CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY OFFICEHOLDER Mrs. Natalie M NAME Date Received LAST NICKNAME SUFFIX Hebert ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE / APR 29 2022 CITY: STATE: ZIP CODE OFFICEHOLDER 15272 Viburnum Road MAILING Frisco, TX 75035 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972)567-5829 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Mrs. Kelsey **Date Processed** NAME NICKNAME LAST SUFFIX Date Imaged Decker STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE **TREASURER** ADDRESS (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **EXTENSION TREASURER** PHONE 336-7509 (214 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Month Day Year Month COVERED / 29 / 22 ′ 27 / 22 03 04 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 05 / 07 20 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Frisco ISD Board of Trustees, Place Frisco ISD Board of Trustees, Place 2 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 14 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Natalie Hebert 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN S TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS \$ 525 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. S TOTALS TOTAL POLITICAL EXPENDITURES 2.973.37 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 7,412.90 LOAN TOTALS 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. natalie Hebert Signature of Candidate or Officeholder Please complete either option below: MICHELE L. CRUTCHER My Notary ID # 333320 (1) Affidavit Expires June 14, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by NATALIE HEBERT to certiff which, witness my hand and seal of office. MICHELE L. CANCHER Signature of officer administering oath Printed name of officer administering oath

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com			mmissi	on Filers)
Na	atalie Hebert				
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			525
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$276.33
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			s	2,973.37
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 POLITI	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 reques	ted information is not applicable, DO NOT incl	ude this page in the r	report.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Natalie Heb	ert		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II Paul Simon	7 Amount of contribution (\$)	
03/31/22	6 Contributor address; City; 2633 McKinney Ave., Suite 130-439Da	\$50	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (III	D#:)	Amount of contribution (\$)
04/19/22	Contributor address; City; 7145 YellowstoneFrisco, TX, 75033	State; Zip Code	\$25
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Mufyn Robinson		Amount of contribution (\$)
04/19/22	Contributor address; City; 14800 Frisco Ranch DrLITTLE ELM, T	\$250	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (III Vincent Robinson	D#:)	Amount of contribution (\$)
04/19/22	Contributor address; City; 14800 Frisco Ranch DrLITTLE ELM, 7	State; Zip Code	\$100
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Forms provided by T	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc-	tion guide for additional re	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Natalie Hebert 5 Full name of contributor option state that the Debra Nelson 7 Amount of contribution (\$)	T	he Instruction Guide explains how	to complete th	is form.	1 Total pages Schodule A1
Debra Nelson 6 Contributor address. B514 Emerald Glen Lane Frisco, TX, 75033 Frincipal occupation / Job title (See Instructions) Date Full name of contributor Contributor address City State Zip Code Full name of contributor Contributor address City State Zip Code Amount of contribution (\$1 Contributor address City State Zip Code Full name of contributor Date Full name of contributor Contributor address City State Zip Code Full name of contributor Contributor address City State Zip Code Fincipal occupation / Job title (See Instructions) Employer (See Instructions) Contributor address City State Zip Code Amount of contributor (\$5) Contributor address City State Zip Code Arount of contributor (\$5)					3 Flier ID (Ethics Commission Filers)
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Contributor address City State, Zip Code Employer (See Instructions) Date Full name of contributor But shalls the IM. Lit Contributor setdress. City. State Zip Code Principal occupation (Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor setdress. City. State Zip Code Amount of contributor (\$) Contributor address City. State Zip Code	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ictions)
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	Pencipal ec	cupation / Job 65e (See Instructions)		Employer (See Instru	octions)

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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.

	he Instruction Guide explains how to complete this for	n.	1 Total pages Sch	edule A2: 1
2 FILER NAM	IE .		3 Filer ID (Ethics	Commission Filors)
Natalie He	bert		Filer ID (Ethics	Commission Filers)
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$276.33	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
				Meet & Greet
	7 Contributor address; City; State;	Zip Code		Donations
			0	. j
40 = 1				itside of Texas. Complete Schedule T.
10 Principal oce	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDII	CIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR	JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spe	ouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	,			
Date	Full name of contributor)	Amount of	In-kind contribution
Date			Contribution \$	
				Î
	Contributor address; City; State;	Zip Code		Ì
			Check if travel ou	I stside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDI	CIAL)(See Instructions)
Contributor	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR	JUDICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spe	ouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruction			ing requirements.
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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 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 categor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Outer (enter a catego	ny not iisted abovo,		
1 Total pages Schedule F1:	2 FILER NAME Natalie Hebert		3 Filer ID (Ethics	Commission Filers)		
4 Date 04/25/22	5 Payee name First Graphic Designs					
6 Amount (\$) \$1389.93	7 Payee address; 229 Garvon St. Garland TX 75040	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Yard Signs				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
4/13/22	First Graphic Designs					
Amount (\$) \$815.45	Payee address; 229 Garvon St. Garland TX 75040	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Pescription Yard Signs				
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
04/20/25	Staples					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$257.99						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Printing Expense	Push Cards				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
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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 Accountagnment can Repayment Rembusiement Solicitation/Fundmening Expense Transportation Equations & Helated Expense Transet in Classics Transet Out Of Digital Office Overhead Senta Expense Poling Expense Trinting Expense Consisting Expense Contributions Donations Made by Candidate Office hade/Political Committee т постремения Ехрегне Titl Awards Microsoph Expense Front Saryline Salares/Wages/Corport Labor Other tenter a category not taked above Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Frier ID (Ettyca Commission Frees) Natalie Hebert 4 Date 5 Payeo name 04/03/2022 YT Ad Services 6 Amount (S) 7 Payer address Zip Code CITY State \$500 (a) Callegary (See Easeptine Mind at the Log of this schedule) (b) Description 8 You Tube Ad PURPOSE OF EXPENDITURE (c) Climit Physics synder of Texas, Complete Schedule 1 Crees Adults 18. officebaster being expense Candidate Officebolder name Office sought Office held 9 Complete ONLY if threat expenditure to benefit C/OH Date Рауме пате Amount (\$) Payee address. City State. Zip Code Category (See Caregores seen at the log of this sometime) Description PURPOSE EXPENDITURE Circle of travel pulsarious of facility Correction Correction Co. Chace if Austin, TK officerander roung experies Candidate / Officeholder name Office hought Office held Complete CNLY * drect expenditure to henefit GrOH Рауов пате Amount (5) Payer address. City State. 2p Code Category Tee Caregines latest at the top of the bit secure Description PURPOSE OF EXPENDITURE Their Interest records of Fernand Companie School, but Cress I April 18. officeredly lang expense Complete QNLY / direct Candidate / Officeholder name Office sought expenditure to benefit CoOH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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