

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 17		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME		MS/MRS/MR: MRS. FIRST: NATALIE MI: M				Date Received	
		NICKNAME: LAST: HEBERT SUFFIX:		Date Hand-delivered or Date Postmarked			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Receipt #		Amount \$	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year 02 / 05 / 2019 THROUGH 03 / 04 / 2019		Date Processed			
				Date Imaged			

6 EXPLANATION OF CORRECTION
PAGE 3: Miscalculated total expenses from schedule F1. The correct figure is \$6419.53.
PAGE 2: Figure numbers 4 and 5 have been updated due to the error on page 3.

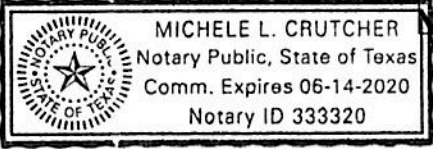
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



MICHELE L. CRUTCHER
 Notary Public, State of Texas
 Comm. Expires 06-14-2020
 Notary ID 333320

natalie Hebert

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NATALIE HEBERT, this the 31ST day of OCTOBER, 2019, to certify which, witness my hand and seal of office.

Michele L. Crutcher **MICHELE L. CRUTCHER** **NOTARY**

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections**

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: 16				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mrs. Natalie	MI M.	OFFICE USE ONLY			
	NICKNAME	LAST Hebert	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	6509 Simon Ave.		Frisco	TX	75035		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	(469) 209-5609						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Kelsey	MI M.	Receipt # Amount \$			
	NICKNAME	LAST Decker	SUFFIX			Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	6369 Postell Lane		Frisco	TX	75035		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged			
	(214) 336-7509						
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	05	2019		03	04	2019
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	05	04	2019	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Frisco ISD Board of Trustees - Place 2			
GO TO PAGE 2							

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Natalie Hebert **15 Filer ID (Ethics Commission Filers)**

16 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	NONE
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,500
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,419.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,530.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000

18 AFFIDAVIT

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.

natalie Hebert

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NATALIE HEBERT, this the 31ST day of OCTOBER, 20 19, to certify which, witness my hand and seal of office.

Michele L. Crutcher
Signature of officer administering oath

MICHELE L. CRUTCHER
Printed name of officer administering oath

NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME Natalie Hebert		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,950
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 550
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 5,000
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 6,418.53
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 5**

2 FILER NAME

Natalie Hebert

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/19

5 Full name of contributor

Rob Cox

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

7112 Silverbrook Frisco TX 75036

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/16/19

Full name of contributor

Cndy Hons

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25

Contributor address;

7145 Yellowstone Drive Frisco TX 75033

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/19

Full name of contributor

Tammi Tysell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25

Contributor address;

1213 Gladewater Frisco TX 75033

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/19

Full name of contributor

Marian and Brad Schulze

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100

Contributor address;

1361 Wildfire Frisco TX 75033

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **2 of 5**

2 FILER NAME

Natalie Hebert

3 Filer ID (Ethics Commission Filers)

4 Date

2/18/19

5 Full name of contributor

Bridget Kelly

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

6973 Hadlow Drive

City: State: Zip Code

Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/18/19

Full name of contributor

Mary Hebert

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$200

Contributor address;

11075 Erhard Drive

City: State: Zip Code

Dallas TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

Nicole Quisling

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250

Contributor address;

11557 Cody Lane

City: State: Zip Code

Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/19

Full name of contributor

Kacye Vanderplas

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

1002 Katy Gap Road #1314 Katy TX 77494

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **3 of 5**

2 FILER NAME

Natalie Hebert

3 Filer ID (Ethics Commission Filers)

4 Date

2/19/19

5 Full name of contributor

Jaclyn Hagarty

out-of-state PAC (ID# _____)

6 Contributor address;

4376 Limerick Lane

City: State: Zip Code

Frisco TX 75034

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/19/19

Full name of contributor

Kelsey Decker

out-of-state PAC (ID# _____)

Contributor address;

6369 Postell Ln

City: State: Zip Code

Frisco TX 75035

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

Brett Sumrow

out-of-state PAC (ID# _____)

Contributor address;

10880 Cardiff Lane

City: State: Zip Code

Frisco TX 75035

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

Sonja Rogers

out-of-state PAC (ID# _____)

Contributor address;

2272 Hollyhill Lane

City: State: Zip Code

Denton TX 76205

Amount of contribution (\$)

\$500

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 5**

2 FILER NAME

Natalie Hebert

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/19

5 Full name of contributor

Amna Warach

out-of-state PAC (ID# _____)

6 Contributor address;

13449 Grayhawk Blvd.

City: State: Zip Code

Frisco TX 75033

7 Amount of contribution (\$)

\$25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/19

Full name of contributor

Tammi Smith

out-of-state PAC (ID# _____)

Contributor address;

1804 Tumbling River Drive Frisco TX 75036

City: State: Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

Jeff Davison

out-of-state PAC (ID# _____)

Contributor address;

14067 Carly Lane

City: State: Zip Code

Frisco TX 75035

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/19

Full name of contributor

Bonita Keith

out-of-state PAC (ID# _____)

Contributor address;

6991 Hadlow Dr

City: State: Zip Code

Frisco TX 75035

Amount of contribution (\$)

\$1,000

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5 of 5**

2 FILER NAME

Natalie Hebert

3 Filer ID (Ethics Commission Filers)

4 Date

3/22/19

5 Full name of contributor

John Idar

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

6400 FM 423 1107

City; State; Zip Code

Frisco TX 75036

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/19

Full name of contributor

DEBRA NELSON

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100

Contributor address;

8514 EMERALD GLEN LANE Frisco TX 75033

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/19

Full name of contributor

Tam Tysell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100

Contributor address;

1213 Gladewater Frisco TX 75033

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

Malissa Nuspl

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250

Contributor address;

6052 Arboretum Dr. Frisco, TX 75034

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 2	
2 FILER NAME Natalie Hebert		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 02/16/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Megan Dewolf	8 Amount of Contribution \$ \$200	9 In-kind contribution description Head Shots
7 Contributor address: City; State; Zip Code 8548 Scott Cir Frisco, TX 75034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Teacher		11 Employer (FOR NON-JUDICIAL) (See Instructions) Frisco ISD	
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 02/05/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Natalie Smith	Amount of Contribution \$ \$350	In-kind contribution description Logo Design
Contributor address: City; State; Zip Code Frisco, TX 75035		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Graphic Designer		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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 2	
2 FILER NAME Natalie Hebert		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/20/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimmy & Sue Gaffney	8 Amount of Contribution \$ \$100	9 In-kind contribution description Meet & Greet
7 Contributor address; City; State; Zip Code 13061 Railhead Court Frisco, TX 75035		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Natalie Hebert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 2/5/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Hebert	9 Loan Amount (\$) \$5,000
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 6509 Simon Ave. Frisco, TX 75035	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Chief Information Officer		13 Employer (See Instructions) HRM
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 5	2 FILER NAME Natalie Hebert	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/19	5 Payee name NextDay Flyers	
6 Amount (\$) \$61.00	7 Payee address; City; State; Zip Code 435 N. Midland Ave. Saddle Brook, NJ 07663	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2
Date 02/18/2019	Payee name S&S Events and Rentals	
Amount (\$) \$1,474.37	Payee address; City; State; Zip Code P.O. Box 550488 Dallas, TX 75355	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2
Date 2/18/19	Payee name Hobby Lobby	
Amount (\$) \$82.68	Payee address; City; State; Zip Code 5288 Preston Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 5	2 FILER NAME Natalie Hebert	3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2019	5 Payee name First Graphic Service, Inc	
6 Amount (\$) \$1,705.75	7 Payee address; City; State; Zip Code 229 Garvon St, Garland, TX 75040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	(b) Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2
Date 2/18/19	Payee name Select Promotions & Models, LLC	
Amount (\$) \$148.34	Payee address; City; State; Zip Code 14175 Katiliz Place Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2
Date 2/3/19	Payee name Go Daddy	
Amount (\$) \$77.46	Payee address; City; State; Zip Code 14455 N. Hayden Rd. Scottsdale, AZ 85260 Suite 219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3 of 5	2 FILER NAME Natalie Hebert	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 02/10/2019	5 Payee name NameBadge.Com
------------------------------------	---

6 Amount (\$) \$362.99	7 Payee address; City; State; Zip Code 12240 SW 53RD ST. COOPER CITY FL 33330 SUITE 511
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2	Office held
--	--	---	-------------

Date 3/18/19	Payee name The Odee Company
------------------------	---------------------------------------

Amount (\$) \$821.10	Payee address; City; State; Zip Code P.O. Box 550488 Dallas, TX 75355
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2	Office held
---	--	---	-------------

Date 3/26/19	Payee name Fred Lusk
------------------------	--------------------------------

Amount (\$) \$371.78	Payee address; City; State; Zip Code 9912 Mallory Dr. Frisco, TX 75035
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2	Office held
---	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 5	2 FILER NAME Natalie Hebert	3 Filer ID (Ethics Commission Filers)
---	---------------------------------------	---------------------------------------

4 Date 2/18/19	5 Payee name Costco
--------------------------	-------------------------------

6 Amount (\$) \$494.90	7 Payee address; City; State; Zip Code 112200 Dallas Pkwy. Frisco, TX 75033
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food and Beverage Expense/ Event Expense	(b) Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2	Office held
---	--	---	-------------

Date 03/04/2019	Payee name YT Ad Services
---------------------------	-------------------------------------

Amount (\$) \$500	Payee address; City; State; Zip Code 2885 Sanford Ave SW, Grandville, MI 49418
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2	Office held
---	--	---	-------------

Date 2/11/19	Payee name Magnets on the Cheap
------------------------	---

Amount (\$) \$133.09	Payee address; City; State; Zip Code 11525a Stonehollow Dr #100, Austin, TX 78758
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <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 Natalie Hebert	Office sought FISD Board of Trustees, Place 2	Office held
---	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 5 of 5	2 FILER NAME Natalie Hebert	3 Filer ID (Ethics Commission Filers)
4 Date 2/5/19-3/25/19	5 Payee name Raise the Money	
6 Amount (\$) \$186.07	7 Payee address; City; State; Zip Code Raise the Money, Inc. Little Rock, AR 72221 P.O. Box 26466	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <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: Natalie Hebert Office sought: FISD Board of Trustees, Place 2 Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Natalie Hebert Office sought: FISD Board of Trustees, Place 2 Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Natalie Hebert Office sought: FISD Board of Trustees, Place 2 Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED