

APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM **STA**
PG **1**

See STA Instruction Guide for detailed instructions.
If you are involved in a School District Bond Election, you must file Form STA with the local filing authority
BEFORE sending a file-stamped copy to the Texas Ethics Commission.

1 Total pages filed:

2 COMMITTEE NAME
Montgomery (County) In Motion

3 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 130117 Spring, TX 77393

4 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Mr. Robert
NICKNAME LAST SUFFIX
Eissler

5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)
STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 130117 Spring, TX 77393

6 MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
☒ same as above

7 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(281) 705-2662

8 PERSON APPOINTING TREASURER
FIRST MI LAST SUFFIX
Self

9 SIGNATURE
I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

[Handwritten Signature]

Signature of Campaign Treasurer

10 ASSISTANT CAMPAIGN TREASURER (see instructions)
FIRST MI LAST SUFFIX
None

11 ASSISTANT CAMPAIGN TREASURER ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
None

12 ASSISTANT CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
() None

OFFICE USE ONLY

Filer ID #

Date Received

FEB 20 2025

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

CONTINUE ON PAGE 2

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA
PG 2**

13 COMMITTEE NAME

Montgomery (County) In Motion

**14 COMMITTEE
PURPOSE**

☐ SUPPORT CANDIDATE

☐ OPPOSE CANDIDATE

☐ ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☒ SUPPORT MEASURE

☐ OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

Montgomery County Road Bond

ELECTION DATE

Month / Day / Year
May / 3 / 2025

DESCRIPTION

Support Montgomery County Road Bond measures

**15 MODIFIED
REPORTING
DECLARATION**

**COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING
MODIFIED REPORTING.**

**••This declaration must be filed no later than the 30th day
before the first election to which the declaration applies. ••**

••The modified reporting declaration is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to
which declaration applies

Signature of Campaign Treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC**

For more information about where to file go to:
<https://ethics.state.tx.us/filinginfo/QuickFileAReport.php>

This appointment is effective on the date it is filed with the appropriate filing authority.

SPECIFIC-PURPOSE COMMITTEE:FORM **STA**PG **3****STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL
CONTRIBUTIONS UNDER SECTION 252.0031, ELECTION CODE****16 COMMITTEE**
NAME Montgomery (County) In Motion**17 AFFIRMATION
(If applicable)**

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:



(Check if applicable)

The political committee named above is not established or controlled by a candidate or an officeholder, and will not use any political contribution from a corporation or a labor organization to make a political contribution to: (1) a candidate for elective office or an officeholder, or (2) a political committee that has not included in its campaign treasurer appointment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions declaring the same.

PLEASE COMPLETE EITHER OPTION (1) OR (2) BELOW:**(1) Affidavit Jurat:**_____
Signature of Committee Representative

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 Jurat:**

My name is Rob Eissler, and my date of birth is 12/06/1950.

My Address is PO Box 130117, Spring, TX, 77393, Montgomery.
(street) (city) (state) (zip code) (country)

Executed in Montgomery County, State of Texas, on the 18 day of February, 20 25.

Signature of Committee Representative (Declarant)

Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or by mail to: Texas Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070

Non-TEC Filers must file this form
with the local filing authority

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 COMMITTEE NAME

Montgomery County In Motion

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

P.O. Box 130117 Spring, TX 77393

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Robert

NICKNAME

LAST

SUFFIX

Eissler

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 130117 Spring, TX 77393

7 CAMPAIGN
TREASURER
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☒ Change of Address

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 705-2662

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Exceeded Modified Reporting Limit

☐

July 15

☐

8th day before election

☐

Dissolution Report (Attached PAC-FR)

☐

Runoff

☐

10th day after campaign treasurer termination

10 PERIOD
COVERED

Month

Day

Year

2 / 21 / 2025

THROUGH

Month

Day

Year

4 / 3 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 25

☐ Primary

☐ Runoff

☒ Other

☒ General

☐ Special

Description

Joint

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME <u>Montgomery County In Motion</u>		13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #	
	DESCRIPTION <u>Road Bond</u>		
		ELECTION DATE Month Day Year <u>5 / 3 / 25</u>	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>166,950</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>36,468.06</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>70,481.94</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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]
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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 Robert Eissler, and my date of birth is 16/06/1950.

My address is PO Box 130117 (street), Spring (city), TX (state), 77393 (zip code) Montgomery (country).

Executed in Montgomery County, State of Texas, on the 4 day of April, 2025.
(month) (year)

[Signature]
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Montgomery County In Motion</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>106,950</i>
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<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 FILER NAME <i>Montgomery County In Motion</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/28/25</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Eastwood</i>		7 Amount of contribution (\$) <i>500.00</i>	
		6 Contributor address; City; State; Zip Code <i>17407 US Highway 59N Houston, TX 77396</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

Date <i>3/17/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Cannon</i>		Amount of contribution (\$) <i>20,000.00</i>	
		Contributor address; City; State; Zip Code <i>3600 W Sam Houston Pkwy. Houston, TX 77042</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <i>3/18/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Kwan</i>		Amount of contribution (\$) <i>10,000.00</i>	
		Contributor address; City; State; Zip Code <i>1315 W Sam Houston Pkwy Houston, TX 77043</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <i>3/18/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Santiago Castaneda</i>		Amount of contribution (\$) <i>10,000.00</i>	
		Contributor address; City; State; Zip Code <i>16360 Park Ten Place Houston, TX 77084</i>			
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.

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/20/25	Giti Zarnkeix 6 Contributor address; City; State; Zip Code 617 Caroline St. Houston, TX 77002	5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/25/25	Randy Sparks Contributor address; City; State; Zip Code 21020 Park Row Blvd. Katy, TX 77449	10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/17/25	Belen Valdovinos Contributor address; City; State; Zip Code 1322 W Grand Pkwy Katy, TX 77449	10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Randy Sparks 21020 Park Row Blvd. Katy, TX 77449	10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/19/25	Mindy Cernosek	7,500.00
6 Contributor address; City; State; Zip Code		
15021 Katy Freeway Houston, TX 77094		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/26/25	Kassie Talley	7,500.00
Contributor address; City; State; Zip Code		
10011 Meadowgreen lane Houston, TX 77042		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/26/25	Guarax Garg	2,500.00
Contributor address; City; State; Zip Code		
15915 Katy Freeway, Houston, TX 77094		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/20/25	Morgan Sommers	2,500.00
Contributor address; City; State; Zip Code		
5237 N. Riverside Dr. Fort Worth, TX 76137		
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.		

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				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
3/20/25	Charles Eastland 6 Contributor address; City; State; Zip Code 4424 W Sam Houston Houston, TX 77041			2,500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
3/25/25	Terry Henderson Contributor address; City; State; Zip Code 3773 Richmond Ave. Houston, TX 77046			2,500.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
3/26/25	Jolene Rock Contributor address; City; State; Zip Code 3506 East TC Jester Blvd. Houston, TX 77018			250.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
3/26/25	Frank Olshufski Contributor address; City; State; Zip Code 3603 Sun Valley Dr. Houston, TX 77025			100.00	
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.					

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				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
3/22/15	Kirk Laguarda			100.00	
6 Contributor address; City; State; Zip Code					
26224 Laurens Ct Montgomery, TX 77316					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
3/19/15	Leslie Prejean			5,000.00	
Contributor address; City; State; Zip Code					
1080 Eldridge Pkwy Houston, TX 77077					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
3/20/15	Richard White			5,000.00	
Contributor address; City; State; Zip Code					
11011 Pennmore Ave. Houston, TX 77042					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
3/27	Long N			5,000.00	
Contributor address; City; State; Zip Code					
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.					

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		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/25	5 Full name of contributor A. Ninyo <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2313 W Sam Houston Pkwy Houston, TX 77043	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 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.		