

Recd 1/25/20 @ 1:25pm
Email

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: 11		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS. FIRST VANESSA MI			OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received <i>1/25/20 @ 1:25pm</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE RICHARDSON, TX 75081					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. FIRST CURTIS MI	NICKNAME LAST WOODARD SUFFIX	Receipt #	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE RICHARDSON, TX 75081					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input checked="" 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 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 4	Day / 24	Year / 25	Month 12	Day / 31	Year / 25
11 ELECTION	ELECTION DATE Month / Day / Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any) Richardson ISD Trustee D2			13 OFFICE SOUGHT (if known) Richardson ISD Trustee D2		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		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 VANESSA PACHECO		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)	\$ 1993.31
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1993.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1509.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 1509.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3384.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000.00

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.

Vanessa Pacheco

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

Signature of Candidate/Officeholder (Declarant)

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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1993.31
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1509.92
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3000.00
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	\$

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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 form.			1 Total pages Schedule A1: 5
2 FILER NAME VANESSA PACHECO			3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2025	5 Full name of contributor Carlson Sharpless	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 26.55
	6 Contributor address; Dallas, TX 75243	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) IT Specialist		9 Employer (See Instructions) Texas Instruments	
Date 4/30/2025	Full name of contributor Emily Villamar-Robbins	out-of-state PAC (ID#:)	Amount of contribution (\$) 52.59
	Contributor address; Dallas, TX 75231	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A	
Date 4/30/2025	Full name of contributor Whitney Hurwitz	out-of-state PAC (ID#:)	Amount of contribution (\$) 78.63
	Contributor address; Dallas, TX 75238	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Akiba Yavneh Academy	
Date 4/30/2025	Full name of contributor Angela Keiser	out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00
	Contributor address; Richardson, TX 75081	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Training		Employer (See Instructions) City of Carrollton	
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:
2 FILER NAME VANESSA PACHECO			3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2025	5 Full name of contributor Stephanie Loovis	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 26.55
6 Contributor address; Richardson, TX 75081		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Sr. Copywriter		9 Employer (See Instructions) SWA	
Date 5/1/2025	Full name of contributor Elizabeth Ginsberg	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address; Dallas, TX 75230		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Elizabeth Caldcleugh	
Date 5/5/2025	Full name of contributor Victoria Suarez	out-of-state PAC (ID#:)	Amount of contribution (\$) 52.59
Contributor address; Richardson, TX 75080		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) DISD	
Date 5/5/2025	Full name of contributor Donald Silva	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address; Richardson, TX 75080		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A	

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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:
2 FILER NAME VANESSA PACHECO			3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2025	5 Full name of contributor Sharon Hirsh	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 104.67
	6 Contributor address; Addison, TX 75001	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) NA	
Date 5/5/2025	Full name of contributor Adam Graham	out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00
	Contributor address; Oklahoma City, OK 73107	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Politicital Consultant		Employer (See Instructions) Bison Strategies	
Date 5/6/2025	Full name of contributor Barbara Miller	out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00
	Contributor address; Richardson, TX 75082	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Communities Foundation of TX	
Date 5/8/2025	Full name of contributor Taylor O'Leary	out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00
	Contributor address; Dallas, TX 75248	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A	
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:
2 FILER NAME VANESSA PACHECO			3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2025	5 Full name of contributor Ronson Page	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 52.59
	6 Contributor address; Richardson, TX 75081	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Writer	
Date 5/9/2025	Full name of contributor Emily Villamar -Robins	out-of-state PAC (ID#:)	Amount of contribution (\$) 26.55
	Contributor address; Dallas, TX 75231	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) NA	
Date 5/9/2025	Full name of contributor Nancy Fisher	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; Garland, TX 75044	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) NA	
Date 5/9/2025	Full name of contributor Jenny McGlothlin	out-of-state PAC (ID#:)	Amount of contribution (\$) 20.00
	Contributor address; Dallas, TX 75248	City; State; Zip Code	
Principal occupation / Job title (See Instructions) SLP		Employer (See Instructions) UTD	
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:
2 FILER NAME VANESSA PACHECO				3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2025	5 Full name of contributor Nivasha Howery	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 52.59	
	6 Contributor address; Richardson, TX 75080	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Dallas College		
Date 5/9/2025	Full name of contributor Yvette Lacroix	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00	
	Contributor address; Dallas, TX 75231	City; State; Zip Code		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) NA		
Date 5/9/2025	Full name of contributor Angela Keiser	out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00	
	Contributor address; Dallas, TX 75080	City; State; Zip Code		
Principal occupation / Job title (See Instructions) Training		Employer (See Instructions) City of Carrollton		
Date 5/9/2025	Full name of contributor Andy Sommerman	out-of-state PAC (ID#:)	Amount of contribution (\$) 1000.00	
	Contributor address; Dallas, TX 75219	City; State; Zip Code		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sommerman, McCaffity, Quesada & Geisler, LLP		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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If contributor 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME VANESSA PACHECO	3 Filer ID (Ethics Commission Filers)	
4 Date 9/27/2025	5 Payee name Wix.com LTD		
6 Amount (\$) 521.99	7 Payee address; [REDACTED] TelAviv, Israel	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 3yr Domain/Website	
	(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	Candidate / Officeholder name VANESSA PACHECO	Office sought RISD TRUSTEE D2	Office held RISD TRUSTEE D2
Date 5/30/2025	Payee name PAYPAL		
Amount (\$) 36.50	Payee address; [REDACTED] San Jose, CA 95132	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING	Description PLATFORM FEE	
	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 VANESSA PACHECO	Office sought RISD TRUSTEE D2	Office held RISD TRUSTEE D2
Date 5/30/2025	Payee name DONOR BOX / REBEL IDEALIST		
Amount (\$) 19.85	Payee address; [REDACTED] Alexandria, VA 22307	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING	Description PLATFORM FEE	
	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 VANESSA PACHECO	Office sought RISD TRUSTEE D2	Office held RISD TRUSTEE D2
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME VANESSA PACHECO		3 Filer ID (Ethics Commission Filers)
4 Date 06/11/2025	5 Payee name OMG Cakes & Southern Best Catering LLC		
6 Amount (\$) 600.00	7 Payee address; Dallas, TX	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Volunteer Victory Party	
	(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	Candidate / Officeholder name Vanessa Pacheco	Office sought RISD TRUSTEE D2	Office held RISD TRUSTEE D2
Date 06/15/2025	Payee name Oak Highlands Brewery		
Amount (\$) 315.58	Payee address; Richardson, TX 75080	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description Volunteer Victory Party	
	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 Vanessa Pacheco	Office sought RISD Trustee D2	Office held RISD Trustee D2
Date 12/31/2025	Payee name Lamar National Bank		
Amount (\$) 16.00	Payee address; Paris, TX 75460	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Monthly Fees	
	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 Vanessa Pacheco	Office sought RISD Trustee D2	Office held RISD Trustee D2
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME VANESSA PACHECO	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 3,000.00	
5 Date 12/31/2025	6 Payee name Vanessa Pacheco		
7 Amount (\$) 3,000.00	8 Payee address; Richardson, TX 75081	City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Campaign Contribution	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 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
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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 <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			