

# 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:									
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<small>MS / MRS / MR FIRST MI</small> Mrs. Lisa A			<b>OFFICE USE ONLY</b>									
	<small>NICKNAME LAST SUFFIX</small> Alpe												
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<small>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</small> 7827 Brykerwoods Houston, TX 77055			Date Received          Date Hand-delivered or Date Postmarked   Receipt # Amount \$  Date Processed  Date Imaged									
<small>Change of Address</small>													
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<small>AREA CODE PHONE NUMBER EXTENSION</small> ( 713 ) 523-7878												
<b>6 CAMPAIGN TREASURER NAME</b>	<small>MS / MRS / MR FIRST MI</small> Ms. Amy A			Date Processed  Date Imaged									
	<small>NICKNAME LAST SUFFIX</small> Cone												
<b>7 CAMPAIGN TREASURER ADDRESS</b>	<small>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</small> 1207 S. Shepherd Dr. Houston TX 77019 <small>(Residence or Business)</small>												
<b>8 CAMPAIGN TREASURER PHONE</b>	<small>AREA CODE PHONE NUMBER EXTENSION</small> ( 832 ) 687-8076												
<b>9 REPORT TYPE</b>	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input 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 Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border: none;"> <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;">7 / 1 / 22</td> <td></td> <td style="text-align: center;">12 / 31 / 22</td> </tr> </table>					Month Day Year	THROUGH	Month Day Year	7 / 1 / 22		12 / 31 / 22		
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7 / 1 / 22		12 / 31 / 22											
<b>11 ELECTION</b>	<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"> <small>ELECTION DATE</small>                      Month Day Year                 </td> <td style="width: 70%;"> <small>ELECTION TYPE</small>  <table style="width:100%; border: none;"> <tr> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td>General</td> <td>Special</td> <td></td> </tr> </table> </td> </tr> </table>					<small>ELECTION DATE</small> Month Day Year	<small>ELECTION TYPE</small> <table style="width:100%; border: none;"> <tr> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td>General</td> <td>Special</td> <td></td> </tr> </table>	Primary	Runoff	Other Description	General	Special	
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General	Special												
<b>12 OFFICE</b>	<small>OFFICE HELD (if any)</small> SBISD Board of Trustees Position 5		<b>13 OFFICE SOUGHT (if known)</b>										
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>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.</small>												
<small>Additional Pages</small>	<small>COMMITTEE TYPE</small>	<small>COMMITTEE NAME</small>											
	<small>GENERAL</small>	<small>COMMITTEE ADDRESS</small>											
	<small>SPECIFIC</small>	<small>COMMITTEE CAMPAIGN TREASURER NAME</small>											
		<small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small>											

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Lisa A. Alpe

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

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

\$ 0.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION  
BALANCE

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

\$ 1,001.25

OUTSTANDING  
LOAN TOTALS

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

\$ 0.00

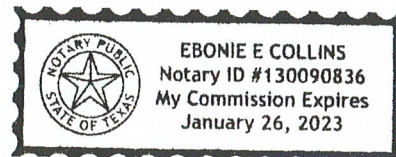
18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Lisa A. Alpe*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by LISA A. ALPE this the 17<sup>th</sup> day of JANUARY,  
20 23, to certify which, witness my hand and seal of office.

*[Signature]*

EBONIE E. COLLINS

NOTARY PUBLIC

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

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

Signature of Candidate/Officeholder (Declarant)