

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 Filer)

2 Total pages
filed **4**

3 CANDIDATE /
OFFICEHOLDER
NAME

MR / MRS / MS **MRS** FIRST **MYRNA** MI
NICKNAME LAST **GUIDRY** SUFFIX

OFFICE USE ONLY

Date Received

JUL 17 2023

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
11303 chimney rock ste. 400c HOUSTON, TEXAS 77035

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 201-3644

Receipt # Amount \$

6 CAMPAIGN
TREASURER
NAME

MR / MRS / MR **MRS** FIRST **TINA** MI
NICKNAME LAST **JONES-GREEN** SUFFIX

Date Processed

Date Images

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) **2034 GREENCREST CITY MISSOURI CITY STATE ZIP CODE 77489**
TX

8 CAMPAIGN
TREASURER
PHONE

AREA CODE **832** PHONE NUMBER **877-5967** EXTENSION
()

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 XX July 15 5th day before election Exceeded Modified Reporting Limit Final Report (within 60th-180)

10 PERIOD
COVERED

Month Day Year Mo Day Year
01 16 2023 THROUGH 07 17 2023

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year **XX** Primary Runoff Other Description
 General Special
11 2 2021

12 OFFICE

OFFICE HELD (if any) **Board of Education**
Trustee

13 OFFICE BOUGHT (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**
COMMITTEE ADDRESS
 GENERAL
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filer)

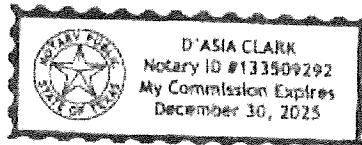
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	0
	4.	TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$300.94
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4500.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Myrna Guidry this the 17th day of July

20 23 to certify which, witness my hand and seal of office.

[Signature] D'Asia Clark Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____ on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME **MYRNA GUIDRY**

20 Filer ID (Ethics Commission Filer)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL 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 checked="" type="checkbox"/> XX SCHEDULE E: LOANS	\$ 4,600.00
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	\$

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 Filer)
4 TOTAL OF UNITEMIZED LOANS						\$ 4,500.00
5 Date of loan 8/1/2021		7 Name of lender <input type="checkbox"/> out-of-state PAC ID# MYRNA GUIDRY			8 Loan Amount (\$)	
6 Is lender a financial institution? Y N		8 Lender address: City State Zip Code 12107 Ashley HOUSTON TX 77071			10 Interest rate N/A	
					11 Maturity date	
12 Principal occupation / Job title (See instructions): ATTORNEY				13 Employer (See instructions) SELF EMPLOYED		
14 Description of Collateral <input 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 18 Guarantor address: City: State: Zip Code			19 Amount Guaranteed (\$)	
20 Principal Occupation (See instructions)				21 Employer (See instructions)		
Date of loan		Name of lender <input type="checkbox"/> out of state PAC ID#			Loan Amount (\$)	
Is lender a financial institution? 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 Guarantor address: City: State: Zip Code			Amount Guaranteed (\$)	
Principal Occupation (See instructions)				Employer (See instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.