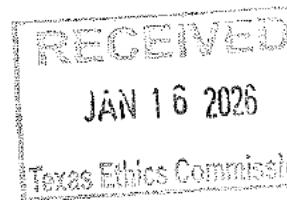


SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
KRISTYNA PAYTON LOUNDY	00090329
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2231.58
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1150.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



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prc'd:1.23.26

D:101034476

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME KRISTYNA PAYTON LOUNDRY</p>				3 Filer ID (Ethics Commission Filers) 60090329
4 Date 12/04	5 Full name of contributor ASHLI KNIGHT	<input type="checkbox"/> out-of-state PAC (ID#: 60090329)		7 Amount of contribution (\$) \$ 0.00
6 Contributor address; [REDACTED]		City: BIGELOW AR 72016	State: 	Zip Code:
8 Principal occupation / Job title (See Instructions) NA			9 Employer (See Instructions) NA	
Date 12/09	Full name of contributor CAROL ANN CAMP Contributor address; [REDACTED]			Amount of contribution (\$) \$ 50.00
City: BIGELOW AR 72016		State: 	Zip Code: 	
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA	
Date 12/14	Full name of contributor ELIZABETH WILLIAMS Contributor address; [REDACTED]			Amount of contribution (\$) \$ 25.00
City: ALAMOGORDO NM 88310		State: 	Zip Code: 	
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA	
Date 12/15	Full name of contributor YOLUNDA CAMP Contributor address; [REDACTED]			Amount of contribution (\$) \$ 20.00
City: BIGELOW AR 72016		State: 	Zip Code: 	
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA	
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <i>KRISTYNA PAYTON LOUNDY</i>			3 Filer ID (Ethics Commission Filers) <i>00090329</i>
4 Date <i>12/18</i>	5 Full name of contributor <i>MELISSA KNUTSON</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address;		City: <i>[REDACTED]</i> State: <i>[REDACTED]</i> Zip Code <i>WASHINGTON DC 20011</i>	
8 Principal occupation / Job title (See Instructions) <i>NA</i>		9 Employer (See Instructions) <i>NA</i>	
Date <i>12/18</i>	Full name of contributor <i>HANNAH CHOW</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$25.00</i>
Contributor address;		City: <i>[REDACTED]</i> State: <i>[REDACTED]</i> Zip Code <i>SUGARLAND TX 77479</i>	
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>12/18</i>	Full name of contributor <i>ASHLI KNIGHT</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$10.00</i>
Contributor address;		City: <i>[REDACTED]</i> State: <i>[REDACTED]</i> Zip Code <i>BIGELOW AR 72016</i>	
Principal occupation / Job title (See Instructions) <i>NA</i>		Employer (See Instructions) <i>NA</i>	
Date <i>12/18</i>	Full name of contributor <i>ASHLI KNIGHT</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$10.00</i>
Contributor address;		City: <i>[REDACTED]</i> State: <i>[REDACTED]</i> Zip Code <i>BIGELOW AR. 72016</i>	
Principal occupation / Job title (See Instructions) <i>NA</i>		Employer (See Instructions) <i>NA</i>	
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**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME KRISTYNA PAYTON LOUNDY			3 Filer ID (Ethics Commission Filers) 000 90329
4 Date 12/18	5 Full name of contributor CRESSI ALLEN	out-of-state PAC (ID#: [REDACTED])	6 Contributor address; City: [REDACTED] State: Zip Code BIGELOW AR 72016
			7 Amount of contribution (\$) \$ 10.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA	
Date 12/19	Full name of contributor KATIE MCFADIN	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$ 10.00
Contributor address; City: [REDACTED] State: Zip Code KILGORE TX 75662			
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA	
Date 12/19	Full name of contributor DERRICK BAILEY	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$ 10.00
Contributor address; City: [REDACTED] State: Zip Code BENTON AR 72019			
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA	
Date 12/19	Full name of contributor ERIN COLE	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$ 20.00
Contributor address; City: [REDACTED] State: Zip Code SPRING TX 77379			
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA	
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

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME <i>KRISTYNA PAYTON LOUNDRY</i></p>			<p>3 Filer ID (Ethics Commission Filers) <i>00090329</i></p>
<p>4 Date <i>12/19</i></p>	<p>5 Full name of contributor <i>CAROL ANN CAMP</i></p>	<p>out-of-state PAC (ID#:)</p>	<p>7 Amount of contribution (\$) <i>\$ 20.00</i></p>
<p>6 Contributor address; [REDACTED]</p>		<p>City; State; Zip Code <i>BIGELOWWAE 72014</i></p>	
<p>8 Principal occupation / Job title (See Instructions) <i>N/A</i></p>		<p>9 Employer (See Instructions) <i>N/A</i></p>	
<p>Date <i>12/31</i></p>	<p>Full name of contributor <i>KRISTYNA PAYTON LOUNDRY</i></p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) <i>\$150.00</i></p>
<p>Contributor address; [REDACTED]</p>		<p>City; State; Zip Code <i>SUGAR LAND TX 77479</i></p>	
<p>Principal occupation / Job title (See Instructions) <i>N/A</i></p>		<p>Employer (See Instructions) <i>N/A</i></p>	
<p>Date <i>12/04</i></p>	<p>Full name of contributor <i>KRISTYNA PAYTON LOUNDRY</i></p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) <i>\$2000.00</i></p>
<p>Contributor address; [REDACTED]</p>		<p>City; State; Zip Code <i>SUGAR LAND TX 77479</i></p>	
<p>Principal occupation / Job title (See Instructions) <i>AUTHOR</i></p>		<p>Employer (See Instructions) <i>SELF</i></p>	
<p>Date</p>	<p>Full name of contributor</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$)</p>
	<p>Contributor address; [REDACTED]</p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A2: 2
<p>2 FILER NAME KRISTYNA PAYTON LOUNDY</p>				3 Filer ID (Ethics Commission Filers) 00090329
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$ 1150.00
5 Date 12/31	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ASHLI KNIGHT)</p> <p>7 Contributor address; City; State; Zip Code BIGELOW AVE 726/uv</p>			<p>8 Amount of Contribution \$ \$1500.00</p> <p>9 In-kind contribution description CAMPAIGN MEDIA MANAGEMENT</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) STAH P</p>				11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>				13 Contributor's job title (FOR JUDICIAL)(See Instructions)
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
Date 12/09	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HANNAH CHOW)</p> <p>Contributor address; City; State; Zip Code SUGARLAND TX 77479</p>			<p>Amount of Contribution \$ \$150.00</p> <p>In-kind contribution description VOLUNTEER OUTREACH</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A</p>				Employer (FOR NON-JUDICIAL)(See Instructions) N/A
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				Contributor's job title (FOR JUDICIAL)(See Instructions)
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<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

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A2:		
<p>2 FILER NAME <i>KRISTYNA PAYTON LUNDY</i></p>				3 Filer ID (Ethics Commission Filers) <i>000 90329</i>		
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$		
5 Date <i>12/09</i>	6 Full name of contributor <i>ALLEN CHOW</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$ <i>\$ 150</i>	9 In-kind contribution description <i>GRAPHIC DESIGN</i>		
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i></p>				11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>				13 Contributor's job title (FOR JUDICIAL)(See Instructions)		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>						
<p>Date <i>12/12</i></p>				<p>Full name of contributor <i>DARA GARRETT</i></p> <p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>Contributor address; City; State; Zip Code <i>Houston, TX 72070</i></p>	<p>Amount of Contribution \$ <i>\$ 350.00</i></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	<p>In-kind contribution description <i>PHOTOGRAPHY AND PHOTO EDITING</i></p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>FREELANCE PHOTOGRAPHY</i></p>				<p>Employer (FOR NON-JUDICIAL)(See Instructions) <i>SELF</i></p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>						
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>						

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	KRISTYNA PAYTON LOUNDY	DOU90329
4 Date	5 Payee name	
12-16	GOT PRINT	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
95.88	7651 N. SAN FERNANDO RD BURBANK CA	91505
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	PRINTING EXPENSE	PRINTING CAMPAIGN MATERIALS
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name
		Office sought
		Office held
Date	Payee name	
12-23	FORT BEND DEMOCRATIC PARTY	
Amount (\$)	Payee address;	City; State; Zip Code
	13515 SOUTHWEST FWY SUGARLAND TX	77478
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING	DEMOCRATIC BALLOT MAILER
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name
		Office sought
		Office held
Date	Payee name	
12-24	TEXAS DEMOCRATIC PARTY	
Amount (\$)	Payee address;	City; State; Zip Code
\$257.50	314 HIGHLAND BLVD. AUSTIN TX	78752
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fee	VAN ACCESS
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name
		Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>KRISTYN A PAYTON LOUNDY</i>		3 Filer ID (Ethics Commission Filers) <i>00090329</i>
4 Date <i>12-27</i>	5 Payee name <i>PAAGE</i>		
6 Amount (\$) <i>\$16.00</i>	7 Payee address; <i>FRANCE, HELLO@PAA.GE</i> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>ADVERTISING HOST PAGE ONLINE</i>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
			Office held
Date	Payee name		
Amount (\$)	Payee address; Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
			Office held
Date	Payee name		
Amount (\$)	Payee address; Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
			Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	KRISTYNA PAYTON LOUNDRY	00090329	
4 Date	5 Payee name		
12/09	FORT BEND DEMOCRATIC PARTY		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	13515 SOUTHWEST FWY SUGARLAND TX 77478		
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	FEES	FILING FEE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

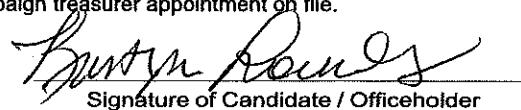
KRISTYNA PAYTON (COUNTY)

2 Filer ID (Ethics Commission Filers)

00090329

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

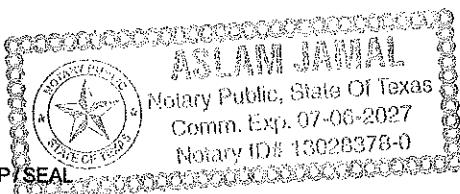
Filer name	KRISTYNA PAYTON LOUNDY	Filer ID #	00090320
------------	------------------------	------------	----------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the CAMPAGN FINANCE report due on JANUARY 15, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Signature of Filer

Sworn to and subscribed before me by KRISTYNA PAYTON LOUNDY this the 14th day of JANUARY, 20 26, to certify which, witness my hand and seal of office.

Aslam Jamal
Signature of officer administering oath

Aslam Jamal
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____, _____.

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

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**



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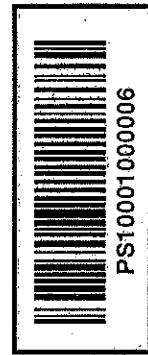
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