

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Myrna NICKNAME LAST Guidry SUFFIX	OFFICEUSE ONLY JAN 13 2022	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12107 Ashley Circle Dr. E Houston, Texas 77071		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 948-1661	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Tina M.	Receipt #	Amount \$
	NICKNAME LAST SUFFIX Jones-Green	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2034 Greencrest Missouri City, Texas 77489		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832)877-5957		
9 REPORT TYPE	XX 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 Month Day Year 10/5/2021 THROUGH 01/15/2022		
11 ELECTION	ELECTION DATE Month Day Year 11/2/21	ELECTION TYPE XX Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
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 None Known	
Additional Pages	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Myrna Guidry

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6895.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5500.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

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: **9**

2 FILER NAME
Myrna Guidry

3 Filer ID (Ethics Commission Filers)

4 Date

10/09/21

5 Full name of contributor out-of-state PAC (ID#: _____)
Coretta Mallet-Fontenot

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
14622 Brockwood Dr Houston

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Linda Scurlock

Amount of contribution (\$)

10/09/21

Contributor address; City; State; Zip Code
4747 Knotty Oaks Trail Houston TX 77045

\$75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Lloyd Stephens

Amount of contribution (\$)

10/09/21

Contributor address; City; State; Zip Code
5007 Ward Houston TX 77021

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Ivy Rickets

Amount of contribution (\$)

10/09/21

Contributor address; City; State; Zip Code
3003 S Loop W Houston TX 77054

\$250.00

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:

2 FILER NAME
Myrna Guidry 3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
09/03/21	Uzo Opurum	\$500.00
	6 Contributor address; City; State; Zip Code 664 Savoy Dr. Houston TX 77036	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
08/20/21	Cheryl Alsandor	\$100.00
	Contributor address; City; State; Zip Code 5735 Eagle Landing Houston TX 77085	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
08/19/21	Gwendolyn King	\$25.00
	Contributor address; City; State; Zip Code 1418 Brentwood Missouri City TX 77489	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
10/09/21	Jackie Anderson	\$250.00
	Contributor address; City; State; Zip Code 8434 Cabot Houston TX 77078	

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 FILER NAME Myrna Guidry		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Sanders	7 Amount of contribution (\$)
10/09/21	6 Contributor address; City; State; Zip Code 10907 Villa Lea Ln Houston TX 77071	\$60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fay Dunwood	Amount of contribution (\$)
10/09/21	Contributor address; City; State; Zip Code 11910 Riceville School Rd Houston TX 77031	\$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Jones	Amount of contribution (\$)
09/20/21	Contributor address; City; State; Zip Code 3620 Pine Chase Pearland TX 77581	\$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dina Mc Mearn	Amount of contribution (\$)
09/16/21	Contributor address; City; State; Zip Code 6310 Herman Lake Dr Houston TX 77021	\$500.00
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:
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2 FILER NAME Myrna Guidry	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alecia Jones	7 Amount of contribution (\$)
08/18/21	6 Contributor address; City; State; Zip Code 6464 Savoy Dr Houston TX 77036	\$250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Washington	Amount of contribution (\$)
08/18/21	Contributor address; City; State; Zip Code 3730 Kirby Houston TX 77098	\$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Perry	Amount of contribution (\$)
08/18/21	Contributor address; City; State; Zip Code 3500 Manchester Inglewood CA 90305	\$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronique Robinson	Amount of contribution (\$)
08/17/21	Contributor address; City; State; Zip Code 3403 Long Barrow Ln Missouri City TX 77459	\$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Myrna Guidry		3 Filer ID (Ethics Commission Filers)
4 Date 09/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessiray Cusic	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 8114 Bosphorus Houston TX 77044		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 09/05/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damiane Banieh	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9950 Cypresswood Houston TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/05/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Davis Smith	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3100 Richmond Houston TX 77098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/04/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Miles	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2319 Twin Rose Dr. Missouri City TX 77489		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Myrna Guidry		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Long	7 Amount of contribution (\$)
10/13/21	6 Contributor address; City; State; Zip Code 1500 Cascade Range Lewisville TX 75077	\$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tasha Wilson	Amount of contribution (\$)
10/11/21	Contributor address; City; State; Zip Code 2930 Carnoustie Missouri City, TX 77459	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy Moon	Amount of contribution (\$)
10/11/21	Contributor address; City; State; Zip Code 1415 N Loop W Houston, TX 77008	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kia Greene	Amount of contribution (\$)
10/09/21	Contributor address; City; State; Zip Code 250 Golden Grain Dr Rosenberg, TX 77469	\$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Myrna Guidry		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Harris <hr/> 6 Contributor address; City; State; Zip Code 1200 Smith Houston TX 77002	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allecia Pottinger <hr/> Contributor address; City; State; Zip Code 6300 W Loop S Bellaire TX 77401	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Wilson <hr/> Contributor address; City; State; Zip Code 6807 Rolling Mill Houston TX 77088	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hany Khalil <hr/> Contributor address; City; State; Zip Code 8411 Greenbush Houston, TX 77025	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:
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2 FILER NAME Myrna Guidry	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Jones-Green	7 Amount of contribution (\$)
10/27/2021	6 Contributor address; City; State; Zip Code 2034 Greencrest Missouri City, TX 77489	\$200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alesa Joulevette	Amount of contribution (\$)
10/20/21	Contributor address; City; State; Zip Code 14222 Whitecross Houston TX 77083	\$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherika Clark-Jones	Amount of contribution (\$)
10/19/21	Contributor address; City; State; Zip Code PO Box 734 Fresno TX 77545	\$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Bates	Amount of contribution (\$)
10/19/21	Contributor address; City; State; Zip Code 2010 N Loop W Houston TX 77018	\$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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 FILER NAME Myrna Guidry		3 Filer ID (Ethics Commission Filers)
4 Date 11/02/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adele Short 6 Contributor address; City; State; Zip Code 8903 Canton Park Houston TX 77095	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Ellis Contributor address; City; State; Zip Code 2021 Sunset Houston TX 77005	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Green Contributor address; City; State; Zip Code 3757 Parkwood Houston TX 77021	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharlene Poyser Contributor address; City; State; Zip Code 4026 Shackleton Ct. Iowa County, TX	Amount of contribution (\$) \$250.00
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.

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: <u>1</u>	
2 FILER NAME Myrna Guldry		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2,000.00	
5 Date 11/02/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alma Allen	8 Amount of Contribution \$ \$2,000.00	9 In-kind contribution description Polling Expenses
7 Contributor address; City; State; Zip Code 3717 Cork Dr 77047		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) State Rep		11 Employer (FOR NON-JUDICIAL)(See Instructions) State of Texas	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> 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: 1
2 FILER NAME Myrna Guidry		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5500.00
6 Date of loan 8/1/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrna Guidry	9 Loan Amount (\$) 7500.00
6 Is lender a financial institution? Y X N	8 Lender address; City; State; Zip Code 12107 Ashley Circle Dr. E. Houston, TX 77071	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input 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? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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:	2 FILER NAME Myrna Guldry	3 Filer ID (Ethics Commission Filers)
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4 Date 10/09/21	5 Payee name Ms. Patty's Restaurant
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6 Amount (\$) \$200.00	7 Payee address; 8330 W. Belfort Ave B Houston TX 77071
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food/beverage expense	(b) Description fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Myrna Guldry	Office sought HISD Trustee District IX	Office held Trustee District IX
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Date 10/21/21	Payee name US Postal Service
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Amount (\$) \$116.35	Payee address; 3740 Green Houston TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing/ mail expense	Description Postage
	<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 Myrna Guldry	Office sought HISD Trustee, District IX	Office held HISD Trustee, District IX
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Date 10/21/21	Payee name E-Z Mail Management
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Amount (\$) \$705.00	Payee address; 6420 Richmond Ave., St. 100 Houston, TX 77057
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Mailout cards
	<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	Office sought	Office held
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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 | Printing 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 Myrna Guldry	3 Filer ID (Ethics Commission Filers)
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4 Date 11/3/21	5 Payee name Ms. Patty's Restaurant
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6 Amount (\$) \$450.00	7 Payee address; 8330 W. Bellfort Ave B	City; Houston	State; TX	Zip Code 77071
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food/beverage, event expense	(b) Description election result watch party
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Myrna Guldry	Office sought HISD Trustee District IX	Office held Trustee District IX
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Date 10/26/21- 11/2/21	Payee name Radio FM 102.1 and 97.9
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Amount (\$) \$2,000.00	Payee address; Houston	City; Houston	State; TX	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description Radio spots
	<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 Myrna Guldry	Office sought HISD Trustee, District IX	Office held HISD Trustee, District IX
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Date 10/29/21	Payee name Danny Rutherford
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Amount (\$) \$900.00	Payee address; 5763 Flamingo Houston, TX 77033	City; Houston	State; TX	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling	Description Poll worker
	<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	Office sought	Office held
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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
Candidates/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 Myrna Guidry	3 Filer ID (Ethics Commission Filers)
4 Date 11/4/21	5 Payee name JPBE Consulting	
6 Amount (\$) \$2000.00	7 Payee address; P. O. Box 14226	City; State; Zip Code Houston Texas 77221
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign management
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Myrna Guidry	Office sought HISD Trustee District IX
		Office held Trustee District IX
Date 11/4/21	Payee name Business to Business	
Amount (\$) \$245.33	Payee address; Online order	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Campaign checks
	<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 Myrna Guidry	Office sought HISD Trustee, District IX
		Office held HISD Trustee, District IX
Date 11/4/21	Payee name Victor Hayes	
Amount (\$) \$500.00	Payee address; 12107 Ashley Circle Dr. E	City; State; Zip Code Houston TX 77071
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling/transportation	Description Poll watcher, candidate transportation
	<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	Office sought
		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)
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The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Myrna Guldry		3 Filer ID (Ethics Commission Filers)	
4 Date 11/8/21		5 Payee name The Busy Biz			
6 Amount (\$) \$750.00		7 Payee address; 2124 L. Don Dodson Dr. #1031		City; Bedford	State; Texas
				Zip Code 76021	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense		(b) Description Campaign photography		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
		Candidate / Officeholder name Myrna Guldry		Office sought HISD Trustee District IX	Office held Trustee District IX
Date 11/8/21	Payee name It's The Detailz, LLC				
Amount (\$) \$700.00	Payee address; 3500 W. Manchester Blvd. #423		City; Inglewood	State; CA	Zip Code 98305
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement expense		Description Event flyers, invitations, announcements		
	<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 Myrna Guldry		Office sought HISD Trustee, District IX	Office held HISD Trustee, District IX
Date 11/4/21	Payee name Hightower Signs				
Amount (\$) \$450.00	Payee address; 5239 Honey Vine Drive		City; Houston	State; TX	Zip Code 77048
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign re-set/take down		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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| 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 Myrna Guldry		3 Filer ID (Ethics Commission Filers)	
4 Date 10/29/21		5 Payee name Damien Newhouse			
6 Amount (\$) \$50.00		7 Payee address; 4207 Mimosa		City; Missouri City	State; Texas
				Zip Code 77489	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling		(b) Description Poll worker		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Myrna Guldry		Office sought HISD Trustee District IX	Office held Trustee District IX
Date		Payee name Martha Love			
Amount (\$) \$980.00		Payee address; 6615 Loma Vista Street		City; Houston	State; TX
				Zip Code 77085	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling		Description Poll worker		
	<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 Myrna Guldry		Office sought HISD Trustee, District IX	Office held HISD Trustee, District IX
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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