

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <b>16</b>														
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border:none;"> <tr> <td style="width:15%; font-size:small;">MS / MRS / MR</td> <td style="width:35%; text-align:center;">FIRST</td> <td style="width:15%; text-align:center;">MI</td> </tr> <tr> <td></td> <td style="text-align:center;"><b>Mrs. Natalie</b></td> <td style="text-align:center;"><b>M.</b></td> </tr> <tr> <td style="font-size:small;">NICKNAME</td> <td style="text-align:center;">LAST</td> <td style="font-size:small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align:center;"><b>Hebert</b></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		<b>Mrs. Natalie</b>	<b>M.</b>	NICKNAME	LAST	SUFFIX		<b>Hebert</b>		<b>OFFICE USE ONLY</b>			
MS / MRS / MR	FIRST	MI															
	<b>Mrs. Natalie</b>	<b>M.</b>															
NICKNAME	LAST	SUFFIX															
	<b>Hebert</b>																
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<table style="width:100%; border:none;"> <tr> <td style="width:25%; font-size:small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size:small;">APT / SUITE #;</td> <td style="width:15%; font-size:small;">CITY;</td> <td style="width:15%; font-size:small;">STATE;</td> <td style="width:30%; font-size:small;">ZIP CODE</td> </tr> <tr> <td><b>6509 Simon Ave.</b></td> <td></td> <td><b>Frisco TX</b></td> <td></td> <td><b>75035</b></td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>6509 Simon Ave.</b>		<b>Frisco TX</b>		<b>75035</b>	Date Received  <b>APR 04 2019</b> <i>mc</i>					
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE													
<b>6509 Simon Ave.</b>		<b>Frisco TX</b>		<b>75035</b>													
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border:none;"> <tr> <td style="width:25%; font-size:small;">AREA CODE</td> <td style="width:45%; font-size:small;">PHONE NUMBER</td> <td style="width:30%; font-size:small;">EXTENSION</td> </tr> <tr> <td></td> <td><b>( 469 ) 209-5609</b></td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION		<b>( 469 ) 209-5609</b>		Date Hand-delivered or Date Postmarked									
AREA CODE	PHONE NUMBER	EXTENSION															
	<b>( 469 ) 209-5609</b>																
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border:none;"> <tr> <td style="width:15%; font-size:small;">MS / MRS / MR</td> <td style="width:35%; text-align:center;">FIRST</td> <td style="width:15%; text-align:center;">MI</td> </tr> <tr> <td></td> <td style="text-align:center;"><b>Kelsey</b></td> <td style="text-align:center;"><b>M.</b></td> </tr> <tr> <td style="font-size:small;">NICKNAME</td> <td style="text-align:center;">LAST</td> <td style="font-size:small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align:center;"><b>Decker</b></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		<b>Kelsey</b>	<b>M.</b>	NICKNAME	LAST	SUFFIX		<b>Decker</b>		Receipt #	Amount \$		
MS / MRS / MR	FIRST	MI															
	<b>Kelsey</b>	<b>M.</b>															
NICKNAME	LAST	SUFFIX															
	<b>Decker</b>																
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<table style="width:100%; border:none;"> <tr> <td style="width:45%; font-size:small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size:small;">APT / SUITE #;</td> <td style="width:15%; font-size:small;">CITY;</td> <td style="width:15%; font-size:small;">STATE;</td> <td style="width:10%; font-size:small;">ZIP CODE</td> </tr> <tr> <td><b>6369 Postell Lane</b></td> <td></td> <td><b>Frisco TX</b></td> <td></td> <td><b>75035</b></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>6369 Postell Lane</b>		<b>Frisco TX</b>		<b>75035</b>				
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<b>9</b> REPORT TYPE	<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)						
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<b>10</b> PERIOD COVERED	<table style="width:100%; border:none;"> <tr> <td style="width:25%; text-align:center;">Month</td> <td style="width:10%; text-align:center;">Day</td> <td style="width:15%; text-align:center;">Year</td> <td style="width:10%; text-align:center;">THROUGH</td> <td style="width:10%; text-align:center;">Month</td> <td style="width:10%; text-align:center;">Day</td> <td style="width:15%; text-align:center;">Year</td> </tr> <tr> <td style="text-align:center;"><b>02</b></td> <td style="text-align:center;"><b>05</b></td> <td style="text-align:center;"><b>2019</b></td> <td></td> <td style="text-align:center;"><b>03</b></td> <td style="text-align:center;"><b>25</b></td> <td style="text-align:center;"><b>2019</b></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	<b>02</b>	<b>05</b>	<b>2019</b>		<b>03</b>	<b>25</b>	<b>2019</b>
Month	Day	Year	THROUGH	Month	Day	Year											
<b>02</b>	<b>05</b>	<b>2019</b>		<b>03</b>	<b>25</b>	<b>2019</b>											
<b>11</b> ELECTION	<table style="width:100%; border:none;"> <tr> <td style="width:30%; font-size:small;">ELECTION DATE</td> <td style="width:70%; font-size:small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size:small;">Month Day Year</td> <td> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </td> </tr> <tr> <td style="text-align:center;"><b>05 / 04 / 2019</b></td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	<b>05 / 04 / 2019</b>											
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<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)  <b>Frisco ISD Board of Trustees - Place 2</b>															
<b>GO TO PAGE 2</b>																	

# 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	<b>NONE</b>
<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	\$ 6,418.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,531.07
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 4<sup>TH</sup> day of APRIL, 2019, 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 <b>Natalie Hebert</b>		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	\$ 6,418.93
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#: \_\_\_\_\_)

6 Contributor address;

6973 Hadlow Drive

City: State; Zip Code

Frisco TX 75035

7 Amount of contribution (\$)

\$250

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#: \_\_\_\_\_)

Contributor address;

11075 Erhard Drive

City: State; Zip Code

Dallas TX 75228

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

**Nicole Quisling**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

11557 Cody Lane

City: State; Zip Code

Frisco TX 75033

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/19

Full name of contributor

**Kacye Vanderplas**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

1002 Katy Gap Road #1314 Katy TX 77494

City: State; Zip Code

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$50**

6 Contributor address;

4376 Limerick Lane

City; State; Zip Code

Frisco TX 75034

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#: \_\_\_\_\_)

Amount of contribution (\$)

**\$25**

Contributor address;

6369 Postell Ln

City; State; Zip Code

Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

**Brett Sumrow**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$150**

Contributor address;

10880 Cardiff Lane

City; State; Zip Code

Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

**Sonja Rogers**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$500**

Contributor address;

2272 Hollyhill Lane

City; State; Zip Code

Denton TX 76205

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Natalie Hebert</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>2/5/19</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Joshua Hebert</b>	9 Loan Amount (\$) <b>\$5,000</b>
6 Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>6509 Simon Ave. Frisco, TX 75035</b>	10 Interest rate <b>0</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Chief Information Officer</b>		13 Employer (See Instructions) <b>HRM</b>
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.

<b>1</b> Total pages Schedule F1: <b>1 of 5</b>	<b>2</b> FILER NAME <b>Natalie Hebert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/14/19</b>	<b>5</b> Payee name <b>NextDay Flyers</b>	
<b>6</b> Amount (\$) <b>\$61.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>435 N. Midland Ave. Saddle Brook, NJ 07663</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	<b>(b)</b> Description <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: <b>Natalie Hebert</b> Office sought: <b>FISD Board of Trustees, Place 2</b> Office held:	
Date <b>02/18/2019</b>	Payee name <b>S&amp;S Events and Rentals</b>	
Amount (\$) <b>\$1,474.37</b>	Payee address; City; State; Zip Code <b>P.O. Box 550488 Dallas, TX 75355</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Natalie Hebert</b> Office sought: <b>FISD Board of Trustees, Place 2</b> Office held:	
Date <b>2/18/19</b>	Payee name <b>Hobby Lobby</b>	
Amount (\$) <b>\$82.68</b>	Payee address; City; State; Zip Code <b>5288 Preston Frisco, TX 75035</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Natalie Hebert</b> Office sought: <b>FISD Board of Trustees, Place 2</b> Office held:	

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# 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.

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

**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.

<b>1</b> Total pages Schedule F1: <b>3 of 5</b>	<b>2</b> FILER NAME <b>Natalie Hebert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>02/10/2019</b>	<b>5</b> Payee name <b>NameBadge.Com</b>
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<b>6</b> Amount (\$) <b>\$362.99</b>	<b>7</b> Payee address; City; State; Zip Code <b>12240 SW 53RD ST. COOPER CITY FL 33330 SUITE 511</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>	Office held
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Date <b>3/18/19</b>	Payee name <b>The Odee Company</b>
------------------------	---------------------------------------

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>	Office held
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Date <b>3/26/19</b>	Payee name <b>Fred Lusk</b>
------------------------	--------------------------------

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>	Office held
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**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.

<b>1</b> Total pages Schedule F1: <b>4 of 5</b>	<b>2</b> FILER NAME <b>Natalie Hebert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/18/19</b>	<b>5</b> Payee name <b>Costco</b>	
<b>6</b> Amount (\$) <b>\$494.90</b>	<b>7</b> Payee address; City; State; Zip Code <b>112200 Dallas Pkwy. Frisco, TX 75033</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food and Beverage Expense/ Event Expense</b>	<b>(b)</b> Description <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 <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>
Date <b>03/04/2019</b>	Payee name <b>YT Ad Services</b>	
Amount (\$) <b>\$500</b>	Payee address; City; State; Zip Code <b>2885 Sanford Ave SW, Grandville, MI 49418</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>
Date <b>2/11/19</b>	Payee name <b>Magnets on the Cheap</b>	
Amount (\$) <b>\$133.09</b>	Payee address; City; State; Zip Code <b>11525a Stonehollow Dr #100, Austin, TX 78758</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>

**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.

<b>1</b> Total pages Schedule F1: <b>5 of 5</b>	<b>2</b> FILER NAME <b>Natalie Hebert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>2/5/19-3/25/19</b>	<b>5</b> Payee name <b>Raise the Money</b>
--	---

<b>6</b> Amount (\$) <b>\$186.07</b>	<b>7</b> Payee address; City; State; Zip Code <b>Raise the Money, Inc. Little Rock, AR 72221 P.O. Box 26466</b>
---	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>	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 <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>	Office held
--	--	---	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<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 <b>Natalie Hebert</b>	Office sought <b>FISD Board of Trustees, Place 2</b>	Office held
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