

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 <u>Ms.</u> | FIRST <u>Toni</u> | MI <u>L.</u> | OFFICE USE ONLY | | |
| NICKNAME | | LAST <u>Carter</u> | SUFFIX | Date Received <u>4/11/25</u> | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: ZIP CODE <u>New Braunfels TX 78130</u> | | |
| <input type="checkbox"/> Change of Address | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | AREA CODE <u>(618)</u> | PHONE NUMBER <u>531-1935</u> | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | | MS / MRS / MR <u>ms.</u> | FIRST <u>Chissy</u> | MI | Receipt # Amount \$ | | |
| | | NICKNAME <u>Jurik</u> | LAST | SUFFIX | Date Processed | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <u>1045 Lone Cypress New Braunfels TX 78130</u> | | | | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE <u>(724)</u> | PHONE NUMBER <u>554 0729</u> | EXTENSION | | | |
| 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 <u>01</u> | Day <u>01</u> | Year <u>2025</u> | Month <u>03</u> | Day <u>31</u> | Year <u>2025</u> |
| 11 ELECTION | | ELECTION DATE Month <u>5</u> Day <u>3</u> Year <u>2025</u> | ELECTION TYPE <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) <u>NB City Council Dist 1</u> | 13 OFFICE SOUGHT (if known) <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. | | | | | |
| <input type="checkbox"/> Additional Pages | | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | |
| | | | COMMITTEE ADDRESS | | | | |
| | | | 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

Toni Carter

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)

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2815 00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 1038 72

CONTRIBUTION
BALANCE

4. **TOTAL POLITICAL EXPENDITURES**
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1038 72
\$ 1776 28

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

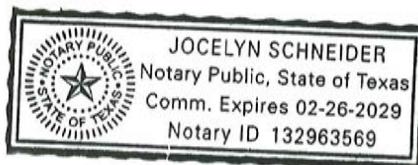
18 SIGNATURE

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.

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, 2023

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: <i>1 of 3</i> |
| 2 FILER NAME <i>Toni Carter</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/5/25</i> | 5 Full name of contributor <i>Marty Hiles</i> | 6 Contributor address; City: State; Zip Code <i>[REDACTED] New Braunfels TX 78130</i> |
| 7 Amount of contribution (\$) <i>\$500</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Retired</i> | | 9 Employer (See Instructions) <i>NONE</i> |
| Date <i>1/3/25</i> | Full name of contributor <i>Toni Carter</i> | Contributor address; City: State; Zip Code <i>[REDACTED] New Braunfels TX 78130</i> |
| | | Amount of contribution (\$) <i>\$40</i> |
| Principal occupation / Job title (See Instructions) <i>Chief, Data Analytics</i> | | Employer (See Instructions) <i>Federal Gov</i> |
| Date <i>2/20/25</i> | Full name of contributor <i>Marty Hiles</i> | Contributor address; City: State; Zip Code <i>[REDACTED] New Braunfels TX 78130</i> |
| | | Amount of contribution (\$) <i>\$500</i> |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>NONE</i> |
| Date <i>2/25/25</i> | Full name of contributor <i>Toni Carter</i> | Contributor address; City: State; Zip Code <i>[REDACTED] New Braunfels TX 78130</i> |
| | | Amount of contribution (\$) <i>\$500</i> |
| Principal occupation / Job title (See Instructions) <i>Chief, Data Analytics</i> | | Employer (See Instructions) <i>Federal Gov.</i> |

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.

