

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: 10 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>Ms. Roni Carter</i> | | | MI <i>h.</i> | | |
| | NICKNAME | FIRST <i>Roni</i> | LAST <i>Carter</i> | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; <i>New Braunfels</i> | STATE; ZIP CODE <i>TX 78130</i> | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <i>(618)</i> | PHONE NUMBER <i>531 - 1935</i> | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Ms. Chrissy Jurik</i> | FIRST. <i>Chrissy</i> | MI <i>Jurik</i> | Receipt # Amount \$ | | |
| | NICKNAME | LAST | SUFFIX | Date Processed | | |
| | | | | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>1045 Lone Cypress</i> | | | CITY; <i>New Braunfels</i> STATE; ZIP CODE <i>TX 78130</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(724)</i> | PHONE NUMBER <i>554-0729</i> | EXTENSION | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input 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 checked="" 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 <i>04</i> | Day <i>01</i> | Year <i>2025</i> | Month <i>04</i> | Day <i>25</i> | Year <i>2025</i> |
| 11 ELECTION | ELECTION DATE <i>05/03/2025</i> | Month <i>05</i> | Day <i>03</i> | Year <i>2025</i> | 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) <i>NB City Council</i> | 13 OFFICE SOUGHT (if known) <i>NB City Council</i> | | | | |
| 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. | | | | | |
| 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 L. 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)

\$ 340⁰⁰

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

\$ 340⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

987⁵⁹ \$ 980⁵⁹

4. TOTAL POLITICAL EXPENDITURES

987⁵⁹ \$ 980⁵⁹

CONTRIBUTION
BALANCE

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

\$ 568 79

OUTSTANDING
LOAN TOTALS

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

\$ 0

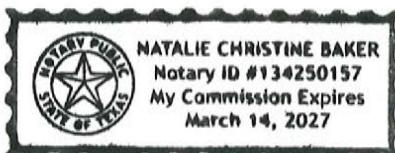
18 SIGNATURE

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.

Toni L. 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 28th day of April,

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

Natalie Baker

Natalie Baker

Asst. City Secretary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 1</i> |
| 2 FILER NAME <i>Toni Carter</i> | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/11</i> | 5 Full name of contributor <i>Joseph Miller</i> | out-of-state PAC (ID#:) | 7 Amount of contribution (\$) <i>\$200</i> |
| 6 Contributor address; [REDACTED] | City: <i>New Braunfels</i> State: <i>TX</i> Zip Code <i>78130</i> | | |
| 8 Principal occupation <i>Retired</i> | 9 Employer (See Instructions) | | |
| Date <i>4/21</i> | Full name of contributor <i>Rita McNeill</i> | out-of-state PAC (ID#:) | Amount of contribution (\$) <i>\$40</i> |
| Contributor address; [REDACTED] | City: <i>New Braunfels</i> State: <i>TX</i> Zip Code <i>78130</i> | | |
| Principal occupation / Job title (See Instructions) <i>Homemaker</i> | Employer (See Instructions) | | |
| Date <i>4/21</i> | Full name of contributor <i>Marcia Stewart</i> | out-of-state PAC (ID#:) | Amount of contribution (\$) <i>\$100</i> |
| Contributor address; [REDACTED] | City: <i>New Braunfels</i> State: <i>TX</i> Zip Code <i>78130</i> | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | 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

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**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: <i>1 of 3</i> | 2 FILER NAME <i>Toni Carter</i> | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>4/3/25</i> | 5 Payee name <i>OFFICE DEPOT</i> | | |
| 6 Amount (\$) <i>\$248.98</i> | 7 Payee address: <i>1050 N. I-35</i> | City: <i>New Braunfels</i> State: <i>TX</i> Zip Code <i>78130</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>PRINTING</i> | (b) Description <i>LETTERS</i> | |
| | (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 <i>4/9/25</i> | Payee name <i>Direct Texas</i> | | |
| Amount (\$) <i>\$400.53</i> | Payee address: <i>1260 Elliott Knox</i> | City: <i>New Braunfels</i> State: <i>TX</i> Zip Code <i>78130</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>PRINTING</i> | Description <i>PUSH CARDS</i> | |
| | 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 <i>4/14/25</i> | Payee name <i>OFFICE DEPOT</i> | | |
| Amount (\$) <i>\$30.32</i> | Payee address: <i>1050 N. I-35</i> | City: <i>New Braunfels</i> State: <i>TX</i> Zip Code <i>78130</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>PRINTING</i> | Description <i>LETTERS</i> | |
| | 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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) | |
| 2 of 3 | Toni L. Carter | | |
| 4 Date | 5 Payee name | 6 Amount (\$) | |
| 4/15/25 | WEB. Com | \$26.64 | |
| | 7 Payee address: | City; State; Zip Code | |
| | Internet | FL | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Advertising | Website | |
| | (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 | | |
| 4/17/25 | Office Depot | | |
| Amount (\$) | Payee address: | City; State; Zip Code | |
| \$51.92 | 1050 N. I-35 | New Braunfels TX 78130 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Printing | Letters | |
| | 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 | | |
| 4/22/25 | USPS | | |
| Amount (\$) | Payee address: | City; State; Zip Code | |
| \$146.00 | 4835 Medical Dr. San Antonio TX 78229 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Advertising | Postage | |
| | 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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) | | |
| 3 of 3 | Toni L. Carter | | | |
| 4 Date | 5 Payee name | | | |
| 4/22/25 | HEB | | | |
| 6 Amount (\$) | 7 Payee address: | City: State: Zip Code | | |
| \$34.00 | 651 Walnut Ave. | New Braunfels TX 78130 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| | Food/Beverage | Candidate Forum | | |
| | (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 | | | |
| 4/23/25 | USPS | | | |
| Amount (\$) | Payee address: | City: State: Zip Code | | |
| \$584.00 | 4835 Medical Dr | San Antonio TX 78229 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Advertising | Postage | | |
| | 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 | | | |
| 4/24/25 | Office Depot | | | |
| Amount (\$) | Payee address: | City: State: Zip Code | | |
| \$ 27.00 | 1050 NI-35 | New Braunfels TX 78130 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Printing | Letters | | |
| | 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 |

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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: | 1083 | 2 FILER NAME | Toni L. 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 | | |
|----------------------|---|--|--|

| | | | |
|-----------|----------------------------------|--|---|
| 6 PAYMENT | (a) Amount Charged \$ 3010.00 | (b) Date Expenditure Charged 4/3/25 | (c) Date(s) Credit Card Issuer Paid 4/3/25 |
|-----------|----------------------------------|--|---|

| | | | |
|---------|--------------------------------|-----------------------------------|---|
| 7 PAYEE | (a) Payee name Office Depot | (b) Payee address; 1050 N I-35 | City, State, Zip Code New Braunfels TX 78130 |
|---------|--------------------------------|-----------------------------------|---|

| | | |
|---|--|----------------------------|
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Printing | (b) Description Letters |
|---|--|----------------------------|

(c) Check if travel outside of Texas. Complete 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 |
|---|-------------------------------|---------------|-------------|

| | | | |
|---------|---------------------------------|--|---|
| PAYMENT | (a) Amount Charged \$ 400.53 | (b) Date Expenditure Charged 4/9/25 | (c) Date(s) Credit Card Issuer Paid 4/9/25 |
|---------|---------------------------------|--|---|

| | | | |
|-------|--------------------------------|---|---|
| PAYEE | (a) Payee name Direct Texas | (b) Payee address; 1260 Elliott Knox | City, State, Zip Code New Braunfels TX 78130 |
|-------|--------------------------------|---|---|

| | | |
|---|--|-------------------------------|
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Printing | (b) Description Post Cards |
|---|--|-------------------------------|

