

**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  | 2 Total pages filed:<br>4                                  |  |                                 |                                |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                                    | FIRST   | MI   |  |                                 |                                |
|  | Elizabeth  |   |  |  |                                 |                                |
| NICKNAME   |  | LAST  | SUFFIX   |  |                                 |                                |
|  |  | Santos  |  |  |                                 |                                |
| <b>OFFICE USE ONLY</b>   |  |   |  |  |                                 |                                |
| Date Received<br><b>JAN 17 2023</b>  |  |   |  |  |                                 |                                |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;           |   | ZIP CODE   |  |                                 |                                |
|  | 1106 Post  |   |  |  |                                 |                                |
|  | Houston, TX 77022                                |   |  |  |                                 |                                |
|  |  |   |  |  |                                 |                                |
| Date Hand-delivered or Date Postmarked   |  |   |  |  |                                 |                                |
| Receipt #  |  | Amount  |  |  |                                 |                                |
| Date Processed   |  |   |  |  |                                 |                                |
| Date Imaged  |  |   |  |  |                                 |                                |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR                                    | FIRST   | MI   |  |                                 |                                |
|  | Gabriella  |   |  |  |                                 |                                |
| NICKNAME   |  | LAST  | SUFFIX   |  |                                 |                                |
|  |  | Mindiola  |  |  |                                 |                                |
| 6 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);               |   | APT / SUITE #;   | CITY; STATE; ZIP CODE  |                                 |                                |
|  | 901 Eleanor St                                   |   |  | Houston TX 77009   |                                 |                                |
| 7 CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER                                      | EXTENSION  |  |                                 |                                |
|  | (832) - 272-0483                                 |   |  |  |                                 |                                |
| 8 REPORT TYPE  | <input checked="" 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 type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |                                 |                                |
| 9 PERIOD COVERED   | Month  | Day   | Year   | Month  | Day                             | Year                           |
|  | 07/01/2022                                       |   | THROUGH  | 12/31/2022   |                                 |                                |
| 10 ELECTION  | ELECTION DATE                                    |   |  | ELECTION TYPE  |                                 |                                |
|  | Month  | Day   | Year   | <input type="checkbox"/> Primary   | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other |
|  |  |   | <input type="checkbox"/> General                           | <input type="checkbox"/> Special   |                                 |                                |
| 11 OFFICE  | OFFICE HELD (if any)                             |   |  | 12 OFFICE SOUGHT (if known)  |                                 |                                |
|  | Houston ISD Board of Trustees, District 1 Harris |   |  | None   |                                 |                                |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

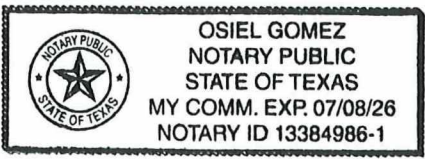
2 of 4

|   |                    |
|---|--------------------|
| <b>13 C / OH NAME</b> Santos, Elizabeth | <b>14 Filer ID</b> |
|---|--------------------|

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |  |
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                     | COMMITTEE TYPE   | COMMITTEE NAME                       |  |
|   |  | COMMITTEE ADDRESS                    |  |
|   |  | COMMITTEE CAMPAIGN TREASURER NAME    |  |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |  |

|                               |   |    |          |
|-------------------------------|---|----|----------|
| <b>16 CONTRIBUTION TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | 0.00     |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ | 434.93   |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 2,174.75 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00     |

**17 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.

\_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Santos, this the 17th day of January, 2023, to certify which, witness my hand and seal of office.

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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 434.93                              |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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:<br>Sch: 1/1 Rpt: 4/4       |  | 2 FILER NAME<br>Santos, Elizabeth  |  | 3 Filer ID   |  |
| 4 Date<br>10/14/2022                                  |  | 5 Payee name<br>Flores, Vannessa   |  |  |  |
| 6 Amount (\$)<br>\$150.00                             |  | 7 Payee address; City; State; Zip Code<br>414 Turner Dr<br><br>Houston, TX 77076   |  |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance                          |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name  |  | Office sought Office held  |  |
| Date<br>10/14/2022                                    |  | Payee name<br>Mindiola, Gabriella  |  |  |  |
| Amount (\$)<br>\$75.00                                |  | Payee address; City; State; Zip Code<br>901 Eleanor<br><br>Houston, TX 77009   |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Northside Teacher Tailgate Donation |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name  |  | Office sought Office held  |  |
| Date<br>11/11/2022                                    |  | Payee name<br>Penner, Ryan   |  |  |  |
| Amount (\$)<br>\$209.93                               |  | Payee address; City; State; Zip Code<br>1106 Post<br><br>Houston, TX 77022   |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Expenditures               |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name  |  | Office sought Office held  |  |