

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs	Christine	
	NICKNAME	LAST	SUFFIX
		Kalmbach	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
	7710 Cherry Park, T260, Houston, TX 77095		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	755-2954	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr	Stephen	
	NICKNAME	LAST	SUFFIX
		Kalmbach	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
	7710 Cherry Park, T260, Houston, TX 77095		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	755-2953	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	7	21	23
	THROUGH		Month Day Year
			10 / 09 / 23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	07	23
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			CFISD Board of Trustees Position 4
14 NOTICE FROM POLITICAL COMMITTEE(S)  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	Cy-Fair Liberty PAC	
		COMMITTEE ADDRESS	
		13121 Louetta Rd #1555 Cypress TX 77429	
	COMMITTEE CAMPAIGN TREASURER NAME		
	William Ely		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	13121 Louetta Rd #1555 Cypress TX 77429		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Christine Kalmbach</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5022.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2392.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2630.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2600.00

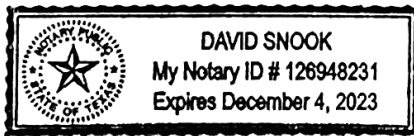
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Christine Kalmbach*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Christine Kalmbach this the 10 day of October, 2023 to certify which, witness my hand and seal of office.

Signature of officer administering oath: DAVID SNOOK Printed name of officer administering oath: DAVID SNOOK Title of officer administering oath: NOTARY

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 Christine Kalmbach		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2992.07	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2030.44	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —	
4. SCHEDULE E: LOANS	\$ 2600.00	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2392.51	
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME Christine Kalmbach		3 Filer ID (Ethics Commission Filers)
4 Date 8/5/2023	5 Full name of contributor out-of-state PAC (ID#: _____) William Ely ..... 6 Contributor address; City; State; Zip Code Cypress, TX 77433	7 Amount of contribution (\$)  520.51
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) SAP Americas
Date 8/8/2023	Full name of contributor out-of-state PAC (ID#: _____) Andrea Zimmer ..... Contributor address; City; State; Zip Code Houston, TX 77095	Amount of contribution (\$)  104.10
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) 24 Hour Fitness
Date 8/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Michele Adcock ..... Contributor address; City; State; Zip Code Clarksville, TN 37042	Amount of contribution (\$)  52.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 8/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Jeffery Fetterly ..... Contributor address; City; State; Zip Code Houston, TX 77064	Amount of contribution (\$)  15.62
Principal occupation / Job title (See Instructions) Service		Employer (See Instructions) Texas Access Controls

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.

2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Christine Kalmbach		3 Filer ID (Ethics Commission Filers)
4 Date 8.15.2023	5 Full name of contributor Joyce Evans out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code Houston TX 77041	7 Amount of contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 8.31.2023	Full name of contributor Carnie Hendrix out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code Houston TX 77084	Amount of contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 8.31.2023	Full name of contributor Dee Ann Schuneman out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code Houston TX 77095	Amount of contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 8.31.2023	Full name of contributor Courtney Spradley out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code Cypress TX 77429	Amount of contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Resource Staffing

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

3

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: 19
2 FILER NAME Christine Kalubach		3 Filer ID (Ethics Commission Filers)
4 Date 9.8.2023	5 Full name of contributor David Yates out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$52.05
6 Contributor address; City; State; Zip Code Houston TX 77041		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) AMT
Date 9.11.2023	Full name of contributor Jennifer Breihan out-of-state PAC (ID# _____)	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston TX 77005		
Principal occupation / Job title (See Instructions) Bridge Director		Employer (See Instructions) Self
Date 9.11.2023	Full name of contributor Pironda Gittelman out-of-state PAC (ID# _____)	Amount of contribution (\$) \$52.05
Contributor address; City; State; Zip Code Houston TX 77027		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9.14.2023	Full name of contributor Carolyn Williams out-of-state PAC (ID# _____)	Amount of contribution (\$) \$104.00
Contributor address; City; State; Zip Code Cypress TX 77429		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Keller Williams

