

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: <u>8</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<u>Ms. Toni</u> <u>Carter</u>		<u>h.</u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;
	CITY;		STATE; ZIP CODE
<div style="background-color: black; width: 150px; height: 40px; margin-bottom: 5px;"></div> <input type="checkbox"/> Change of Address		<u>New Brauntels</u> <u>TX 78130</u>	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(618) 531-1935</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<u>ms Chrissy</u> <u>Jurik</u>			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	CITY;		STATE; ZIP CODE
<u>1045 Lone Cypress</u> (Residence or Business)		<u>New Brauntels TX 78130</u>	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(724) 554 0729</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
<u>01 / 01 / 2025</u>		THROUGH	<u>03 / 31 / 2025</u>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
<u>5 / 3 / 2025</u>		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
<u>NB City Council Dist 1</u>		<u>NB City Council District 1</u>	
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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

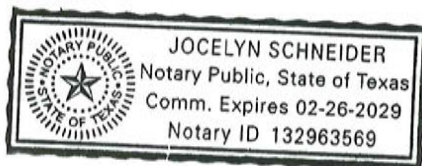
15 C/OH NAME <u>Toni Carter</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2815⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>1038⁷²</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1038⁷²</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1776²⁸</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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.

Toni Carter
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Toni Carter this the 15th day of April ~~March~~

20 25, to certify which, witness my hand and seal of office.

Jocelyn Schneider
Signature of officer administering oath

Jocelyn Schneider
Printed name of officer administering oath

Records Management Coordinator
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)

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:

1 of 3

2 FILER NAME

Toni Carter

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/25

5 Full name of contributor

Marty Hiles

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State; Zip Code

New Braunfels TX 78130

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

NONE

Date

1/3/25

Full name of contributor

Toni Carter

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$40

Contributor address;

City;

State; Zip Code

New Braunfels TX 78130

Principal occupation / Job title (See Instructions)

Chief, Data Analytics

Employer (See Instructions)

Federal Gov

Date

2/20/25

Full name of contributor

Marty Hiles

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500

Contributor address;

City;

State; Zip Code

New Braunfels TX 78130

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NONE

Date

2/25/25

Full name of contributor

Toni Carter

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500

Contributor address;

City;

State; Zip Code

New Braunfels TX 78130

Principal occupation / Job title (See Instructions)

Chief, Data Analytics

Employer (See Instructions)

Federal Gov.

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 of 3

2 FILER NAME

Doni Carter

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/25

5 Full name of contributor

Qin Bong Dong

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$500

6 Contributor address; City; State; Zip Code

[Redacted] New Braunfels TX 78130

8 Principal occupation / Job title (See Instructions)

Massage Therapist

9 Employer (See Instructions)

Ahhh Spa Massage

Date

3/3/25

Full name of contributor

Cheryl Graham

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

[Redacted] New Braunfels TX 78130

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Self

Date

2/20/25

Full name of contributor

Amy Brukenhoefer

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

[Redacted] New Braunfels TX 78130

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/19/25

Full name of contributor

Gina Franke

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

[Redacted] New Braunfels TX 78130

Principal occupation / Job title (See Instructions)

Retired

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 of 3
2 FILER NAME Toni Carter		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toni Carter	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> New Braunfels TX 78130		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

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

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

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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: <u>1</u>		2 FILER NAME <u>Toni Carter</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/3/25</u>		5 Payee name <u>Super Cheap Signs</u>			
6 Amount (\$) <u>\$783¹²</u>		7 Payee address; <u>12800 Anderson Mill Road</u>		City; <u>Cedar Park</u>	State; Zip Code <u>TX 78613</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Yard Signs</u>		
	(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					
Office sought					
Office held					
Date <u>3/14/25</u>		Payee name <u>TX Direct</u>			
Amount (\$) <u>\$200²⁶</u>		Payee address; <u>1260 Elliott Knox</u>		City; <u>New Braunfels</u>	State; Zip Code <u>TX 78130</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>Push Cards</u>		
	<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					
Date <u>3/17/25</u>		Payee name <u>Web.com</u>			
Amount (\$) <u>\$41³⁰</u>		Payee address; <u>5335 Gate Pkwy.</u>		City; <u>Jacksonville</u>	State; Zip Code <u>FL 32256</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Website publication</u>		
	<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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Toni Carter		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution Frost Bank Debit Card		
6 PAYMENT \$783⁷²	(a) Amount Charged \$ 783⁷²	(b) Date Expenditure Charged 3/3/25	(c) Date(s) Credit Card Issuer Paid 3/3/25
7 PAYEE Super Cheap	(a) Payee name Super Cheap Signs	(b) Payee address; City, State, Zip Code 12800 Anderson mill Cedar Park TX 78613	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Yard Signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT \$200²⁶	(a) Amount Charged \$ 200²⁶	(b) Date Expenditure Charged 3/14/25	(c) Date(s) Credit Card Issuer Paid 3/14/25
PAYEE	(a) Payee name TX Direct	(b) Payee address; City, State, Zip Code 1240 Elliott Knox New Braunfels TX 78130	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Push Cards
	(c) <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		
PAYMENT \$4130	(a) Amount Charged \$ 4130	(b) Date Expenditure Charged 3/17/25	(c) Date(s) Credit Card Issuer Paid 3/17/25
PAYEE	(a) Payee name Web.com	(b) Payee address; City, State, Zip Code 5335 Gate Pkwy Jacksonville FL 32256	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website
	(c) <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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Toni Carter

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2815</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1025²⁸</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1025²⁸</i>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>