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: 16
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Shelley	MI	OFFICE USE ONLY
NAME	nickname Last Sekula-Gib	SUFFIX bs	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	and a supplied of the supplied	CITY; STATE; ZIP CODE	RCUD JUL 07 2025 PM()3:40:55 ²⁰²⁵
Change of Address	The Wood	dlands, TX 77380	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivesed or Date Postmarked PMG1 PC 7/4/25 Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Amy	МІ	Date Processed
IVANIE	NICKNAME LAST Van Horn	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
(Residence or Business)	10729 E. Timberwagon Circle,	The Woodlands, TX 77380	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 376-9781	EXTENSION	
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2025	THROUGH 06	Day Year / 30 / 2025
11 ELECTION	Month Day Year Primary 11 / 04 / 2025 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) The Woodlands Township Director, Posit	13 OFFICE SOUGHT (if known tion 5 The Woodlands Townsh	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE: CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE ADDRESS		
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TRE	SASURER NAME	
	SPECIFIC COMMITTEE CAMPAIGN TRE		
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME She	elley Sekula-Gibbs	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRI PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	DF LOANS, OR \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	DITURE. \$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,503.89			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	INTAINED AS OF THE LAST DAY \$ 57,037.38			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUT: LAST DAY OF THE REPORTING PERIOD	C 000 007 47			
COLUMN THE RESOLUTION OF THE COLUMN THE COLU	swear, or affirm, under penalty of perjury, that the acc quired to be reported by me under Title 15, Election Coo	ccompanying report is true and correct and includes all information ode.			
		Signature of Candidate or Officeholder			
	Please complete eitl	ther option below:			
	5 0.5777.7 occupant 1.777.2 occupant				
(1) Affidavit					
NOTARY STAMP/SEAL	L				
Sworn to and subscribed	before me by	this the day of			
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ering oath Printed name of officer administ	istering oath Title of officer administering oath			
	OR				
(2) Unsworn Declaration	on				
My name is Shelley Se	ekula-Gibbs	, and my date of birth is			
My address	, <u>Th</u>	he Woodlands TX 77380 USA			
Montgome	(street)	(city) (state) (zip code) (country)			
Executed in Montgome	ery County, State of Texas on the	day of July , 20_25 (month) (year)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Shelley Sekula-Gibbs 20 Filer ID (Ethics Cor				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CO	NTRIBUTIONS \$	1,760.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$	50,000.30		
5.	SCHEDULE F1: POLITICAL EXPENDITURE	ES MADE FROM POLITICAL CONTRIBUTIONS \$	4,503.89		
6.	SCHEDULE F2: UNPAID INCURRED OBLIG	ATIONS \$			
7.	SCHEDULE F3: PURCHASE OF INVESTM	ENTS MADE FROM POLITICAL CONTRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE B	Y CREDIT CARD \$			
9.	SCHEDULE G: POLITICAL EXPENDITURE	S MADE FROM PERSONAL FUNDS \$			
10.	SCHEDULE H: PAYMENT MADE FROM PC	DLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITU	RES MADE FROM POLITICAL CONTRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAIN TO FILER	NS, REFUNDS, AND CONTRIBUTIONS RETURNED \$			

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	w to complete th	nis form.	1 Total pages Schedule A1: 3
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Shelley Sekul	a-Gibbs			
4 Date	5 Full name of contributor Gloria Mechaley	ut-of-state F	PAC (ID#)	7 Amount of contribution (\$)
04/02/2025	6 Contributor address;	city;	State; Zip Code	\$100.00
8 Principal occu	pation / Job title (See Instructions		9 Employer (See Instruc	tions)
Realtor			Self - Agent at ReMa	ax. The Woodlands
Date	Full name of contributor Lisa Gilmore	out-of-state 6	AC (D#)	Amount of contribution (\$)
06-18-2025	Contributor address;	city: ring, TX 773	State; Zip Code	\$10.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Izoro Consi	ulting		Principal	
Date	Full name of contributor out-of-state PAC (DF) Ruth Riepe		Amount of contribution (\$)	
06-21-2025	Contributor address:	city:	State: Zip Code	\$1,000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Retired			N/A	
Date	Full name of contributor Mary Ryberg	out-of-state F	PAC (ID#)	Amount of contribution (\$)
06-19-2025	Contributor address;	Spring, TX	State; Zip Code	\$100.00
Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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 t	to complete this	s form.	1 Total pages Schedule A1: 3
2 FILER NAME Shelley Sekul				3 Filer ID (Ethics Commission Filers)
4 Date 06/19/2025	5 Full name of contributor Ana Cosio 6 Contributor address:	Out-of-state PA	State: Zip Code	7 Amount of contribution (\$)
	Contributor address,		TX 77384	\$100.00
8 Principal occu Retired	upation / Job title (See Instructions)		9 Employer (See Instruc N/A	tions)
Date	Full name of contributor Lucas Andrus	Out-of-state PA	C (D#)	Amount of contribution (\$)
06-19-2025	Contributor address;		State; Zip Code	\$25.00
	pation / Job title (See Instructions) ce Technician		Employer (See Instruc Cambria USA	tions)
Date	Full name of contributor Herschel D. Williams	out-of-state PA	C (D#)	Amount of contribution (\$)
06-19-2025	Contributor address;	City:	State; Zip Code	\$25.00
Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instruc N/A	tions)
Date	Full name of contributor Dianne Holmes	Out-of-state PA	(D#)	Amount of contribution (\$)
06-19-2025	Contributor address;	City: , Spring, TX	State: Zip Code	\$100.00
Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS N	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	in the requiremental of the applicable, so not include and page in the report.					
The	Instruction Guide explains how to co	mplete this	s form.	1 Total pages Schedule A1: 3		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Shelley Sekula	a-Gibbs					
4 Date	5 Full name of contributor	ut-of-state PA	C (D#)	7 Amount of contribution (\$)		
	Donna McAleer					
06/20/2025	6 Contributor address;	City;	State: Zip Code			
	Spring	, TX 773	81	\$100.00		
8 Principal occu	pation / Job title (See Instructions)	, 17, 770	9 Employer (See Instruc	tions)		
Retired			N/A			
Date	Full name of contributor	ut-of-state PAC	C (C)#)	Amount of contribution (\$)		
06-21-2025	Contributor address; C		State: Zip Code	\$100.00		
Principal occur	eation / Job title (See Instructions)	77301	Employer (See Instruc	tions)		
Retired	State of the Control		,			
Date	Full name of contributor					
Date	Scott Ovreton	ut-or-state FAL	C (D#)	Amount of contribution (\$)		
06-21-2025	Contributor address; C	City;	State; Zip Code	\$100.00		
	The Wood	llands, T	X 77381			
	eation / Job title (See Instructions)		Employer (See Instruc	tions)		
Retired			N/A			
Date	Full name of contributor	ut-of-state PA((D#)	Amount of contribution (\$)		
	Contributor address; C	äty,	State; Zip Code			
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
	If contributor is out-of-state PAC, pleas	se see Instr	uction guide for additional i	reporting requirements.		

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

m uno requeenee	in the first approache, 20 No	· morate and page in the re	por
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Shelley Sekula-G	ibbs		
4 TOTAL OF UN	IITEMIZED LOANS		\$ \$50,000.30
5 Date of loan	7 Name of lender out-of-state 6	PAC (ID#)	9 Loan Amount (\$)
06/20/2025	Shelley Sekula-Gibbs		\$50,000.30
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00%
Y (N)	, The Woodla	ands, TX 77380	11 Maturity data 12/31/2035
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Dermatologist		Elite Dermatology	
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION			
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state i	PAC (ID#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interestrate
Institution? Y N			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	— Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor	·	Amount Guaranteed (\$)
	Guarantor address; City:	State: Zip Code	
not applicable	34.	S. 2.0 0000	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

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 Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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

Consulting Expense Contributions/Donations Made By Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Jotal pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shelley Sekula-Gibbs 4 Date 5 Payeename 01/02/2025 Google LLC 6 Amount (\$) 7 Payee address: City: Zip Code \$7.68 1600 Ampitheatre Pkwv., Mountainview, CA 94043 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **GSuite** Office Overhead OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/06/2025 Name-Cheap Amount (\$) City: Payee address; State Zip Code 4600 E. Washington St., Unit 305, Phoenix, AZ 85034 \$34.95 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Website OF EXPENDITURE Checkiftravel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Word Enthusiast 01/13/2025 Amount (\$) Payee address; City; State: Zip Code \$87.50 67 Panterra Way, The Woodlands, TX 77382 Category (See Categories fisted at the top of this schedule) Description PURPOSE Consulting Fees Salary/Wages/Contract Labor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 Shelley Sekula-Gibbs 4 Date 5 Payeename 01/21/2025 Mailchimp 6 Amount (\$) 7 Payee address: City: Zip Code \$106.60 675 Ponce de Leon NE, Suite 500, Atlanta, GA 30308 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **Email Services** OF Advertising EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/31/2025 Frost City: Amount (\$) Payee address; State Zip Code P.O. Box 1315, Houston, TX 77251 \$5.00 Category (See Categories listed at the top of this schedule) Description PURPOSE OF Fees Online Banking EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Google LLC 02/03/2025 Amount (\$) Payee address; City; State: Zip Code \$7.68 1600 Ampitheatre Pkwy., Mountainview, CA 94043 Category (See Categories listed at the top of this schedule) Description PURPOSE **GSuite** Office Overhead OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gitt/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 (onter a category not listed shows)

Contributions/Donations Made 6 Candidate/Officeholder/Politics Credt Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Shelley Sekula-Gibbs		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2025	5 Payeename OPENAI		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$5.32	3180 18th Street, San Francisco, CA 94	1110	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Overhead	Software	
	(c) Check if travel outside of Texas - Complete Schedule T	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/19/2025	Mailchimp		
Amount (\$)	Payee address;	City;	State; Zip Code
\$106.60	675 Ponce de Leon NE, Suite 500, A	tlanta, GA 3030	8
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Email Services	
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
02/26/2025	Word Enthusiast		
Amount (\$)	Payee address;	City;	State; Zip Code
\$140.00	67 Panterra Way, The Woodlands, TX 7	7382	
10001740100745 AV	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salary/Wages/Contract Labor	Consulting Fees	•
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

Event Expense Fees Food/Beverage Expense Gitt/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 (expense of listed above)

Legal Services 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 3 Filer ID (Ethics Commission Filers) 9 Shelley Sekula-Gibbs 4 Date 5 Payee name 02/28/2025 Frost 7 Payee address: 6 Amount (\$) City; State: Zip Code \$5.00 P.O. Box 1315, Houston, TX 77251 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Online Banking Fees EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder Irving expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 03/03/2025 Google LLC Amount (\$) Payee address; City: State Zip Code 1600 Ampitheatre Pkwy., Mountainview, CA 94043 \$7.68 Category (See Categories listed at the top of this schedule) Description PURPOSE Office Overhead **GSuite** EXPENDITURE Checkiftravel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Mailchimp 03/19/2025 Amount (\$) Payee address: City: State: Zip Code \$106.60 675 Ponce de Leon NE, Suite 500, Atlanta, GA 30308 Category (See Categories listed at the top of this schedule) Description PURPOSE **Email Services** Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule 7 Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gitt/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 (extenses)

Contributions/Donations Made B Candidate/Officeholder/Politics Credt CardPayment		Nages/Contract Labor	Travel Out Of Distric Other (enter a categ	ct ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Shelley Sekula-Gibbs		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/01/2025	5 Payee name Google LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$7.68	1600 Ampitheatre Pkwy., Mountainview	, CA 94043		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead	GSuite		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin,	, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/21/2025	Mailchimp			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$106.60	675 Ponce de Leon NE, Suite 500, A	tlanta, GA 30308	В	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Email Services		
	Checkiftravel outside of Texas Complete Schedule T	Check if Austin,	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/28/2025	MCRW			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$700.00	P.O. Box 1766, Conroe, TX 77305-1766			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Dinner Sponsor		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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
Candidat/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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 (only a category and listed above)

Contributions/Donations Made E Candidate/Officeholder/Politic Credt Card Payment	100 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	ig Expense es/Wages/Contract Labor to complete this form.	Travel Out Of Distri Other (enter a cate)	ct (ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Shelley Sekula-Gibbs		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/01/2025	5 Payee name Google LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$7.68	1600 Ampitheatre Pkwy., Mountainvie	ew, CA 94043		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead	GSuite		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/19/2025	Mailchimp			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$106.60	675 Ponce de Leon NE, Suite 500,	, Atlanta, GA 30308	3	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Email Services		
	Check if travel outside of Texas Complete Schedule T	Check if Austin,	TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payeename			
06/02/2025	Lisa Gilmore			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,500.00	46 Edgemire Place, The Woodlands, 7	TX 77381		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salary/Wages/Contract Labor	Consulting Fees		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL CORIES OF TH	HE COUEDIN E AC NEED)ED	

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Contributions/Donations Made B Candidate/Officeholder/Politica Credt CardPayment	, , , , , , , , , , , , , , , , , , ,	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Shelley Sekula-Gibbs		3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2025	5 Payeename CAZ Consulting LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,030.00	1616 S Voss Rd, Houston, TX 77057		
8	(a) Category (See Categories issted at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Salary/Wages/Contract Labor	Consulting Fee	s
	(c) Check iftravel outside of Texas. Complete Schedule T	Check if Austr	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
06/02/2025	WIX.COM		
Amount (\$)	Payee address;	City;	State; Zip Code
\$233.82	7095 Hollywood Blvd., Ste. 788, Los	Angeles, CA 90	0028-8912
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Website	
	Checkiftravel outside of Texas Complete Schedule T	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/02/2025	Google LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
\$7.68	1600 Ampitheatre Pkwy., Mountainview,	CA 94043	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead	GSuite	
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Shelley Sekula-Gibbs		3 Filer ID (Ethics Commission Filers)		
4 Date 06/06/2025	5 Payee name Name-Cheap				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$17.16	4600 E. Washington St., Unit 305, Phoe	enix, AZ 85034			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Website			
	(c) Check iftravel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
06/11/2025	Vistaprint				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$48.69	275 Wyman Street, Waltham, MA 02	2451			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Printed Market	ing Materials		
	Checkrittravel outside of Texas Complete Schedule T	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payeename				
06/20/2025	Mailchimp				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$47.97	675 Ponce de Leon NE, Suite 500, Atlanta, GA 30308				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Email Services			
	Check if travel outside of Texas. Complete Schedule T	Check if Austr	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credt Card Payment		Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N			3 Filer ID (Ethics Commiss	sion Filers)	
4 Date	5 Payeen					
06/25/2025	Anedot					
6 Amount (\$)	7 Payee a	ddress;	City;	State; Zip C	ode	
\$69.40	1920 M	Kinney Avenue, 7th Flo	or, Dallas, TX 75201			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Fees Donation Processing Fees					
	(c)	Check if travel outside of Texas. Complete S	Schedule T Check if Aus	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name	Office sought	Office he	eld	
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;	City;	State; Zip C	ode	
	Categor	y (See Categories listed at the top of this :	schedule) Description			
PURPOSE OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	ichedule T Check if Aus	tin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		date / Officeholder name	Office sought	Office he	ild	
Date	Payeen	ame				
Amount (\$)	Payee a	ddress;	City;	State; Zip C	ode	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule) Description			
	Check if travel outside of Texas. Complete Schedule T		cheduleT Check if Aust	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office h	eld	
	AT	TACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		