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

4

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 page in Schedule A1: 1a
2 FILER NAME Cristine Kalmbach		3 Filer ID (Files Commission Filers)
4 Date 9.15.2023	5 Full name of contributor Matthew Faith out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$26.03
6 Contributor address; City; State; Zip Code Cypress TX 77433		
8 Principal occupation / Job title (See Instructions) Production Mgr		9 Employer (See Instructions) PCEA
Date 9.15.2023	Full name of contributor Jason Odenhall out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code Houston TX 77064		
Principal occupation / Job title (See Instructions) Service Estimator		Employer (See Instructions) Texas Access Controls
Date 9.22.2023	Full name of contributor Jill Sharp out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$260.25
Contributor address; City; State; Zip Code Spring TX 77373		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Halliburton
Date 9.25.2023	Full name of contributor Janet Bryant out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$52.05
Contributor address; City; State; Zip Code College Station TX 77845		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

5

The Instruction Guide explains how to complete this form.

1 Total page(s) Schedule A1:

10

2 FILER NAME

Christine Kambach

3 Filer ID# (Ethics Commission Filers)

4 Date

9.25.2023

5 Full name of contributor

Kathy Tyler

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$52.05

6 Contributor address;

City; State; Zip Code

Katy TX 77450

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

9.25.2023

Full name of contributor

Mary Lee Mason

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$260.25

Contributor address;

City; State; Zip Code

Cypress TX 77433

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

New Heart of Texas

Date

9.25.2023

Full name of contributor

Terri Tidmore

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$26.03

Contributor address;

City; State; Zip Code

Cypress TX 77433

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9.26.2023

Full name of contributor

Lynne Piper

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$26.03

Contributor address;

City; State; Zip Code

Cypress TX 77433

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

If contributor is out-of-state PAC, please see Instruction guide for a list of out-of-state PACs.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

6

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 amount reported on Schedule A1:

10

2 FILER NAME

Christine Kalmbach

3 Filer ID # (See Commission Filers)

4 Date

9-27-2023

5 Full name of contributor

Lester Leonares

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

Cypress TX 77433

8 Principal occupation / Job title (See Instructions)

Director - Proj Based Labs

9 Employer (See Instructions)

Houston Christian University

Date

9-29-2023

Full name of contributor

David Yates

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$26.03

Contributor address;

City; State; Zip Code

Houston TX 77041

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

AMT

Date

9-29-2023

Full name of contributor

Lorrie Lundrum

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$52.05

Contributor address;

City; State; Zip Code

Houston TX 77070

Principal occupation / Job title (See Instructions)

Escrow officer

Employer (See Instructions)

Monarch Title

Date

9-29-2023

Full name of contributor

Diane Zamberlan

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

Houston TX 77084

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

If contributor is out-of-state PAC, please see Instruction guide for a list of out-of-state PACs.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

7

The Instruction Guide explains how to complete this form.		1 Total page Schedule A1: <b>10</b>
2 FILER NAME <b>Christine Kalmbach</b>		3 Filer ID# (File Commission Filers)
4 Date <b>9.29.2023</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Joyce Brown</b>	7 Amount of contribution (\$) <b>\$10.41</b>
6 Contributor address; City; State; Zip Code <b>Fort Mill SC 29716</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>9.29.2023</b>	Full name of contributor out-of-state PAC (ID#: <b>Eileen Madineo</b>	Amount of contribution (\$) <b>\$10.41</b>
Contributor address; City; State; Zip Code <b>Houston TX 77084</b>		

Principal occupation / Job title (See Instructions) <b>Realtor</b>	Employer (See Instructions) <b>Self Employed</b>
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Date <b>9.29.2023</b>	Full name of contributor out-of-state PAC (ID#: <b>Jennifer Hydes</b>	Amount of contribution (\$) <b>\$260.25</b>
Contributor address; City; State; Zip Code <b>Houston TX 77095</b>		

Principal occupation / Job title (See Instructions) <b>Retired</b>	Employer (See Instructions) <b>Retired</b>
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Date <b>9.29.2023</b>	Full name of contributor out-of-state PAC (ID#: <b>Kelly Ray</b>	Amount of contribution (\$) <b>\$104.10</b>
Contributor address; City; State; Zip Code <b>Ft. Belvoir</b>		

Principal occupation / Job title (See Instructions) <b>Nurse</b>	Employer (See Instructions) <b>Army</b>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.  
If contributor is out-of-state PAC, please see Instructions for filing requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

8

The Instruction Guide explains how to complete this form.		1 Total pages for Schedule A1: 10
2 FILER NAME Christine Kolmbach		3 Filer ID# (For Commission Filers)
4 Date 9.29.2023	5 Full name of contributor Kim Fredericksen out-of-state PAC (ID#)	7 Amount of contribution (\$) \$15.62
6 Contributor address; City; State; Zip Code Houston TX 77095		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

Date 9.29.2023	Full name of contributor Ann Walker out-of-state PAC (ID#)	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code Houston TX 77040		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Kellar Williams

Date 9.29.2023	Full name of contributor Julie Wilson out-of-state PAC (ID#)	Amount of contribution (\$) \$10.41
Contributor address; City; State; Zip Code Katy TX 77449		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

Date 9.29.2023	Full name of contributor Mary Jo Hoover out-of-state PAC (ID#)	Amount of contribution (\$) \$26.03
Contributor address; City; State; Zip Code Cypress TX 77433		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.  
If contributor is out-of-state PAC, please see Instruction 5 for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

9

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <b>Christine Kahmbach</b>		3 Filer ID: (Ethics Commission Filers)
4 Date <b>9-30-2023</b>	5 Full name of contributor <b>Amy Savvie</b> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <b>\$52.05</b>
6 Contributor address; City: State: Zip Code <b>Cypress TX 77433</b>		
8 Principal occupation / Job title (See Instructions) <b>Realtor</b>		9 Employer (See Instructions) <b>EXP Realty</b>
Date <b>10-2-2023</b>	Full name of contributor <b>Jennifer Breihan</b> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City: State: Zip Code <b>Houston TX 77095</b>		
Principal occupation / Job title (See Instructions) <b>Director</b>		Employer (See Instructions) <b>ACBL</b>
Date <b>10-4-2023</b>	Full name of contributor <b>Steve Doerfler</b> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$52.05</b>
Contributor address; City: State: Zip Code <b>Houston TX 77065</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8-8-2023</b>	Full name of contributor <b>Linda Cole</b> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$104.10</b>
Contributor address; City: State: Zip Code <b>Cypress TX 77429</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

If contributor is out-of-state PAC, please see instructions for reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

10

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: 10
2 FILER NAME Christine Kalmbach		3 Filer ID (Ethics Commission Filers)
4 Date 9.25.2023	5 Full name of contributor Ronda Richardson	7 Amount of contribution (\$) \$ 26.03
6 Contributor address; City; State; Zip Code Littleton CO 80127		
8 Principal occupation / Job title (See Instructions) Data Svcs		9 Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		

**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:	
2 FILER NAME Christine Kalmbach		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2030.44	
5 Date 9-18 9-26-2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair Liberty PAC	8 Amount of Contribution \$ 2030.44	9 In-kind contribution description Marketing Materials
7 Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555, CYPRESS TX 77429		Check if travel outside of Texas. Complete Schedule T.	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; 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)			

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

# LOANS

# SCHEDULE E

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 E:
2 FILER NAME Christine Kalmbach		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2600.00
5 Date of loan 7/21/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christine Kalmbach	9 Loan Amount (\$) 100.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 7710 Cherry Park Dr #T260 Houston TX 77095	10 Interest rate 0
		11 Maturity date 01/31/2023
12 Principal occupation / Job title (See Instructions) Realtor		13 Employer (See Instructions) Self employed
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral none		Employer (See Instructions)
Check if personal funds were deposited into political account (See Instructions)		Amount Guaranteed (\$)
GUARANTOR INFORMATION not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 8/17/2020

# LOANS

# SCHEDULE E

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 E:
2 FILER NAME Christine Kalmbach		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2600.00
5 Date of loan 10/10/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christine Kalmbach	9 Loan Amount (\$) 2500.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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
12 Principal occupation / Job title (See Instructions) <i>Realtor</i>		13 Employer (See Instructions) <i>Self-employed</i>
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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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	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 Christine Kalmbach	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/31/2023	<b>5</b> Payee name True Texas Project	
<b>6</b> Amount (\$) 25.00	<b>7</b> Payee address; City; State; Zip Code 2300 Valley View Ln Ste 242 Irving TX 75062 Irving, TX 75062	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Online Event Training
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office sought CyFair ISD Board
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office held Cy-Fair ISD Board
Date 09/08/2023	Payee name CyFair Republican Women	
Amount (\$) 25.00	Payee address; City; State; Zip Code 10750 Barker Cypress Rd., Ste 104 #153, Cypress, TX 77433	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Lunch
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office sought Cy-Fair ISD Board
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office held Cy-Fair ISD Board
Date 09/20/2023	Payee name Cherry Tree Republicans	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1107 Wortham Blvd Houston TX 77065	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Dinner
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office sought CyFair ISD Board
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office held CyFair ISD Board

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

2

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.

1 Total pages Schedule F1:	2 FILER NAME Christine Kambach	3 Filer ID (Ethics Commission Filers)
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4 Date 10.10.2023	5 Payee name Google
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6 Amount (\$) 15.88	7 Payee address; 345 Spears St.	City; San Francisco	State; CA	Zip Code 94103
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Web services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kambach	Office sought CFISD BD RACE	Office held
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Date 11-8-14/2023	Payee name Wix
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Amount (\$) <del>43.26</del> 43.26	Payee address; 7095 Hollywood Blvd.	City; CA	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description web services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kambach	Office sought CFISD BD RACE	Office held
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Date 9.12.2023	Payee name Wix
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Amount (\$) 36.80	Payee address; 7095 Hollywood Blvd.	City; CA	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description web services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kambach	Office sought CFISD BD RACE	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

3

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 Christine Kalmbach	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8.9.2023	<b>5</b> Payee name Squidre UP	
<b>6</b> Amount (\$) 14.23	<b>7</b> Payee address; City; State; Zip Code 1455 Market St #600 San Francisco CA 94103 1332	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description web services
	<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 Christine Kalmbach	Office sought / Office held CPISD BD Race
Date 9.30.2023	Payee name FCCU.org	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 15260 Fm 529 Houston TX 77095	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description fee
	<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 Christine Kalmbach	Office sought / Office held CPISD BD Race
Date 8.31.2023	Payee name FCCU.org	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 15260 Fm 529 Houston TX 77095	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting / Bank	Description Fee
	<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 Christine Kalmbach	Office sought / Office held CPISD BD Race

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

4

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.

1 Total pages Schedule F1:	2 FILER NAME Christine Kalmbach	3 Filer ID (Ethics Commission Filers)
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4 Date 9.30.2023	5 Payee name Facebook
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6 Amount (\$) \$6.01	7 Payee address; 1 HACKER WAY Menlo Park CA 94025	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office sought CFISD BD Race	Office held
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Date 9-20-2023	Payee name CANDP
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Amount (\$) 156.48	Payee address; 404 HILLS	City; Huntsville Tx	State;	Zip Code 77188
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office sought CFISD BD Race	Office held
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Date 8.31.2023	Payee name CAZ Consulting
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Amount (\$) 400.00	Payee address; 1616 VOSS RD	City; Houston TX	State;	Zip Code 77057
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kalmbach	Office sought CFISD BD Race	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.

5

## 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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 9-11-2023	5 Payee name Cy-Fair for Liberty PAC
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6 Amount (\$) \$ 760.09	7 Payee address; City; State; Zip Code 13121 Louetta Rd #1555 Cypress TX 77429
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kolmbach	Office sought CFISD BD Race	Office held
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Date 9-13-2023	Payee name CyFair for Liberty PAC
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Amount (\$) 84.22	Payee address; City; State; Zip Code 13121 Louetta Rd #1555 Cypress TX 77429
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kolmbach	Office sought CFISD BD Race	Office held
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Date 9-15-2023	Payee name Cy-Fair for Liberty PAC
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Amount (\$) 390.06	Payee address; City; State; Zip Code 13121 Louetta Rd #1555 Cypress TX 77429
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kolmbach	Office sought CFISD BD Race	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.

6

## 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.

1 Total pages Schedule F1:	2 FILER NAME Christine Kambach	3 Filer ID (Ethics Commission Filers)
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4 Date 9-26-2023	5 Payee name CyFair for Liberty PAC
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6 Amount (\$) 290.00	7 Payee address; City; State; Zip Code 13121 Louetta Rd #1555 Cypress TX 77429
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christine Kambach	Office sought CFISD Bd Race	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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