GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

The GPAC Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers) 00086713	**2** Total pages filed: 7

3 COMMITTEE NAME

Cy-Fair Strong Schools

OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED

01/24/2026

Date Hand-delivered or Date Postmarked

Receipt #   Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

PO Box 1222

Cypress, TX 77410

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Ms.	Stacey G.	
NICKNAME	LAST	SUFFIX
	DeMyer	

6 CAMPAIGN TREASURER STREET ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE

19803 Maple Orchard Ln

Cypress, TX 77433

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

19803 Maple Orchard Ln

Cypress, TX 77433

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(917) 440-0000

9 REPORT TYPE

☒ January 15

☐ July 15

☐ 30th day before election

☐ 8th day before election

☐ Runoff

☐ Dissolution (Attach PAC-DR)

☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year		Month Day Year
10/26/2025	THROUGH	12/31/2025

11 ELECTION

ELECTION DATE

Month   Day   Year

11/04/2025

ELECTION TYPE

☐ Primary   ☐ Runoff   ☒ Other

☐ General   ☐ Special

CFISD School Board Election

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

12 COMMITTEE NAME	**13** Filer ID	(Ethics Commission Filers)
Cy-Fair Strong Schools	00086713	

14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Leslie Guilmart CFISD School Board Trustee
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) [X] check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,640.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 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.

Ms. Stacey G. DeMyer
_____
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Cy-Fair Strong Schools	00086713

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dr. Cleveland Lane Jr. CFISD School Board Trustee
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Kendra Camarena CFISD School Board Trustee
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME	**18** Filer ID	(Ethics Commission Filers)
Cy-Fair Strong Schools	00086713	

19 SCHEDULE SUBTOTALS

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. [X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$	50.00
2. [ ] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$	
3. [ ] SCHEDULE B: PLEDGED CONTRIBUTIONS	$	
4. [ ] SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$	
5. [ ] SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$	
6. [ ] SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$	
7. [ ] SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$	
8. [ ] SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$	
9. [ ] SCHEDULE E: LOANS	$	
10. [X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$	5,000.00
11. [ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$	
12. [ ] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$	
13. [ ] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$	
14. [X] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$	1,036.76
15. [ ] 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: Sch: 1/1 Rpt: 5/7	

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Cy-Fair Strong Schools	00086713

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/26/2025	Koncir, Lisa	$50.00
	6 Contributor address; City; State; Zip Code Cypress, TX 77433	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Unemployed	Unemployed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/7	2 FILER NAME Cy-Fair Strong Schools	3 Filer ID (Ethics Commission Filers) 00086713

4 Date 10/30/2025	5 Payee name Bowen, Jordan

6 Amount ($) $4,000.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5903 Coral Ridge Rd Houston, TX 77069

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Field Organizer

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date 12/29/2025	Payee name Galvin, David

Amount ($) $1,000.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code **REDACTED PER 254.0401, ELEC. CODE** Houston, TX 77079

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Field work

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 7/7	**2** FILER NAME Cy-Fair Strong Schools	**3** Filer ID (Ethics Commission Filers) 00086713

4 Date 12/29/2025	**5** Payee name Amazon

6 Amount ($) 36.76 ☐ Expenditure from corporate funds	**7** Payee Address; City; State; Zip 410 Terry Ave. North Seatlle, WA 98109

8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Event Expense	**(b)** Description (See instructions regarding type of information required.) Supplies for food drive

Date 10/29/2025	Payee name Cy Fair Helping Hands

Amount ($) 1,000.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 7710 Cherry Park Dr #T385 Houston 77095 Namibia

PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description (See instructions regarding type of information required.) Charitable Contribution