

# 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

Mrs. Cheryl MI  
NICKNAME LAST SUFFIX  
Ettinger

**OFFICE USE ONLY**

Date Received

4.1.2026

by JB

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
5866 Spring Xing San Antonio Tx 78247

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 210 ) 722-6722

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mrs. Marsha  
NICKNAME LAST SUFFIX  
Landry

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
5819 Lost Crk St. San Antonio TX 78247

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 210 ) 710-1722

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
02 / 13 / 2026 THROUGH 03 / 31 / 2026

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
05 / 02 / 2026  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

NEISD SMD 7 TRUSTEE

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.**

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15</b> C/OH NAME Cheryl Ettinger		<b>16</b> Filer ID (Ethics Commission Filers)
<b>17</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 600.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1144.90
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1144.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -544.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 544.90

**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

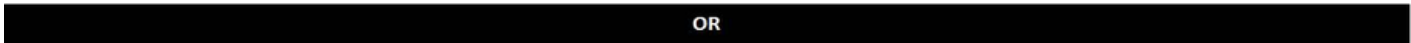
**Please complete either option below:**

**(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



**(2) Unsworn Declaration**

My name is Cheryl Ettinger, and my date of birth is March 3, 1961.

My address is 5866 SpringXing, San Antonio, TX, 78247, Bexar.

(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 31 of March, 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 type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 544.90
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 600.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 855.20
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, **DO NOT include this page in the report.***The Instruction Guide explains how to complete this form.***1** Total pages Schedule A1: **2****2** FILER NAME  
**CHERYL ETTINGER****3** Filer ID (Ethics Commission Filers)**4** Date  
**03/14/26****5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JOHN SCOTT****7** Amount of contribution (\$)  
**\$100****6** Contributor address; City; State; Zip Code  
**26812 Kentoaks Dr San Antonio TX 78270****8** Principal occupation / Job title (See Instructions)  
**EVENT SERVICES****9** Employer (See Instructions)  
**SAIA**Date  
**03/14/26**Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**KEITH WITT**Amount of contribution (\$)  
**\$200**Contributor address; City; State; Zip Code  
**5073 HONEYSUCKLE BULVERDE TX 78163**Principal occupation / Job title (See Instructions)  
**BUS. OWNER**Employer (See Instructions)  
**WINCO**Date  
**03/16/26**Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**RODNEY LANDRY**Amount of contribution (\$)  
**\$100**Contributor address; City; State; Zip Code  
**5819 LOST CRK ST SAN ANTONIO TX**Principal occupation / Job title (See Instructions)  
**RETIRED**

Employer (See Instructions)

Date  
**03/18/26**Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DENISE VANDERMARK**Amount of contribution (\$)  
**\$100**Contributor address; City; State; Zip Code  
**26910 Bluewater Way SAN ANTONIO TX 78260**Principal occupation / Job title (See Instructions)  
**RETIRED**

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**

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

<i>The Instruction Guide explains how to complete this form.</i>		<b>1</b> Total pages Schedule A1: <b>2</b>
<b>2</b> FILER NAME <b>CHERYL ETTINGER</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/20/26</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AILEEN BOONE</b> <b>6</b> Contributor address; City; State; Zip Code <b>12807 terrace pass San Antonio TX 78259</b>	<b>7</b> Amount of contribution (\$) <b>\$100</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>RETIRED</b>		<b>9</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.*

# LOANS

# SCHEDULE E

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 E: <b>1</b>
<b>2</b> FILER NAME Cheryl Ettinger		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 03/25/26	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Ettinger	<b>9</b> Loan Amount (\$) 544.90
<b>6</b> Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	<b>8</b> Lender address; City; State; Zip Code 5866 Spring Xing San Antonio TX 78247	<b>10</b> Interest rate 0
		<b>11</b> Maturity date N/A
<b>12</b> Principal occupation / Job title (See Instructions) Realtor		<b>13</b> Employer (See Instructions) Option 1
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	Maturity date
Description of Collateral <input type="checkbox"/> none	<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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, **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 Expense	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Cheryl Ettinger	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/31/26	<b>5</b> Payee name April Cerbito	
<b>6</b> Amount (\$) 260.00	<b>7</b> Payee address; City; State; Zip Code BLK 23, LOT1B, AZUCENA BRGY SAN LUIS ANTIPOLO PHILIPINES 1870 <input type="checkbox"/> ST. ANTIPOLO HILLS SUBD. <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description WEBSITE DEVELOPMENT PHOTO / DIGITAL
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHERYL ETTINGER	Office sought NEISD TRUSTEESMD 7 Office held
Date 03/25/26	Payee name VISTA PRINTS	
Amount (\$) 855.20	Payee address; City; State; Zip Code 275 WYMAN WALTHAM MA 02451 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHERYL ETTINGER	Office sought NEISD SMD 7 TRUSTEE Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By	Food/Beverage Expense	Polling Expense	Travel In District
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <b>CHERYL ETTINGER</b>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ <b>\$855.20</b>
5 CREDIT CARD ISSUER	Name of financial institution <b>Bank of America</b>		
6 PAYMENT	(a) Amount Charged \$ <b>\$208.69</b>	(b) Date Expenditure Charged <b>3/20/26</b>	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name <b>VISTA PRINTS</b>	(b) Payee address; City, State, Zip Code <b>VISTAPRINTS.COM</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>PRINT PUSH CARDS</b>
	(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 <b>CHERYL ETTINGER</b>		Office Sought <b>NEISD SMD 7 TRUSTEE</b> Office Held
PAYMENT	(a) Amount Charged \$ <b>289.84</b>	(b) Date Expenditure Charged <b>3/25/26</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <b>VISTA PRINTS</b>	(b) Payee address; City, State, Zip Code <b>VISTAPRINTS.COM</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>PRINT CAMPAIGN SIGNS</b>
	(c) <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 <b>CHERYL ETTINGER</b>		Office Sought <b>NEISD SMD 7 TRUSTEE</b> Office Held
PAYMENT	(a) Amount Charged \$ <b>356.67</b>	(b) Date Expenditure Charged <b>03/25/26</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <b>VISTA PRINTS</b>	(b) Payee address; City, State, Zip Code <b>VISTAPRINTS.COM</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>PRINT BUSINESS CARDS</b>
	(c) <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 <b>CHERYL ETTINGER</b>		Office Sought <b>NEISD SMD 7 TRUSTEE</b> Office Held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

## OFFICE USE ONLY

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

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.

Filer name <b>CHERYL ETTINGER</b>	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 understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses 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 30 day report due on April 2, 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

NOTARY STAMP / SEAL

Signature of Filer

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 March 3, 1961.

My address is 5866 Spring Xing, SAN ANTONIO TX, 78247, USA.  
(street) (city) (state) (zip code) (country)

Executed in BEXAR County, State of TEXAS, on the 31 day of MARCH, 2026.  
(month) (year)

*Cheryl Ettinger*  
Signature of Filer (Declarant)

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