructions)</b> unemployed		<b>Employer (See Instructions)</b> unemployed
<b>Date</b> 09/20/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Alana Meyer <hr/> <b>Contributor address; City; State; Zip Code</b> 5610 Willow Walk St Houston 77069	<b>Amount of contribution (\$)</b> <b>30</b>
<b>Principal occupation / Job title (See Instructions)</b> unemployed		<b>Employer (See Instructions)</b> unemployed
<b>Date</b> 09/22/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) EMILY SPOKES <hr/> <b>Contributor address; City; State; Zip Code</b> 6202 Hillandale Drive Los Angeles CA 90042	<b>Amount of contribution (\$)</b> <b>25</b>
<b>Principal occupation / Job title (See Instructions)</b> california Climate Action Corps Fellow		<b>Employer (See Instructions)</b> California Climate Action Corps
<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

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<b>2</b> FILER NAME MRS. TONIA C. JAECCI		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/24/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Michael Wilson <hr/> <b>6</b> Contributor address; City; State; Zip Code 7331 Haley Woods Court Houston TX 77095	<b>7</b> Amount of contribution (\$) <b>25</b>
<b>8</b> Principal occupation / Job title (See Instructions) Adjunct Professor		<b>9</b> Employer (See Instructions) Lone Star College
<b>Date</b> 08/15/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Tonia Jaeggi <hr/> <b>Contributor address; City; State; Zip Code</b> 16635 SPRING CYPRESS RD., CYPRESS TX 77410-2938	<b>Amount of contribution (\$)</b> <b>650</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/28/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Kathlee Covey <hr/> <b>Contributor address; City; State; Zip Code</b> 17110 Ledgefield Cypress 77433	<b>Amount of contribution (\$)</b> <b>250</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 2	
<b>2</b> FILER NAME MRS. TONIA C. JAEGGI		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
<b>5</b> Date  07/03/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MRS. TONIA C. JAEGGI ..... <b>7</b> Contributor address; City; State; Zip Code 16635 SPRING CYPRESS RD., CYPRESS TX 77410-2938	<b>8</b> Amount of Contribution \$  106.61	<b>9</b> In-kind contribution description  Monthly Service Charge  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Realtor		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>  08/03/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MRS. TONIA C. JAEGGI ..... <b>Contributor address;</b> City; State; Zip Code 16635 SPRING CYPRESS RD., CYPRESS TX 77410-2938	<b>Amount of Contribution \$</b>  139	<b>In-kind contribution description</b>  Monthly Service Charge  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b> Realtor		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b> Self-Employed	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 2	
<b>2</b> FILER NAME MRS. TONIA C. JAEGGI		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 10/03/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MRS. TONIA C. JAEGGI ..... <b>7</b> Contributor address; City; State; Zip Code 16635 SPRING CYPRESS RD., CYPRESS TX 77410-2938	<b>8</b> Amount of Contribution \$ 139	<b>9</b> In-kind contribution description Monthly Service Charge  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Realtor		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 10/05/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MRS. TONIA C. JAEGGI ..... <b>Contributor address;</b> City; State; Zip Code 16635 SPRING CYPRESS RD., CYPRESS TX 77410-2938	<b>Amount of Contribution \$</b> 139	<b>In-kind contribution description</b> Monthly Service Charge  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> Realtor		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b> Self-Employed	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME MRS. TONIA C. JAEGGI	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/07/2023	<b>5</b> Payee name Kevin Paige	
<b>6</b> Amount (\$) 375	<b>7</b> Payee address; City; State; Zip Code 13615 Danbury Run, Houston TX 77041	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Campaign Consulting
	<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	Office sought <span style="float:right">Office held</span>
Date 08/22/2023	Payee name Kevin Paige	
Amount (\$) 375	Payee address; City; State; Zip Code 13615 Danbury Run, Houston TX 77041	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	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	Office sought <span style="float:right">Office held</span>
Date 08/22/2023	Payee name Kevin Paige	
Amount (\$) 750	Payee address; City; State; Zip Code 13615 Danbury Run, Houston TX 77041	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	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	Office sought <span style="float:right">Office held</span>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME MRS. TONIA C. JAEGGI	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/28/2023	<b>5</b> Payee name ALL 4 CFISD	
<b>6</b> Amount (\$) 2000	<b>7</b> Payee address; City; State; Zip Code 6340 North Eldridge Pkwy Suite N402 Houston TX 77041	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Advertising
	<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	Office sought <span style="float:right">Office held</span>
Date 08/16/2023	Payee name ALL 4 CFISD	
Amount (\$) 1000	Payee address; City; State; Zip Code 6340 North Eldridge Pkwy Suite N402 Houston TX 77041	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	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	Office sought <span style="float:right">Office held</span>
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
	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	Office sought <span style="float:right">Office held</span>

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

**\*\* Complete A & B below *only* if you are not an officeholder. \*\***

#### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

**\*\* Complete this section *only* if you are an officeholder \*\***

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder