

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 MRS.. FIRST CHRISTINE MI NICKNAME LAST KALMBACH SUFFIX	OFFICE USE ONLY Date Received 10/30/2023 revised 10/31/2023 Date Hand-delivered or Date Postmarked <i>Stephen Lee</i> Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7710 CHERRY PARK DR T260 HOU TX 77095		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832) PHONE NUMBER 464-5588 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. FIRST STEVE MI NICKNAME LAST KALMBACH SUFFIX		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7710 CHERRY PARK DR T260 HOU TX 77095		
8 CAMPAIGN TREASURER PHONE	AREA CODE (832) PHONE NUMBER 755-2953 EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 THROUGH Month Day Year 10 / 11 / 23 10 / 30 / 23		
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 23	ELECTION TYPE <input checked="" type="radio"/> Primary <input type="radio"/> Runoff <input type="radio"/> Other Description <input type="radio"/> General <input type="radio"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CFISD SCHOOL BD POS 4	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>		
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME CY-FAIR FOR LIBERTY PAC	
	SPECIFIC	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	

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Reset Form

Reset Page

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME CHRISTINE KALMBACH		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)	\$	282.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	7,624.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	739.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,600.00

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is CHRISTINE KALMBACH, and my date of birth is XX/XX/XXXX.

My address is 7710 CHERRY PARK DR T260, HOUSTON, TX, 77095, USA.

Executed in HARRIS County, State of TEXAS, on the 30 day of OCTOBER, 2023.



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 282.18
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 7,600.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,624.28
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:
2 FILER NAME CHRISTINE KALMBACH		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2023	5 Full name of contributor out-of-state PAC (ID#: _____) JOHN LAWRENCE 6 Contributor address; City; State; Zip Code CYPRESS TX 77429	7 Amount of contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/22/2023	Full name of contributor out-of-state PAC (ID#: _____) CHIC JULIUS Contributor address; City; State; Zip Code HOUSTON TX 77095	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/23/2023	Full name of contributor out-of-state PAC (ID#: _____) JOE DANNA Contributor address; City; State; Zip Code POBOX 924033 HOUSTON TX 77292	Amount of contribution (\$) 52.05
Principal occupation / Job title (See Instructions) DEPUTY SHERIFF		Employer (See Instructions) POLK CO.
Date 10/24/2023	Full name of contributor out-of-state PAC (ID#: _____) MATTHEW FAITH Contributor address; City; State; Zip Code CYPRESS TX 77433	Amount of contribution (\$) 26.03
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 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:
2

2 FILER NAME CHRISTINE KALMBACH

3 Filer ID (Ethics Commission Filers)

4 Date
10/26/2023

5. Full name of contributor)
out-of-state PAC (ID#: _____)
LYNNE PIPER
.....
6. Contributor address; City; State; Zip Code
CYPRESS TX 77433

7 Amount of contribution (\$)
26.03

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)
RETIRED

Date
10/29/2023

Full name of contributor)
out-of-state PAC (ID#: _____)
JAMIE STANCIK
.....
Contributor address; City; State; Zip Code
CYPRESS TX 77429

Amount of contribution (\$)
28.11

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor)
out-of-state PAC (ID#: _____)
.....
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor)
out-of-state PAC (ID#: _____)
.....
Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 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: 1
2 FILER NAME CHRISTINE KALMBACH		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 7,600.00
5 Date of loan 10/11/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINE KALMBACH	9 Loan Amount (\$) 5,000.00
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 06/01/2023
12 Principal occupation / Job title (See Instructions) REALTOR		13 Employer (See Instructions) SELF EMPLOYED
14 Description of Collateral NONE 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME CHRISTINE KALMBACH		3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2023		5 Payee name WIX			
6 Amount (\$) 36.80		7 Payee address; City; State; Zip Code 7095 HOLLYWOOD BLVD CA			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER		(b) Description 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/OH		Candidate / Officeholder name CHRISTINE KALMBACH		Office sought CFISD SCHL BD 4	
Date 10/18/2023		Payee name ALDI			
Amount (\$) 50.54		Payee address; City; State; Zip Code 9251 JONES RD HOUSTON TX 77065			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE		Description FOOD		
	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 CHRISTINE KALMBACH		Office sought CFISD SCHL BD 4	
Date 10/23/2023		Payee name WALGREENS			
Amount (\$) 25.82		Payee address; City; State; Zip Code 14625 FM 529 HOUSTON TX 77095			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE		Description FOOD/DRINK		
	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 CHRISTINE KALMBACH		Office sought CFISD SCHL BD 4	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

F1 SCHEDULE

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME CHRISTINE KALMBACH	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2023	5 Payee name CY-FAIR FOR LIBERTY PAC	
6 Amount (\$) 7,500.00	7 Payee address; 13121 LOUETTA RD #1555 CYPRESS TX 77429	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description ADVERTISING
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct held expenditure to benefit C/OH	Candidate / Officeholder name CHRISTINE KALMBACH	Office sought CFISD SCHOOL BOARD POS. 4
Date 10/30/2023	Payee name WINRED	
Amount (\$) 11.12	Payee address; PO BOX 9891 ARLINGTON, VA 22219	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FEES
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct held expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	