

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 MI
Mrs Crystal
NICKNAME LAST SUFFIX
Sarmiento

OFFICE USE ONLY

Date Received

4/16/2023
TSD
11:30 AM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6531 Sam Rayburn Dr.
Manvel, TX 77578

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 506-2028

Receipt # Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr Byron
NICKNAME LAST SUFFIX
Sarmiento

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6531 Sam Rayburn Dr.
Manvel, TX 77578

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 534-2542

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
3 / 16 / 23 THROUGH 3 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 6 / 23 General Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

City Council Place 5

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**

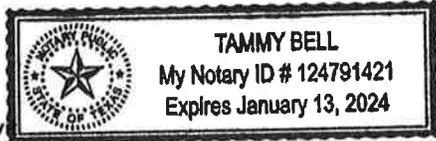
15 C/OH NAME Crystal Sarmiento **16 Filer ID (Ethics Commission Filers)**

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2940.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1236.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1703.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Crystal Sarmiento
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Crystal Sarmiento this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

Tammy Bell Printed name of officer administering oath
City Secretary 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 Crystal Sarmiento		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2940.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1236.38
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> 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 Crystal Sarmiento		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Otto 6 Contributor address; City; State; Zip Code 2955 W State Hwy 6, Alvin, TX 77511	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Otto's Auto World
Date 3/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Oyervidez Contributor address; City; State; Zip Code 6200 Brookfield Dr. Houston, TX 77085	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Aleho Pool Service
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elvia Quintanilla Contributor address; City; State; Zip Code 723 Buoy Rd Houston, TX 77062-4205	Amount of contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Texas Technical Trade School
Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Sarmiento Contributor address; City; State; Zip Code 6531 Sam Rayburn Dr Manvel, TX 77578	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Candidate and Business Owner		Employer (See Instructions) Ari Source
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 <p style="text-align: center;">Crystal Sarmiento</p>		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Elvia Quintanilla</p>	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code <p style="text-align: center;">723 Buoy Rd Houston, TX 77062-4205</p>		
8 Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) Texas Technical Trade School
Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Stepheny Jacquez</p>	Amount of contribution (\$) \$55.00
Contributor address; City; State; Zip Code <p style="text-align: center;">827 Zoe St. Houston, TX 77020-6844</p>		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Ceominds
Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Andrea Ramirez</p>	Amount of contribution (\$) \$55.00
Contributor address; City; State; Zip Code <p style="text-align: center;">8130 Stoneyway Dr. Houston, TX 77040-5160</p>		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Latinas-n-Heels Org
Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Jessinia Velazquez</p>	Amount of contribution (\$) \$55.00
Contributor address; City; State; Zip Code <p style="text-align: center;">3831 Golf Dr. Houston, TX 77018-5218</p>		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) SAS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Crystal Sarmiento</p>		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepheny Jacquez	7 Amount of contribution (\$) \$55.00
	6 Contributor address; City; State; Zip Code 827 Zoe St. Houston, TX 77020-6844	
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Ceominds
Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abigail Torres	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 700 Gemini St. Houston, TX 77058-2735	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Bare Beauty Aesthetics The Body Clinic
Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lissette Kadlecsek	Amount of contribution (\$) \$55.00
	Contributor address; City; State; Zip Code 5411 Saxon Dr. Houston, TX 77092	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Construction
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelina Sampaio & Tony Garcia	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 9511 Moorberry Lane Houston, TX 77080-5235	
Principal occupation / Job title (See Instructions) Executive Dir & Business Development Manager		Employer (See Instructions) Unity for a Solution & SDC Builds Inc.
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Crystal Sarmiento		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeny Castillo 6 Contributor address; City; State; Zip Code 70 E. Briar Hollow Lane Houston, TX 77027-2943	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Exceed Realty
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Wo Contributor address; City; State; Zip Code 1225 Peden St Houston, TX 77006	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) WOAHLASH LLC
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eva Vela Contributor address; City; State; Zip Code 7218 Deep Forest Dr Houston, TX 77088-6625	Amount of contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinah Palmer Contributor address; City; State; Zip Code 1 Riverway Ste 1700 Houston, TX 77056	Amount of contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) City on the Rise Realty Group LLC

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, 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Crystal Sarmiento	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Payee name Dibrell and Associates	
6 Amount (\$) \$631.00	7 Payee address; City; State; Zip Code 4203 Glade Shadow Ct Katy, TX 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/24/23	Payee name Dollar General	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 19419 Hwy 6, Manvel, TX 77578	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Reimbursement for Plates and utensils for meet and greet at Infinity Family Clinic
	<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
Date 3/23/23	Payee name Chick-Fil-A	
Amount (\$) \$172.45	Payee address; City; State; Zip Code 3621 Business Center Dr, Pearland, TX 77584	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Chicken tenders for meet and greet at Infinity Family Clinic
	<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

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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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Crystal Sarmiento	3 Filer ID (Ethics Commission Filers)
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4 Date 3/21/23	5 Payee name T-Shirt Planet
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6 Amount (\$) \$151.55	7 Payee address; 7501 Harwin Dr. Suite# 101A, Houston, TX 77036	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Shirts for campaign
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/23/23	Payee name Minuteman Press
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Amount (\$) \$162.38	Payee address; 3419 E Broadway St Suite F, Pearland, TX 77581	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign 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	Office sought	Office held
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Date 3/14/23	Payee name Campaign Partner
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Amount (\$) \$69.00	Payee address; PO Box 118 Still River, MA 01467	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Advertising Expense	Description Campaign Website Fee
	<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
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