

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

Cheryl

A

NICKNAME

LAST

SUFFIX

Buford

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

811 Merrick Dr.
Sugar Land, TX 77478

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

303-4888

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Randa

NICKNAME

LAST

SUFFIX

Owen-Williams

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE),

APT / SUITE #,

CITY,

STATE,

ZIP CODE

2235 Country Club Dr.
Sugar Land, TX 77478

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

627-1609

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1

17

25

THROUGH

Month

Day

Year

3

24

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

3

25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD Board of Trustees - Pos. 7

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**
Cheryl A. Buford**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)

\$ 1,370.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,781.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 315.46

4. TOTAL POLITICAL EXPENDITURES

\$ 7,195.29

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,489.28

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1,500.00

18 SIGNATUREI 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 Cheryl A. Buford, and my date of birth is 5/25/53

My address is 811 Merrick Dr., Sugar Land, TX, 77478, USA

(street)

(city)

(state)

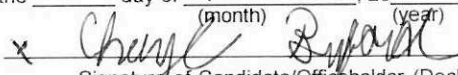
(zip code)

(country)

Executed in Fort Bend County, State of Texas, on the 1st day of April, 2025

(month)

(year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Cheryl A. Buford

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,411.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,476.72
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 403.57
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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**Cheryl A. Buford****3** Filer ID (Ethics Commission Filers)**4** Date

01/25/2025

5 Full name of contributor

out-of-state PAC (ID# _____)

Deron Harrington**7** Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

3815 Westall Ln, Missouri City, TX 77459**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/03/2025

Full name of contributor

out-of-state PAC (ID# _____)

David Hamilton

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

9419 Scanlan Heights Ln, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/12/2025

Full name of contributor

out-of-state PAC (ID# _____)

Lina Sabouni

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

23 Palm Blvd., Missouri City, Tx 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Architect**AutoArch Architects**

Date

02/12/2025

Full name of contributor

out-of-state PAC (ID# _____)

Gilbert Garcia

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2019 Cypress Bend Ln., Sugar Land, TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ret.**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 Cheryl A. Buford		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2025	5 Full name of contributor out-of-state PAC (ID# _____) Victor Chen 6 Contributor address; City; State; Zip Code 107 Blancroft Ct., Sugar Land, TX 77478	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) construction		9 Employer (See Instructions) V&S Remodel
Date 02/14/2025	Full name of contributor out-of-state PAC (ID# _____) Christopher Meyer Contributor address; City; State; Zip Code 2114 Thornton Hills Ct, Sugar Land, TX 77479-3788	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ret.		Employer (See Instructions)
Date 02/18/2025	Full name of contributor out-of-state PAC (ID# _____) Thomas Jackson Contributor address; City; State; Zip Code 815 Merrick Dr., Sugar Land, TX 77478	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) ret.		Employer (See Instructions)
Date 02/18/2025	Full name of contributor out-of-state PAC (ID# _____) Michael Treybig Contributor address; City; State; Zip Code 811 Sandpiper	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Ret.		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: 6
2 FILER NAME Cheryl A. Buford		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2025	5 Full name of contributor out-of-state PAC (ID# _____) Joseph Musallam 6 Contributor address; City; State; Zip Code 2918 Fairway Dr, Sugar Land, TX 77478	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Ret.		9 Employer (See Instructions)
Date 02/21/2025	Full name of contributor out-of-state PAC (ID# _____) Anna Mercer Contributor address; City; State; Zip Code 1324 Pelican Creek Xing, Saint Petersburg, FL 33707	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) ret.		Employer (See Instructions)
Date 02/21/2025	Full name of contributor out-of-state PAC (ID# _____) Evelyn Montalvo Contributor address; City; State; Zip Code 1906 wildwood Lane, Richmond, TX 77406	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2025	Full name of contributor out-of-state PAC (ID# _____) Richard Cadenhead Contributor address; City; State; Zip Code 1906 wildwood Lane, Richmond, TX 77406	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) ret.		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: 6
2 FILER NAME Cheryl A. Buford		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2025	5 Full name of contributor out-of-state PAC (ID# _____) Mood Khan 6 Contributor address; City; State; Zip Code 35 Laurel Wreath Trail, Sugar Land, TX 77498	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2025	Full name of contributor out-of-state PAC (ID# _____) Sheri Saunders Contributor address; City; State; Zip Code 802 Merrick Dr, Sugar Land, TX 77478	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2025	Full name of contributor out-of-state PAC (ID# _____) Cherie Hendershot Contributor address; City; State; Zip Code 158 Palm Blvd, Missouri City, TX 77459	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2025	Full name of contributor out-of-state PAC (ID# _____) Kathy Owen Contributor address; City; State; Zip Code 3203 Fairway Dr., Sugar Land, TX 77478	Amount of contribution (\$) 300.00
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: 6
2 FILER NAME Cheryl A. Buford		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2025	5 Full name of contributor out-of-state PAC (ID# _____) Willie Rainwater <hr/> 6 Contributor address; City; State; Zip Code 16410 Quail Park Dr, Missouri City, TX 77489	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/17/2025	Full name of contributor out-of-state PAC (ID# _____) Kevin Buford <hr/> Contributor address; City; State; Zip Code 811 Merrick Dr, Sugar Land, TX 77478	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2025	Full name of contributor out-of-state PAC (ID# _____) Kevin Buford <hr/> Contributor address; City; State; Zip Code 811 Merrick Dr, Sugar Land, TX 77478	Amount of contribution (\$) 1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) <hr/> 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.		

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 Cheryl A. Buford		3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) Grayle James 6 Contributor address; City; State; Zip Code 1810 Maidenhair Lane, Sugar Land, TX 77479	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) ret		9 Employer (See Instructions)
Date 03/16/2025	Full name of contributor out-of-state PAC (ID# _____) Gary Kyle Contributor address; City; State; Zip Code 13711 Drakewood, Sugar Land, TX 77498	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2025	Full name of contributor out-of-state PAC (ID# _____) Gary Gates for Texas Contributor address; City; State; Zip Code 2205 Ave. I, Ste. 117, Rosenberg, TX 77471	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Gary Gates for Texas
Date 03/24/2025	Full name of contributor out-of-state PAC (ID# _____) Sharon Willmer Contributor address; City; State; Zip Code 1900 Sunset Ln, Fullerton, CA 92833	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) ret		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 Cheryl A. Buford		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/23/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cheryl Buford	9 Loan Amount (\$) 1,500.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 811 Merrick Dr., Sugar Land, TX 77478	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self-employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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	Amount Guaranteed (\$)
	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.

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: 3	2 FILER NAME Cheryl A. Buford	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2025	5 Payee name Universal Signs & Banners	
6 Amount (\$) 433.00	7 Payee address; City; State; Zip Code 7825 Hwy 6 South, Houston, TX 77083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/04/2025	Payee name CAZ Consulting	
Amount (\$) 750.00	Payee address; City; State; Zip Code 5049 Edwards Ranch Road Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign consulting	Description Consulting services
	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 Office held
Date 02/11/2025	Payee name IW Print	
Amount (\$) 622.44	Payee address; City; State; Zip Code 20718 Ivory Creek Lane, Katy, TX 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description cards
	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 Office held
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.

1 Total pages Schedule F1: 3	2 FILER NAME Cheryl A. Buford	3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2025	5 Payee name Universal Signs & Banners	
6 Amount (\$) 433.00	7 Payee address; 7825 Hwy 6 South, Houston, TX 77083	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(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	Office sought Office held
Date 02/26/2025	Payee name CopyPlus Printing	
Amount (\$) 1,358.54	Payee address; 3720 S Gessner Rd, Houston, TX 77063	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Cards, signs
	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 03/04/2025	Payee name CAZ Consulting	
Amount (\$) 750.00	Payee address; 5049 Edwards Ranch Road Fort Worth, TX 76109	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign consulting	Description Consulting services
	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
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
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: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2025	5 Payee name CopyPlus Printing	
6 Amount (\$) 467.64	7 Payee address; City; State; Zip Code 3720 S Gessner Rd, Houston, TX 77063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/15/2025	Payee name CopyPlus Printing	
Amount (\$) 1,228.64	Payee address; City; State; Zip Code 3720 S Gessner Rd, Houston, TX 77063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Cards, signs
	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 Office held
Date 03/19/2025	Payee name Universal Signs & Banners	
Amount (\$) 433.00	Payee address; City; State; Zip Code 7825 Hwy 6 South, Houston, TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	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 Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Cheryl A. Buford	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2025	5 Payee name VistaPrint	
6 Amount (\$) 224.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Cards, Shirts
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/28/2025	Payee name VistaPrint	
Amount (\$) 178.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman St., Waltham MA 02541	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Sign
	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 Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED