# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission File	2 Total pages filed	12	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Shelle	e <b>A</b>	OFFICE US	E ONLY	
NAME	NICKNAME LAST SUFFIX Sekula-Gibbs Received 07/11/2024					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE ≢: CITY; STATE: ZIP CODE  @ 8:00 am by email by Laure Morgan, The Woodlands, TX 77380  Township Secretary				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER EXTENSION  Date Hand-delivered or Date Postmarked  By email				
6 CAMPAIGN TREASURER NAME	MŞ / MRS / MR	Amy	MI	Receipt #	Amount \$	
NAME	NICKMAME	LAST Van Ho	SUFFIX	Oate Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASEX APT / SU	e Woodlands, TX 7738		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 281 ) 376-9781					
9 REPORT TYPE	January 15	30th day before ell		15th day after of treasurer appoint (Officenoider On Final Report; Azi	केर <b>ा</b> १४)	
10 PERIOD COVERED	Month Day Year Month Day Year  01 / 01 / 2024 THROUGH 06 / 30 / 2024					
11 ELECTION	ELECTION DA	Year Primary General	Runott Other Oescription Special			
12 OFFICE	OFFICE HELD (f any) The Woodlands	Township Director, Positio	13 OFFICE SOUGHT (Flor	nown)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPLIFICAL  ITHE CANDIDATE / OFFICEHOLDER: 1HESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDERS KNOWLEDG CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				S KNOWLEDGE OR	
	GENERAL	COMMITTEE NAME				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Sh	elley Sekula-Gibbs	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,922.93
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	T DAY \$ 2,997.63
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 154,737.17
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
rec	uired to be reported by me under Title 15, Election Code.	
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed		day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
	y Sekula-Gibbs and my date of birth is	
My address is	Lakeside Cove . The Woodlands	TX 77380 USA
Evanuad in M. a.v. La		tate) (zip code) (country)
Executed in TYLONT 90	mery County, State of Ty, on the 10 H day of July (month)	(year)
	Shilley Sekula	Auto Office holder (Declared)
	Signyrure of Candid	ate/Officeholder (Declarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Shelley Sekula-Gibbs 20 Filer ID (Ethics Com			mmissio	n Filers)
21		JLE SUBTOTALS F SCHEDULE			UBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		s	
4.	V	SCHEDULE E: LOANS		s	4,900.00
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	3,922.93
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	s	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	

LOANS SCHEDULE E

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

ii tiic requeste	a morniador lo not application a cre	r more and page in the	
The	Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule E:
2 FILER NAME	Shelley Sekula-Gibbs		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$ 4,900.00
5 Date of loan 1-19-2024	7 Name of lender		9 Loan Amount (\$) 4,900.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code		10 Interest rate 0.00%
YN	The Wo	oodlands, TX 77380	11 Maturity date 12/31/2035
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	
	Dermatologist	Elite Dermatology	
14 Description of Co  ✓ none	liateral	15	nds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	- 444	19 Amount Guaranteed (\$)
✓ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender  ut-of-state	PAC (ID#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	
Description of Co	llateral	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor	-	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupa	tion (See Instructions)	Employer (See Instructions)	
If	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

### 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

Event Expense

Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Fravel In District Travel In District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		lages/Contract Labor	Other (enter a categor	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Shelley Sekula-Gibbs	,	3 Filer ID (Ethic	Commission Filers)
4 Date 01-02-2024	5 Payee name Google LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 6.30	1600 Ampitheatre Pkwy.,	Mountainview, 0	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 Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01-02-2024	Name-Cheap.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 10.66	4600 E Washington St,	Unit 305, Phoe	nix, A 8503	4
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Domain Renev	wals	
	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
Date	Payee name			
01-16-2024	Susan Cochran			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 1,000.00	6802 Clee Lane, Spring,	TX 77379		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salary/Wages/Contract Labor	Consulting Fee	s	59 Mc20 1997 21 500 00000
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	
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 Consulting Expense

Event Expense Fees Food/Beverage Expense Polling Expense

Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Office Overhead/Rental Expense Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Psyment		Vages/Contract Labor	Travel Out Of District Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME Shelley Sekula-Gibbs	3	3 Filer ID (Ethics	Commission Filers)
4 Date 01-19-2024	5 Payee name MailChimp			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$106.60	675 Ponce de Leon NE,		ta, GA 30308	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising	Email Service	es	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01-31-2024	Frost			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$15.00	P.O. Box 1315, Hous	ston, TX 77251		
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Service Charge	/Online Bankir	ng
	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
Date	Payee name			
02-01-2024	Google LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 6.30	1600 Ampitheatre Pkw	vy., Mountainview	v, 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

Event Expense Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Travel In District
Travel Out of District Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment		lages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Shelley Sekula-Gibbs	3 Filer ID (Ethics Commission Filers)
4 Date 02-07-2024	5 Payee name Wright's Printing & Market	eting
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 454.65	2407 Timberloch Place,	Suite 1, The Woodlands, TX 77380
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Printed Marketing Materials
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02-20-2024	MailChimp	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 106.60	675 Ponce de Leon N	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 Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02-29-2024	Frost	
Amount (\$)	Payee address;	City; State; Zip Code
\$5.00	P.O. Box 1315, Houst	on, TX 77251
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Online Banking
	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 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Office Overhead/Rental Expense Transportation Equipment & Related Expense
Polling Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Shelley Sekula-	-Gibbs	3 Filer ID (Ethics Commission Filers)
4 Date 03-01-2024	5 Payee name Google LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 6.94	1600 Ampitheatre	Pkwy., Mountainview,	CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this s	(b) Description	
OF EXPENDITURE	Office Overhead	GSuite	
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03-19-2024	MailChimp		
Amount (\$)	Payee address;	City;	State; Zip Code
\$106.60	675 Ponce de L	eon NE, Suite 500, A	itlanta, GA 30308
	Category (See Categories listed at the top of this sci	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Email Services	8
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03-31-2024	Frost		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 5.00	P.O. Box 1315,	Houston, TX 77251	
PURPOSE	Category (See Categories listed at the top of this sol	nedule) Description	
OF EXPENDITURE	Fees	Online Bankin	g
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	tin, 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 NE	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 Consulting Expense
Contributions/Donations Made By

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense
Printing Expense
Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V  The Instruction Guide explains how to c	lages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Shelley Sekula-Gibbs	3	3 Filler ID (Ethics Commission Filers)
4 Date 04-01-2024	5 Payee name Google LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 7.68	1600 Ampitheatre Pkwy.	, Mountainview,	CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead	GSuite	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04-19-2024	MailChimp		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 106.60	675 Ponce de Leon NE,	Suite 500, Atlan	nta, GA 30308
DURROSS	* 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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04-29-2024	Word Enthusiast		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 638.75	67 Pantera Way, The	Woodlands, TX 7	77382
DIDDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salary/Wages/Contract Labor	Consulting Fee	s
	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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Travel Out Of Dis
Other (enter a cat

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Shelley Sekula-Gib	bs	3 Filer ID (Ethics Commission Filers)
4 Date 04-30-2024	5 Payee name Frost		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 5.00	P.O. Box 1315, Houst	on, TX 77251	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Online Banking	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05-01-2024	Google LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 7.68	1600 Ampitheatre Pk	wy., Mountainview,	CA 94043
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Office Overhead	GSuite	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05-20-2024	MailChimp		
Amount (\$)	Payee address;	City;	State; Zip Code
\$106.60	675 Ponce de Leon	NE, Suite 500, Atla	anta, GA 30308
DUDDOSE	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	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 TH	IS 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

Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Polling Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Office Politing Expense
Printing Expense
Printing Expense
Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Salaries/W	ages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Shelley Se	ekula-Gibbs	:	3 Filer ID (Ethics	s Commission Filers)
4 Date 05-31-2024	5 Payee name Frost				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
\$ 5.00	P.O. Box 13	315, Houston,	TX 77251		
8 BURDOSE	(a) Category (See Categories listed at the	lop of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees		Online Banking		
	(c) Check if travel outside of Texas. C	omplete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
06-03-2024	Google LLC	F			
Amount (\$)	Payee address;		City;	State;	Zip Code
\$ 7.68	1600 Ampit	heatre Pkwy.,	Mountainview, C	A 94043	
	Category (See Categories listed at the to	p of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Ove	erhead	GSuite		
	Check if travel outside of Texas. C	omplete Schedule T.	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
Date	Payee name				
06-07-2024	Word Ent	husiast			
Amount (\$)	Payee address;		City;	State;	Zip Code
\$ 1,044.75	67 Pante	ra Way, The V	Voodlands, TX 77	382	
	Category (See Categories listed at the to	p of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salary/Wages/Co	ontract Labor	Consulting Fees	<u> </u>	
	Check if travel outside of Texas. C	omplete Schedule T.	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
	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS NEED	DED	
					D

#### 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
Candid Cord Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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 (apper a category and listed shows)

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Shelley Sekula-Gibbs	3	3 Filer ID (Ethic	s Commission Filers)
4 Date 06-17-2024	5 Payee name VistaPrint			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 51.94	275 Wyman Street, Wal	tham, MA 02451		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Printed Market	ing Materials	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06-20-2024	MailChimp			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 106.60	675 Ponce de Leon NE,	Suite 500, Atlan	ta, GA 30308	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Email Services		100-100
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06-30-2024	Frost			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 5.00	P.O. Box 1315, Houston	, TX 77251	<u></u>	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Online Banking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, afficeholder 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	

From: Shelley Sekula

To: <u>Laure Morgan</u>; <u>Elections</u>

Subject: [EXTERNAL]6-30-2024 Township Campaign Finance Report Dr. Shelley Sekula-Gibbs Unsworn Declaration signed

7-10-2024

**Date:** Wednesday, July 10, 2024 2:01:38 PM

Attachments: 6-30-2024 Township Campaign Financial Report SSG Unsworn Declaration Signed 7-10-24.pdf

#### Laure,

Here is my 6-30-2024 Township Campaign Finance Report with the Unsworn Declaration signed 7-10-2024. Thank you,

Dr. Shelley Sekula-Gibbs

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