CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer 1D (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Phuong NAME Date Received NICKNAME LAST SUFFIX Carter 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY: STATE; ZIP CODE OFFICEHOLDER 9312 Bowfield Drive. Killeen, TX 76542 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (254 681-7492 **PHONE** Receipt # Amount \$ FIRST CAMPAIGN MS / MRS / MR TREASURER Phuong Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Carter STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: ZIP CODE 7 CAMPAIGN STATE: **TREASURER** 9312 Bowfield Drive. Killeen, TX 76542 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE *(* 254 681-7492 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Month Day Year COVERED 25 24 30 **/ 24** THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special 24 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Killeen ISD School Board Trustee, Place 6 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER'S THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16	Filer ID (Ethics Commission Filers)
Carter, Phuong				,
17 CONTRIBUTION TOTALS	PLEDGES, LOANS	ED POLITICAL CONTRIBUTIONS (OTH , OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	IER THAN	\$ 0.00
		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$ 206.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAINED AS OF	THE LAST C	OAY \$ 0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOA REPORTING PERIOD	NS AS OF TH	* 0.00
1	vear, or affirm, under penalty outlined to be reported by me under		ort is true ar	nd correct and includes all information
		$\triangle I$	n	1
		Phi, Me	1	1 Day
		Signatu	re of Candi	date or Officeholder
		\mathcal{O}		
	Diago			
	Pleas	e complete either option	pelow:	
(1) Affidavit		•		
, , , , , , , , , , , , , , , , , , , ,				
NOTARY STAMP/SEAL				
Sworn to and subscribed	pefore me by		this the	day of,
20; to certify	vhich, witness my hand and seal	of office.		
Signature of officer administer	ng oath Printed	name of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaration	n		_	· · · · · · · · · · · · · · · · · · ·
My name is Phu	ng Cader	, and my date o	of birth is	(0/4/72)
My address is	JOONH RIG J	or. Killeen	, <u>TX</u>	, 76542 Bell.
0 .	(street)	(city)	(state	e) (zip code) (country)
Executed inB_	County, State of	<u>EXACC</u> , on the <u>\\(\) day</u> of	(month)	7) , 20 7 U . (velar)
		_ ffu	(WZ 'Z	K (BO)
		Signature of	of Candidate	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Carter, Phuong L			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			BTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	34.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	48.00
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	123.26
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

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

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)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	outer (enter a catego	ory normated above,	
1 Total pages Schedule F1:	2 FILER NAME Carter, Phuong		3 Filer ID (Ethic	s Commission Filers)	
4 Date 05/02/2024	5 Payee name Google Adwords				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
34.81					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	advertisement				
	(c) Check if travel outside of Texas. Complete Schedule T.	implete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
06/03/2024	Bank of America				
Amount (\$)	Payee address;	City;	State;	Zip Code	
16.00	2551 Trimmier Rd., Killeen, TX 7654	2			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	banking	bank fees			
OF EXPENDITURE	<u>.</u>				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, 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;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	omplete 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 S	CHEDULE AS NEE	DED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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/Fundralsing 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	² FILER NAME Carter, Phuong			3 FILER ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EX					\$ 48.00		
5 CREDIT CARD ISSUER	Name of financial institution Navy Federal Credit Union						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Card Is	issuer Paid		
	ş 7.00	06/07/2	2024	6/7/24			
7 PAYEE	(a) Payee name	<u></u>	(b) Payee ad	•	City, State, Zip Code		
	Nationbuilder 6515 W S		3unset Blvd, Ste. 4	Sunset Blvd, Ste. 440, Los Angeles, CA 90028			
8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) EXPENDITURE advertisement		edule)	(b) Description Website				
Political Non-Political	(c) Check if travel out:	tside of Texas. Complet	te Schedule T.	L. Check if A	ustin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name -	Off	ffice Sought	Office Held		
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged 941.00 05/07/2024		•	(c) Date(s) Credit Card Issuer Paid 5/7/24			
PAYEE	(a) Payee name Nationbuilder (b) Payee ad 6515 W S		dress; City, State, Zip Code Bunset Blvd, Ste. 440, Los Angeles, CA 90028				
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list advertisement	ted at the top of this sched	dule)	(b) Description Website			
☐ Non-Political	(c) Check if travel outs	tside of Texas. Complete	te Schedule T.	Check if A	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	iame	Off	fice Sought	Office Held		
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged		ire Charged	(c) Date(s) Credit Card Issuer Paid			
PAYEE	(a) Payee name		(b) Payee add	dress;	City, State, Zip Code		
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)		Jule)	(b) Description			
Non-Political	(c) Check if travel outsi	side of Texas. Complete	e Schedule T.	Check if /	Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Offi	ice Sought	Office Held		
	ATTACH ADDIT	TONAL CODIES					

AT TACH 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Awards/Memoriats 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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	- Will (01.15. 2 22.10g0	ory nothisted above)
1 Total pages Schedule G:	² FILER NAME Carter, Phuong	3 Filer ID (Ethics	s Commission Filers)	
4 Date 06/08/2024	5 Payee name Meta Ads			
6 Amount (\$) 75.00 Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertismenet (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Social media Check if Austin,	n, TX, officeholder living e	Nanca .
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	17, 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Office held
Date 04/30/2024	Payee name Meta Ads			
Amount (\$) 48.26 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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,	ı, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office cought			······································
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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 ex	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED ED	



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

	OFFICE USE ONLY
	Date Received
	Date Hand-delivered or Date Postmarked
7	Receipt # Amount \$
•	Millouit 5
	Date Processed
	Date Imaged
on	tributions or made
re	nt records of political
	ns to me.
	id no person with whom I ributions, political
np :t e	aign finance reports exceeds \$32,810 in political
er	equipment to keep current
9 F 1	political contributions to me.
	ance report for which I am
	and report for which t am
,	1 ()
_(L. COV
gna	ature of Filer
	day of,
	,
	Title of officer administering oath

1.	। swear or बनार्क्त that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 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.
	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 \$32,810 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
P	lease complete either option below:
(1	Affidavit Physics Laboratory Physics Laborat
	NOTARY STAMP/SEAL \$ignature of Filer
Sv	vorn to and subscribed before me by this the day of,
20	to certify which, witness my hand and seal of office.
Sig	nature of officer administering oath Printed name of officer administering oath Title of officer administering oath
	OR
My My	name is Phyony Carlo , and my date of birth is 6/4/72 address is 95/2/80/4/72 All Country
	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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