# 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:	//
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Cody	мі J	OFFICE US	SE ONLY
TV MVILL	NICKNAME	LAST <b>Weaver</b>	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 3624 Staged	eoach Trail Plano, T	ETTY; STATE; ZIP CODE X 75023	IN TASK	
Change of Address		100/04/C-04/04/04/04/04/04/04/04/04/04/04/04/04/0			8
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	215-1137	EXTENSION	Date Hand-delivered or	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Cody	мі J		Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	NICKVAWE	Weaver	30111	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SLEOACH Trail Plano, T		STATE;	ZIP CODE  AP \$ 2:18
(Residence or Business)					7 11 E 101 1 - 75 67 9
8 CAMPAIGN TREASURER PHONE	469 )	PHONE NUMBER 215-1137	EXTENSION		
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after treasurer appoi	intment
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (A	ttach C/OH - FR)
10 PERIOD COVERED	Month <b>03</b>		THROUGH 04	28 Year 23	
11 ELECTION	ELECTION DA	NTE	ELECTION TYPE		
	Month Day 05 / 06	Year Primary  ✓ 23 ■ General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) Plano ISD Tr	ustee Place 7	13 OFFICE SOUGHT (if know Plano ISD Trustee		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES ! MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDEI	R'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Charter Schools Nov	w PAC		
Additional Pages	GENERAL	COMMITTEE ADDRESS 3005 S Lamar Blvc	d Ste D109 #250 Austin	, TX 78704	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS 1304 W Oltorf St Austin, TX 78704				
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Cody Weaver		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 921.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12530.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13368.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2545.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 5100.00
(1) A Warder ID #	Please complete either option below  E FERNANDEZ ary Public e of Texas 12472560-9 ires 12/20/2023	
20 23 to certify the second as	which, witness my hand and seal of office.	Notary
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is	, and my date of birth is	
My address is	,	
, 344100010	***************************************	state) (zip code) (country)
Executed in	County, State of, on theday of(month	, 20 (year)
	Signature of Candid	late/Officeholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	FILER NAME  ody Weaver  20 Filer ID (Ethics Con	nmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	7630.26
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3979.34
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	5100.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	13368.82
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

### **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 Cody Weav	er		3 Filer ID (Ethics Commission Filers)	
4 Date		(ID#:)	7 Amount of contribution (\$)	
3/28/23	6 Contributor address; City;  Frisco, TX	State; Zip Code	500.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC  Geralk Kreitman	(ID#:)	Amount of contribution (\$)	
4/12/23	Contributor address; City;	State; Zip Code	150.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
4/15/23	Christopher Cervante Contributor address; City;  Phys Dallas, T.	State; Zip Code	200.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4/15/23	Michael Terner Contributor address; City;  Plano, TX	State; Zip Code	1500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
2	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDI II E AS N	FEDED	
	If contributor is out-of-state PAC, please see Instru			

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### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

The state of the s			,
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Cody Weav	er		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
4/21/23	James Yarbrough  6 Contributor address; City;  Plano, TX	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		D#:)	Amount of contribution (\$)
4/21/23	Terry Urbaneh  Contributor address; City;  Irving, TX	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
4/22/23	Contributor address; City;  Dallas, TX	State; Zip Code	5000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
4/22/23	Contributor address; City; Richardson, TX	State; Zip Code	30.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
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## **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	1 Total pages Schedule A1:		
2 FILER NAME Cody Weav	er		3 Filer ID (Ethics Commission Filers)	
4 Date		(ID#:)	7 Amount of contribution (\$)	
4/23/23		State; Zip Code	100.00	
	Allen, TX			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4/21/23	Contributor address; City;	State; Zip Code	0.26	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
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## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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 A2: 1		
2 FILER NAME Cody Weaver		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3979.34		
5 Date 4/25/23	Charter Schools Now PAC		8 Amount of Contribution \$   9 In-kind contribution description   3979.34   Advertising/Mailer		
	3005 S Lamar Blvd Ste D109 #250 Austin	, TX	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zíp Code	Amount of In-kind contribution Contribution \$ description I l Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			-		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED		

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## **LOANS**

## SCHEDULE E

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 E:				
2 FILER NAME Cody Weaver		ж	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		\$ 2600.00	
5 Date of loan 4/18/23	7 Name of lender □ out-of-state I Cody Weaver	PAC (ID#:)	9 Loan Amount (\$) 2600.00	
6 Is lender a financial Institution?	8 Lender address; City; 3624 Stagecoach Trail Plano, T	State; Zip Code X 7503	10 Interest rate 0.00	
YIN			11 Maturity date 5/1/2029	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral		ds were deposited into political	
none		account (See Instructi		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (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.				
	S THE RESERVE OF THE		na zw. 🕶 a alas a la "att"	

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# 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
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	satisfies a province of a prov
1 Total pages Schedule F1:	2 FILER NAME Cody Weaver	3 Filer ID (	Ethics Commission Filers)
4 Date 4/10/23	5 Payee name Callin County Conse	ervative Republican City: State	ſ
6 Amount (\$)	7 Payee address;	City; State	e; Zip Code
200.00	P.O. Box 250515 Plane	, TX 75025	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Mail/Newspap	per
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/11/23	Edgerton Strategies Pavee address:		
Amount (\$)	Payee address;	City; State	e; Zip Code
300.00	1540 Keller Parkway	#108-402 Kel	Ver, TX 76248
	Category (See Categories listed at the top of this schedule)	Description	20
PURPOSE OF EXPENDITURE	Consultant	Campaign Block	software
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/12/23	Axiom Strategies		
Amount (\$)	Payee address;	City; State	e; Zip Code
4886.00	800 W 47th st. STE 200	O Kansas City, M	0 61112
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Direct 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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# 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salarias Manas (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 d	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Cody Weaver		3 Filer ID (Ethic	s Commission Filers)
4 Date 4/18/23	5 Payee name  Axiom Strategies  7 Payee address:			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4886.00	Kansas City, MO	641/2		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Direct	Mailer	3
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/21/23	UPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.00	Plano, TX 7	5093		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE		Not	ary	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/24/23	Nation Builder			
Amount (\$)	Payee address;	City;	State;	Zip Code
41.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	We	bsite	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, 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 NEE	DED	

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# 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

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Revised 8/17/2020

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to o	Vages/Contract Labor  complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Cody Weaver		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/23	5 Payee name Axiom 5tra	tegres	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3000.00	/1-3-3	MO 64/1	2
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Direct	Mailer
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/26/23	Stripe		
Amount (\$)	Payee address;	City;	State; Zip Code
49.82			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Payment Processing	- Fa	ee
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	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 expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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