| | | | |
|--|--|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | |
| 2 FILER NAME <i>Doni Carter</i> | | 1 Total pages Schedule A1: <i>2 of 3</i> | |
| 4 Date <i>3/1/25</i> | 5 Full name of contributor <i>Qin Peng Dong</i> | 6 Contributor address: <i>[REDACTED] New Braunfels TX 78130</i> | |
| | <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]) | 7 Amount of contribution (\$) <i>\$500</i> | |
| 8 Principal occupation / Job title (See Instructions) <i>Massage Therapist</i> | | 9 Employer (See Instructions) <i>Ahhh Spa Massage</i> | |
| Date <i>3/3/25</i> | Full name of contributor <i>Cheryl Graham</i> | <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]) Amount of contribution (\$) <i>\$50</i> | |
| Contributor address: <i>[REDACTED] New Braunfels TX 78130</i> | | | |
| Principal occupation / Job title (See Instructions) <i>Homemaker</i> | | Employer (See Instructions) <i>Self</i> | |
| Date <i>2/20/25</i> | Full name of contributor <i>Amy Brukenhofer</i> | <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]) Amount of contribution (\$) <i>\$25</i> | |
| Contributor address: <i>[REDACTED] New Braunfels TX 78130</i> | | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) | |
| Date <i>2/19/25</i> | Full name of contributor <i>Gina Franke</i> | <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]) Amount of contribution (\$) <i>\$200</i> | |
| Contributor address: <i>[REDACTED] New Braunfels TX 78130</i> | | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) | |

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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

4 Date

3/5/25

5 Full name of contributor

Toni Carter

out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

New Braunfels TX 78130

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 1 | Toni Carter | | |
| 4 Date | 5 Payee name | | |
| 3/3/25 | Super Cheap Signs | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | |
| \$783.22 | 12800 Anderson Mill Road | Cedar Park TX 78613 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Advertising Expense | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 3/14/25 | TX Direct | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| \$200.26 | 1260 Elliott Knop | New Braunfels TX 78130 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Printing Expense | Push Cards | |
| | <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 | Payee name | | |
| 3/17/25 | Web.com | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| \$4130 | 5335 Gate Pkwy. | Jacksonville FL 32256 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Advertising Expense | Website publications | |
| | <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 | Food/Beverage Expense | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Gift/Awards/Memorials Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Travel Out Of District |
| | | | 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: | 2 FILER NAME <i>Toni Carter</i> | | | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | \$ | |
| 5 CREDIT CARD ISSUER | Name of financial institution <i>Frost Bank Debit Card</i> | | | |
| 6 PAYMENT <i>\$ 783 72</i> | (a) Amount Charged <i>\$ 783 72</i> | (b) Date Expenditure Charged <i>3/3/25</i> | (c) Date(s) Credit Card Issuer Paid <i>3/3/25</i> | |
| 7 PAYEE <i>Super Cheap</i> | (a) Payee name <i>Super Cheap Signs</i> | (b) Payee address; <i>12800 Anderson Mill</i> | City, State, Zip Code <i>Cedar Park TX 78613</i> | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | | (b) Description <i>Yard Signs</i> | |
| | (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 |
| PAYMENT <i>\$ 200 26</i> | (a) Amount Charged <i>\$ 200 26</i> | (b) Date Expenditure Charged <i>3/14/25</i> | (c) Date(s) Credit Card Issuer Paid <i>3/14/25</i> | |
| PAYEE | (a) Payee name <i>TX Direct</i> | (b) Payee address; <i>1260 Elliott Knoy New Braunfels TX 78130</i> | City, State, Zip Code | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | | (b) Description <i>Push Cards</i> | |
| | (c) <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 |
| PAYMENT | (a) Amount Charged <i>\$ 4130</i> | (b) Date Expenditure Charged <i>3/17/25</i> | (c) Date(s) Credit Card Issuer Paid <i>3/17/25</i> | |
| PAYEE | (a) Payee name <i>Web.com</i> | (b) Payee address; <i>5335 Gate Drwy Jacksonville FL 32256</i> | City, State, Zip Code | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | | (b) Description <i>Website</i> | |
| | (c) <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

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

| | | |
|--|--|--|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) | |
| <i>Toni Carter</i> | | |
| 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>1025 28</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>1025 28</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> | |