

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	FIRST <i>Nelda</i>	MI <i>R.</i>	OFFICE USE ONLY Date Received PASADENA ISD APR 21 2021 ACCOUNTABILITY & COMPLIANCE
	NICKNAME	LAST <i>Sullivan</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4511 Vista Park Dr. Pasadena, Texas 77504</i>			
	AREA CODE PHONE NUMBER EXTENSION <i>(713) 941-4215</i>			
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST <i>Johannie</i>	MI <i>W.</i>	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST <i>Sullivan</i>	SUFFIX	Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>6410 St Andrews Pasadena, Texas 77505</i>			Date Processed
	AREA CODE PHONE NUMBER EXTENSION <i>(281) 487-3452</i>			Date Imaged
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>6410 St Andrews Pasadena, Texas 77505</i>			
	AREA CODE PHONE NUMBER EXTENSION <i>(281) 487-3452</i>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>04 / 01 / 2021</i> THROUGH <i>04 / 23 / 2021</i>			
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 01 / 2021</i>		ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Pasadena ISD Board of Trustees Pos 3</i>		13 OFFICE SOUGHT (if known) <i>Pasadena ISD Bd of Trustees Posited 3</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2				

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Nelda R. Sullivan</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,350. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,249. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,249. ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

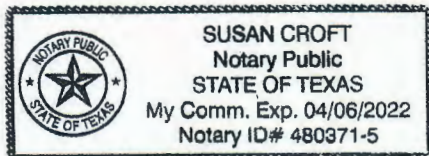
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Nelda R. Sullivan

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nelda Sullivan this the 21st day of April,

20 21, to certify which, witness my hand and seal of office.

Susan Croft

Susan Croft

Notary Public

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 <i>Nelda R. Sullivan</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,249. ⁰⁰
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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: 4
2 FILER NAME <i>Nelda R. Sullivan</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/2021</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Alicia Phelps</i>	7 Amount of contribution (\$) <i>\$ 250.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4207 Fairmont Pky Pasadena, TX 77504</i>		
8 Principal occupation / Job title (See Instructions) <i>Housewife</i>		9 Employer (See Instructions)
Date <i>4/9/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Mike Barmore</i>	Amount of contribution (\$) <i>\$ 250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>809 Murphy Ln Friendswood, TX 77546</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Earl Pitchford</i>	Amount of contribution (\$) <i>\$ 2,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 698, Columbus, TX 78934</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>George Wantabe</i>	Amount of contribution (\$) <i>\$ 200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>7606 Brykerwoods Dr Houston, Texas 77055</i>		
Principal occupation / Job title (See Instructions) <i>Project Mgr</i>		Employer (See Instructions) <i>Self Employed</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: 4
2 FILER NAME <i>Kelda R. Sullivan</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/2021</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Charles M. Bourgeois</i>	7 Amount of contribution (\$) <i>\$500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>18207 Lake Eagle Dr. Cypress, Texas 77433</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>J. Elaine French</i>	Amount of contribution (\$) <i>\$499.⁰⁰</i>
Contributor address; City; State; Zip Code <i>28159 Indigo Lake Ct, Magnolia, Texas 77355</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>William R. Barmore</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>4814 Royal Darnock Pasadena, Texas 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Randy K. Sparks</i>	Amount of contribution (\$) <i>\$3,500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>21020 Park Row Dr. Katy, Texas 77449</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Nelda R. Sullivan</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/2021</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Steve Phelps</i>	7 Amount of contribution (\$) <i>\$250.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5118 Turnberry Ct, Pasadena Texas 77505</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Laney Montemayor</i>	Amount of contribution (\$) <i>\$250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>208 East Sajo Dr. Friendswood, Texas 77546</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ben F. Meador, Jr.</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>4021 Paraguay, Pasadena, TX 77504</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Sandy Brown</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>902 Quaker Bend Dr. Friendswood, Texas 77546</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Nelda R. Sullivan</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/2021</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Joel D. Walker</i>	7 Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>6510 Abilene Dr. Katy TX 77493</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/12/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Sean M. Holders</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2129 Hickory Ridge Cir Vestavia, AL 35243</i>		
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)

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