

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>7</b>		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Natalie</b>	MI <b>M</b>	Date Received	
	NICKNAME	LAST <b>Hebert</b>	SUFFIX		
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 type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
	Date Hand-delivered or Date Postmarked				
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Receipt #      Amount \$
		<b>3 / 26 / 2019</b>		<b>4 / 26 / 2019</b>	Date Processed
Date Imaged					

6 EXPLANATION OF CORRECTION

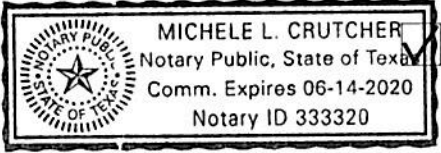
- Page 3 – The totals listed for schedules A1, A2, and F1 are incorrect. Correct totals: A1=\$325, A2=\$0, F1=\$341.70
- Page 2 – Due to errors on page 3, the figures in numbers 2-5 were corrected
- The document was missing schedule I, it has been corrected.

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.

*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 31<sup>ST</sup> 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

**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.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <div style="text-align: center; font-size: 24pt; font-weight: bold;">5</div>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 18pt; font-weight: bold;">Mrs.      Natalie                      M.</div> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 24pt; font-weight: bold;">Hebert</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received          Date Hand-delivered or Date Postmarked   <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS ( PO BOX:    APT / SUITE #:                      CITY:                      STATE:                      ZIP CODE <div style="font-size: 18pt; font-weight: bold;">6509 Simon Ave.                      Frisco TX 75035</div>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="font-size: 18pt; font-weight: bold;">( 469 ) 209-5609</div>										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 18pt; font-weight: bold;">Kelsey                      M.</div> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 24pt; font-weight: bold;">Decker</div>	Receipt #                      Amount \$  Date Processed  Date Imaged									
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:                      CITY:                      STATE:                      ZIP CODE <div style="font-size: 18pt; font-weight: bold;">6369 Postell Lane                      Frisco TX 75035</div>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="font-size: 18pt; font-weight: bold;">( 214 ) 336-7509</div>										
<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <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-collapse: collapse;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 24pt; font-weight: bold;">03    26    2019</td> <td></td> <td style="text-align: center; font-size: 24pt; font-weight: bold;">04    26    2019</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	03    26    2019		04    26    2019		
Month    Day    Year	THROUGH	Month    Day    Year									
03    26    2019		04    26    2019									
<b>11</b> ELECTION	ELECTION DATE Month:    Day    Year <div style="font-size: 18pt; font-weight: bold;">05    04    2019</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)  <div style="text-align: center; font-size: 18pt; font-weight: bold;">Frisco ISD Board of Trustees - Place 2</div>									
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)

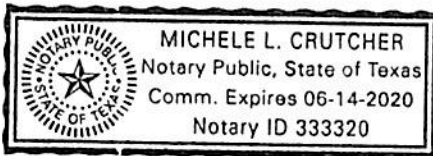
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES 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)	\$ 325
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 341.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,513.77
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**

<b>19</b> FILER NAME <b>Natalie Hebert</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 325
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		\$ 341.70
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 1**

2 FILER NAME

**Natalie Hebert**

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/19

5 Full name of contributor

**Julie McGraw**

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

7 Amount of contribution (\$)

**\$75**

6 Contributor address:

**7144 Saint Phils**

City: State: Zip Code

**Frisco TX**

**75035**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/02/19

Full name of contributor

**Clark Miller**

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

Amount of contribution (\$)

**\$50**

Contributor address:

**2908 Bellerive Drive**

City: State: Zip Code

**Plano TX**

**75025**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/07/19

Full name of contributor

**Gwendolyn Wittenbrook**

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

Amount of contribution (\$)

**\$100**

Contributor address:

**8708 Bluffcreek Lane**

City: State: Zip Code

**Plano TX**

**75024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/19

Full name of contributor

**Deb Pyne**

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

Amount of contribution (\$)

**\$100**

Contributor address:

**9900 concord dr**

City: State: Zip Code

**Frisco TX**

**75035**

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.**

**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? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	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? <b>Y</b> <b>N</b>	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  
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>1 of 1</b>	<b>2</b> FILER NAME <b>Natalie Hebert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/22/19</b>	<b>5</b> Payee name <b>NextDay Flyers</b>	
<b>6</b> Amount (\$) <b>\$126.95</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) Category</b> (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b) Description</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 ONLY 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>3/28/19</b>	Payee name <b>My M&amp;M's</b>	
Amount (\$) <b>\$214.75</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> 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>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: <b>Natalie Hebert</b> Office sought: <b>FISD Board of Trustees, Place 2</b> Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED