

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 FISCAL YEAR (Fiscal Commission Year)

2 Total pages filed **4**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MR / MRS / MS FIRST MI  
Mrs Myrna  
NICKNAME LAST SUFFIX  
Guidry

OFFICE USE ONLY

Date Received

JAN 16 2024

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS (PO BOX APT / SUITE) CITY STATE ZIP CODE  
12107 Ashley Circle Dr. E Houston, TX 77071

Change of Address

Date Used (entered or Date Postmarked)

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713) 201-3644

6 CAMPAIGN  
TREASURER  
NAME

MR / MRS / MS FIRST MI  
Mrs Tina  
NICKNAME LAST SUFFIX  
Jones-Green

Receipt # Amount \$

Date Deposited

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (RFD/PO BOX PLEASE) APT / SUITE # CITY  
2034 Greencrest Missouri City, Texas 77489

(Residence or Business)

STATE ZIP CODE

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(832) 877-5957

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 (After 2021-2022)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
07 / 18 / 23 THROUGH 01 / 15 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other District  
General Special

12 OFFICE

OFFICE HELD (if any)  
HISD Board Trustee

13 OFFICE SOUGHT (if any)

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        | None                                 |
| SPECIFIC       | COMMITTEE ADDRESS                    |
|                | 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

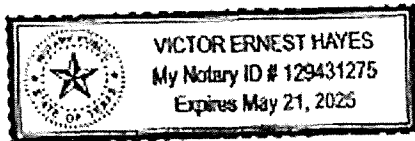
|                              |   |  |         |
|------------------------------|---|--|---------|
| 15 C/OH NAME<br>Myrna Guidry |   | 16 Filer ID (Ethics Commission Filers) |         |
| 17 CONTRIBUTION TOTALS       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     | 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  | \$                                     | 0       |
| OUTSTANDING LOAN TOTALS      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     | 4000.00 |

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

*Myrna Guidry*  
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 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.  
*Victor E. Hayes*      Victor E. Hayes      Notary  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(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 Filers)**

| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b>                                     | <b>SUBTOTAL<br/>AMOUNT</b> |
|---|----------------------------|
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0                       |
| 2. SCHEDULE A2: NON MONETARY (IN KIND) POLITICAL CONTRIBUTIONS                        | \$ 0                       |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0                       |
| 4. SCHEDULE E: LOANS  | \$ 4000.00                 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0                       |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0                       |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0                       |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                         |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0                       |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COH        | \$                         |
| 11. SCHEDULE I: NON POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS          | \$                         |
| 12. SCHEDULE K: INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                       |

**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 <b>1</b>   |
| 2 FILER NAME<br><b>Myrna Guidry</b>  |  | 3 Filer ID (Ethics Commission Filer)  |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ <b>4000.00</b>   |
| 5 Date of loan<br><b>8/1/2021</b>  | 7 Name of lender <input type="checkbox"/> out of state PAC (OR)<br><b>Myrna Guidry</b>           | 9 Loan Amount (\$)  |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address, City, State, Zip Code<br><b>12107 Ashley Circle Dr. E Houston, Texas 77071</b> | 10 Interest rate  |
|  |  | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                                |  | 13 Employer (See Instructions)<br><b>Self Employed</b>                              |
| 14 Description of Collateral<br><b>none</b>  |  | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><b>not applicable</b>  | 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 (OR)                                    | Loan Amount (\$)  |
| Is lender a financial institution?<br><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<br><b>none</b>   |  | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><b>not applicable</b>   | 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.