

**FORM C/OH**  
**COVER SHEET PG 1**

DEBILITATED

Forms provided by Texas Ethics Commission

CS.S

Revised 8/17/2020

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

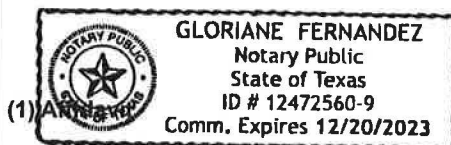
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Cody Weaver		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. 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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13368.82
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2545.05
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5100.00

**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.

*Cody Weaver*  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cody Weaver this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

Gloriane Fernandez Notary  
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)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Cody Weaver

20 Filer ID (Ethics Commission 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: <b>3</b>
2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/28/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Cynthia Korenman</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>Frisco, TX</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/12/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Geralk Kreitman</b>	Amount of contribution (\$) <b>150.00</b>
	Contributor address; City; State; Zip Code <b>Plano, TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/15/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Cervantes</b>	Amount of contribution (\$) <b>200.00</b>
	Contributor address; City; State; Zip Code <b>Plus Dallas, TX 75252</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/15/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Terner</b>	Amount of contribution (\$) <b>1500.00</b>
	Contributor address; City; State; Zip Code <b>Plano, TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/21/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James Yarbrough</b> <hr/> 6 Contributor address; City; State; Zip Code <b>Plano, TX</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/21/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Terry Urbanek</b> <hr/> Contributor address; City; State; Zip Code <b>Irving, TX</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/22/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Montgomery Bennett</b> <hr/> Contributor address; City; State; Zip Code <b>Dallas, TX</b>	Amount of contribution (\$)  <b>5000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/22/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tin-Man Chan</b> <hr/> Contributor address; City; State; Zip Code <b>Richardson, TX</b>	Amount of contribution (\$)  <b>30.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:

3

2 FILER NAME  
Cody Weaver

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/23

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Lin Ad.

6 Contributor address;

City;

State;

Zip Code

Allen, TX

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/23

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Frost Bank - Interest

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

0.26

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A2

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: <b>1</b>	
<b>2</b> FILER NAME <b>Cody Weaver</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 3979.34</b>	
<b>5</b> Date  <b>4/25/23</b>	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charter Schools Now PAC</b> <hr/> <b>7</b> Contributor address; City; State; Zip Code <b>3005 S Lamar Blvd Ste D109 #250 Austin, TX</b>	<b>8</b> Amount of Contribution \$ <b>3979.34</b>	<b>9</b> In-kind contribution description <b>Advertising/Mailer</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description  <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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 THIS SCHEDULE AS NEEDED**  
 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		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2600.00
5 Date of loan 4/18/23	7 Name of lender Cody Weaver <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 2600.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 3624 Stagecoach Trail Plano, TX 7503	10 Interest rate 0.00
		11 Maturity date 5/1/2029
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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.



# 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: <b>3</b>		2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/10/23</b>		5 Payee name <b>Collin County Conservative Republicans</b>			
6 Amount (\$) <b>200.00</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 250515 Plano, TX 75025</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <b>Mail/Newspaper</b>		
	(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					
Date <b>4/11/23</b>		Payee name <b>Edgerton Strategies</b>			
Amount (\$) <b>300.00</b>		Payee address; City; State; Zip Code <b>1540 Keller Parkway #108-402 Keller, TX 76248</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consultant</b>		Description <b>Campaign Block walking software</b>		
	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					
Date <b>4/12/23</b>		Payee name <b>Axiom Strategies</b>			
Amount (\$) <b>4886.00</b>		Payee address; City; State; Zip Code <b>800 W 47<sup>th</sup> St. STE 200 Kansas City, MO 64112</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Direct mailer</b>		
	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					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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.

<b>1</b> Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">3</div>	<b>2</b> FILER NAME Cody Weaver	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/18/23	<b>5</b> Payee name Axiom Strateges	
<b>6</b> Amount (\$) 4886.00	<b>7</b> Payee address; City; State; Zip Code Kansas City, MO 64112	
<b>8</b> <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Direct Mailer
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/21/23	Payee name UPS	
Amount (\$) 6.00	Payee address; City; State; Zip Code Plano, TX 75093	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description Notary
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/24/23	Payee name Nation Builder	
Amount (\$) 41.00	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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.

<b>1</b> Total pages Schedule F1: <u>3</u>	<b>2</b> FILER NAME <u>Cody Weaver</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>4/25/23</u>	<b>5</b> Payee name <u>Axiom Strategies</u>	
<b>6</b> Amount (\$) <u>3000.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>Kansas City, MO 64112</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>	<b>(b)</b> Description <u>Direct Mailer</u>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>4/26/23</u>	Payee name <u>Stripe</u>		
Amount (\$) <u>49.82</u>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Payment Processing</u>	Description <u>Fee</u>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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