

# 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: 9
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mrs.                      Darlene                      E ----- NICKNAME                      LAST                      SUFFIX Breaux	<b>OFFICEUSE ONLY</b> Date Received <h2 style="margin: 0;">ALIEF ISD</h2> <h3 style="margin: 0;">OCT 25 2021</h3> <h2 style="margin: 0;">RECEIVED</h2> Date Hand-delivered or Date Postmarked @ 8:23am - E. Wms Receipt #                      Amount \$ Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE P.O. Box #956                      Alief                      Texas 77411		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (832) 781-0377		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Vincent                      J ----- NICKNAME                      LAST                      SUFFIX Breaux		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE P.O. Box #956                      Alief                      Texas 77411		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (281)                      543 - 0648		
<b>9 REPORT TYPE</b>	<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 (Officerholder 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)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 10                      /                      3                      /                      2021                                                                                                                               10                      /                      22                      /                      2021		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 11                      /                      2                      /                      2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Alief ISD School Board Trustee Position 4	<b>13 OFFICE SOUGHT (if known)</b> Alief ISD School Board Trustee Position 4	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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

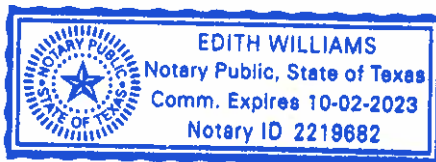
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,234.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*Marcene Braux*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Darlene Braux this the 25<sup>th</sup> day of October

20 21, to certify which, witness my hand and seal of office.

Edith Williams                      Edith Williams                      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)

# 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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,020.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 214.60
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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: <b>3</b>
2 FILER NAME <b>Darlene Breaux</b>		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Michelle Hamilton</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>3411 Dove Shores Ln Pearland Texas 77584</b>		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Accredo
Date 10/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Freddie Nobel</b>	Amount of contribution (\$) <b>125.00</b>
Contributor address; City; State; Zip Code <b>2834 Everhart Terrace drive Fresno Texas 77545</b>		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 10/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Marcia Jones Calloway</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3745 Villa Terr San Diego California 92104</b>		
Principal occupation / Job title (See Instructions) CDO		Employer (See Instructions) San Ysidro Health
Date 10/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Sonya Vaden</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>9006 Six Rivers Lane Missouri City Texas 77459</b>		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

**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: <b>3</b>
2 FILER NAME <b>Darlene Breaux</b>		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2021	10 Full name of contributor out-of-state PAC (ID# _____ ) <b>Heather Sheffield</b> <hr/> 11 Contributor address; City; State; Zip Code <b>912 Galahad Dr Austin Texas 78746</b>	12 Amount of contribution (\$) <b>25.00</b>
13 Principal occupation / Job title (See Instructions) Director of Outreach		14 Employer (See Instructions) Powell Law Group
Date 10/12/2021	Full name of contributor out-of-state PAC (ID# _____ ) <b>Staci Clark</b> <hr/> Contributor address; City; State; Zip Code <b>13701 W Belfort Sugar Land Texas 77498</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2021	Full name of contributor out-of-state PAC (ID# _____ ) <b>Judy Coleman</b> <hr/> Contributor address; City; State; Zip Code <b>13403 Garden Grove Houston Texas 77082</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Scheduling Coordinator		Employer (See Instructions) Complete Woman's Care Center
Date 10/16/2021	Full name of contributor out-of-state PAC (ID# _____ ) <b>Ron Reynolds</b> <hr/> Contributor address; City; State; Zip Code <b>6140 Highway 6 South #233 Missouri City Texas 77459</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) Self

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# 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 3
2 FILER NAME <b>Darlene Breaux</b>		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2021	15 Full name of contributor out-of-state PAC (ID# _____ ) <b>Ty G. Jones</b> <hr/> 16 Contributor address; City; State; Zip Code 900 Vanguard Place Lancaster Texas 75148	17 Amount of contribution (\$) 100.00
18 Principal occupation / Job title (See Instructions) Consultant		19 Employer (See Instructions) Ty G. Jones LLC
Date 10/20/2021	Full name of contributor out-of-state PAC (ID# _____ ) <b>Wayne Swafford,</b> <hr/> Contributor address; City; State; Zip Code 2525 Briarpark Drive Suite 400 Houston Texas 77042	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lockwood, Andrews, & Newnam, Inc.
Date 10/23/2021	Full name of contributor out-of-state PAC (ID# _____ ) <b>Kimberly McLeod</b> <hr/> Contributor address; City; State; Zip Code 1421 Misty Cove Drive Rockwall Texas 75087	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) A&M University Commerce
Date 10/24/2021	Full name of contributor out-of-state PAC (ID# _____ ) _____ <hr/> Contributor address; City; State; Zip Code _____	Amount of contribution (\$) _____
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lineberger Goggan Blair & Sampson, LLP

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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 A2: 1	
2 FILER NAME Darlene Breaux		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 214.60	
5 Date 10/7/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Shelle Vernon ..... 7 Contributor address; City; State; Zip Code 17510 Comoro Ln Spring Texas 77379	8 Amount of Contribution \$ \$214.60	9 In-kind contribution description Campaign Material ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) President / CEO		11 Employer (FOR NON-JUDICIAL)(See Instructions) Milestone Development & Management	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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.

<b>1</b> Total pages Schedule F1 1:	<b>2</b> FILER NAME Darlene Breaux	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/18/2021	<b>5</b> Payee name Comerica	
<b>6</b> Amount (\$) 6.95	<b>7</b> Payee address; 13111 Westheimer, Suite 100	City; State; Zip Code Houston Texas 77077
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting / Banking	<b>(b)</b> Description Online Billing Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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

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