

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 Mrs. Cheryl	MI	OFFICE USE ONLY Date Received 4/29/26 by JB			
	NICKNAME	LAST Ettinger	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:				
	5866 Spring Xing		San Antonio TX 78247				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(210)	722-6722					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mrs. Marsha	MI				
	NICKNAME	LAST Landry	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	5819 Lost Crk St.			San Antonio	TX	78247	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(210)	710-1722					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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	Day	Year	THROUGH	Month	Day	Year
	04	01	2026		04	24	2026
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	05	02	2026	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				NEISD SMD 7 TRUSTEE			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<small>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.</small>						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> 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
Cheryl Ettinger

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)	\$ 1000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 706.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 706.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -251.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 251.01

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.

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

My name is C h e r y l E t t i n g e r and my date of birth is March 3, 1961
My address is 5-8-6-6-S-p-r-i-n-g-X-i-n-g San Antonio TX 78247 Bexar
(street) (city) (state) (zip code) (country)
24 April 26 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME Cheryl Ettinger		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 706.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<i>The Instruction Guide explains how to complete this form.</i>		1 Total pages Schedule A1: 1
2 FILER NAME Cheri Ettinger		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Osborn 6 Contributor address; City; State; Zip Code 13623 Stoney Hill Dr San Antonio TX 78231	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 04/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Talbott Contributor address; CSitA [®] ; State; Zip Code 17002 Ashbury Ldg TX 78247	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Alliance
Date 4/15/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron Quintanilla Contributor address; City; StTatX [®] ; Zip Code 2554 ne loop 410 San Antonio 78217	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Provided		Employer (See Instructions) Not Provided
Date 04/09/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desi Martinez Contributor address; City; State; Zip Code 9902 Bernhardt Way San Antonio TX 78263	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Martinez Law / Attorney
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED <i>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</i>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<i>The Instruction Guide explains how to complete this form.</i>		1 Total pages Schedule A2: 1	
2 FILER NAME Cheri Ettinger		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 500.00	
5 Date 04/21/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAFA 7 Contributor address; City; State; Zip Code 45 NE 410 Loop San Antonio, TX 78216	8 Amount of Contribution \$	9 In-kind contribution description Political Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) PAC		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DONOT** 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 | Contributions/Donations | Food/Beverage Expense | Travel In District |
| 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 Cheryl Ettinger	3 Filer ID (Ethics Commission Filers)
4 Date 04/04/26	5 Payee name Jim's	
6 Amount (\$) 18	7 Payee address; Nacogdoches Rd. <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code san antonio TX 78247
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food EXPENSE	(b) Description Planning Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHERYL ETTINGER	Office sought Office held NEISDTRUSTEESMD 7
Date 04/12/26	Payee name VISTA PRINTS	
Amount (\$) 190.50	Payee address; 275 WYMAN <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code WALTHAM MA 02451
PURPOSE OF EXPENDITURE	(See Categories listed at the top of this schedule) ADVERTISING	Description PUSH CARDS BUSINESS CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHERYL ETTINGER	Office sought Office held NEISD SMD 7 TRUSTEE
Date 04/15/26	Payee name	
Amount (\$) 96.00	177°0'0" U·5°2'8"11" N <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code San Antonio TX 78232
PURPOSE OF EXPENDITURE	(See Categories listed at the top of this schedule) Advertising Expense	Description Purchase of Tshirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHERYL ETTINGER	Office sought Office held NEISD SMD 7 TRUSTEE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If there requested information is not applicable, **DONOT** 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	Contributions/Donations	MFA do ed/Beverage Expense	Travel In District
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 Cheryl Ettinger	3 Filer ID (Ethics Commission Filers)
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4 Date 04/21/26	5 Payee name 3D SIGNS
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18 333.53	7 Payee address; 7986 1ST STREET	City; SOMERSET	State; TX	Zip Code 78069
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description POLITICAL SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHERYL ETTINGER	Office sought NEISD TRUSTEESMD 7	Office held
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Date 04/23/26	HOME DEPOT
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Amount (\$) 34.28	Payee address; 435 W SUNSET RD	City; SAN ANTONIO	State; MA TX	Zip Code 78209
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	(See Categories listed at the top of this schedule) ADVERTISING	TOOLS FOR SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHERYL ETTINGER	Office sought NEISD SMD 7 TRUSTEE	Office held
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Date 04/24/26	CHERYL ETTINGER
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Amount (\$) 293.89	5866 SPRING XING	City; San Antonio	State; TX	Zip Code 78232
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	(See Categories listed at the top of this schedule) LOAN REPAYMENT	Description LOAN REPAYMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHERYL ETTINGER	Office sought NEISD SMD 7 TRUSTEE	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name CHERYL ETTINGER	Filer ID #
--------------------------------------	------------

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 8 day report due on April 24, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Cheryl Ettinger

Signature of Filer

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

My name is CHERYL ETTINGER, and my date of birth is APRIL 24 2026

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____. (month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER