

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Coretta		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
	Mallet-Fontenot		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 330131 Houston, TX 77233		
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION
	(281) 781-3991		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	MS / MRS / MR	FIRST	MI
	Patrick		
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX
	Fontenot		
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	14622 Brockwood Dr. Houston, TX 77047		
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION
	(281) 748-7297		
11 ELECTION	<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	Month	Day	Year
12 OFFICE	Month		Day
	10 / 04 / 13		10 / 28 / 13
13 OFFICE SOUGHT (if known)	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
OFFICE HELD (if any)		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
OFFICE HELD (if any)		H.I.S.D. Board of Trustee District IX	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100.00

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

\$ 2280.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1875.81

CONTRIBUTION
BALANCE

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

\$ 404.19

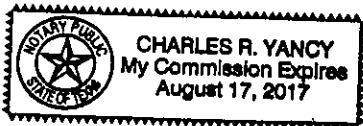
OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

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.



Corvette Zentnot

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Corvette Zentnot, this the 28th day of October, 2013, to certify which, witness my hand and seal of office.

Charles R. Yancy
Signature of officer administering oath

CHARLES R. YANCY
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1/2**

2 FILER NAME **Coretta Mallet-Fontenot**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/04/13

5 Full name of contributor out-of-state PAC (ID# _____)
Coretta Mallet-Fontenot
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) **428.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/04/13

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

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/08/13

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

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/13

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

Amount of contribution (\$) **200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/13

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

Amount of contribution (\$) **300.00**

In-kind contribution description (if applicable)
Voter access files

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2/2	
2 FILER NAME Coretta Mallet-Fontenot		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/14/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARGARET ANN WALDON	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLARENCE FONTENOT JR.	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MILDRED WASHINGTON	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TELWONIA FONTENOT	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LESLEY SAVOY GREEN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME Corretta Mallet-Fontenat		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/13		5 Payee name Office Max			
6 Amount (\$) 22.19 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 270 Meyerland Plaza Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing		(b) Description (If travel outside of Texas, complete Schedule T)	
Date 10/20/13		Payee name Texas Democratic Party			
Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4818 E. Ben White Suite 104 Austin, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Voter access files		Description (If travel outside of Texas, complete Schedule T)	
Date 10/21/13		Payee name Texas Democratic Party			
Amount (\$) 50.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4818 E. Ben White Suite 104 Austin, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Voter Access files		Description (If travel outside of Texas, complete Schedule T)	
Date 10/28/13		Payee name Allen Jamaal			
Amount (\$) 520.32 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10710 FLAXMAN HOUSTON, TX 77029			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Robocalls		Description (If travel outside of Texas, complete Schedule T)	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/4/13	5 Payee name Allen Jamail
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6 Amount (\$) 429.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10710 Flaxman Houston, TX 77029
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Robocalls	(b) Description (if travel outside of Texas, complete Schedule T)
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Date 10/9/13	Payee name Office Depot
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Amount (\$) 19.49 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 270 Meyerland PLAZA Houston, TX 77096
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (if travel outside of Texas, complete Schedule T)
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Date 10/11/13	Payee name USPS
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Amount (\$) 138.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11605 Chimney Rock Houston, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Stamps	Description (if travel outside of Texas, complete Schedule T)
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Date 10/11/13	Payee name USPS
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Amount (\$) 46.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Cullen Blvd Houston, TX 77051
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Stamps	Description (if travel outside of Texas, complete Schedule T)
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Coretta Mellet-Fontenot	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/29/13	5 Payee name Belly's
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6 Amount (\$) 351.81 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8202 Cullen Houston, TX 77051
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing cards	(b) Description (If travel outside of Texas, complete Schedule T)
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Date:	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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