(c) 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 |
|---|-------------------------------|---------------|-------------|

| | | | |
|---------|--------------------------------|---|--|
| PAYMENT | (a) Amount Charged \$ 30.32 | (b) Date Expenditure Charged 4/14/25 | (c) Date(s) Credit Card Issuer Paid 4/14/25 |
|---------|--------------------------------|---|--|

| | | | |
|-------|--------------------------------|-----------------------------------|---|
| PAYEE | (a) Payee name Office Depot | (b) Payee address; 1050 N. I35 | City, State, Zip Code New Braunfels TX 78130 |
|-------|--------------------------------|-----------------------------------|---|

| | | |
|---|--|----------------------------|
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Printing | (b) Description Letters |
|---|--|----------------------------|

(c) 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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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: <i>2083</i> | 2 FILER NAME <i>Toni L 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</i> | | |
| 6 PAYMENT | (a) Amount Charged \$ <i>26.64</i> | (b) Date Expenditure Charged <i>4/15/25</i> | (c) Date(s) Credit Card Issuer Paid <i>4/15/25</i> |
| 7 PAYEE | (a) Payee name <i>Web. Com</i> | (b) Payee address; | City, State, Zip Code <i>Jacksonville FL</i> |
| 8 PURPOSE OF EXPENDITURE <input checked="" 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>Website</i> |
| | (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 |
| PAYMENT | (a) Amount Charged \$ <i>51.92</i> | (b) Date Expenditure Charged <i>4/17/25</i> | (c) Date(s) Credit Card Issuer Paid <i>4/17/25</i> |
| PAYEE | (a) Payee name <i>Office Depot</i> | (b) Payee address; <i>1050 N. I35 New Braunfels 78130</i> | City, State, Zip Code |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Printing</i> | | (b) Description <i>Letters</i> |
| | (c) 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 |
| PAYMENT | (a) Amount Charged \$ <i>146.00</i> | (b) Date Expenditure Charged <i>4/22/25</i> | (c) Date(s) Credit Card Issuer Paid <i>4/22/25</i> |
| PAYEE | (a) Payee name <i>USPS</i> | (b) Payee address; <i>4835 Med Dr San Antonio 78229</i> | City, State, Zip Code |
| PURPOSE OF EXPENDITURE <input checked="" 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>Postage</i> |
| | (c) 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 |

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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: | 2 FILER NAME <i>Toni h 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</i> | | |
| 6 PAYMENT | (a) Amount Charged \$ 3448 | (b) Date Expenditure Charged 4/22/25 | (c) Date(s) Credit Card Issuer Paid 4/22/25 |
| 7 PAYEE | (a) Payee name <i>HEB</i> | (b) Payee address; <i>651 S. Walnut</i> | City, State, Zip Code <i>New Braunfels TX 78130</i> |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Food Beverage</i> | | (b) Description <i>Candidate Forum</i> |
| | (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 |
| PAYMENT | (a) Amount Charged \$ 5840 | (b) Date Expenditure Charged 4/23/25 | (c) Date(s) Credit Card Issuer Paid 4/23/25 |
| PAYEE | (a) Payee name <i>USPS</i> | (b) Payee address; <i>4835 Medical Dr</i> | City, State, Zip Code <i>San Antonio TX 78229</i> |
| PURPOSE OF EXPENDITURE <input checked="" 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>letter</i> |
| | (c) 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 Held |
| PAYMENT | (a) Amount Charged \$ 270 | (b) Date Expenditure Charged 4/24/25 | (c) Date(s) Credit Card Issuer/Paid 4/24/25 |
| PAYEE | (a) Payee name <i>Office Depot</i> | (b) Payee address; <i>1050 N. I-35</i> | City, State, Zip Code <i>New Braunfels TX 78130</i> |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Printing</i> | | (b) Description <i>letters</i> |
| | (c) 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 |

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) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <u>340⁰⁰</u> |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <u>—</u> |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <u>—</u> |
| 4. SCHEDULE E: LOANS | \$ <u>—</u> |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <u>987.59</u> |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <u>—</u> |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <u>—</u> |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <u>987.59</u> |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <u>—</u> |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <u>—</u> |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <u>—</u> |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <u>—</u> |