

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:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Lorraine R
NICKNAME LAST SUFFIX
Hehn

OFFICE USE ONLY

Date Received

4/28/23
Alyssa Deah
11:35am

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
37 Terra Bella Dr Manvel, TX 77578

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 254-7541

Receipt # Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Derek L
NICKNAME LAST SUFFIX
Hehn

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
37 Terra Bella Dr Manvel, TX 77578

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 254-7541 Manvel, TX 77578

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
03 / 28 / 23 THROUGH 04 / 26 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
Description
05 / 06 / 2023 General Special Local

12 OFFICE

OFFICE HELD (if any)
City Council Place 2

13 OFFICE SOUGHT (if known)
Mayor

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 _____ **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)	\$ 325
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,707.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,467.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,908.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

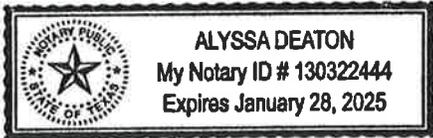
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Lorraine Hehn this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

Alyssa Deaton Signature of officer administering oath
Alyssa Deaton Printed name of officer administering oath
Assistant 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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,707.44
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 E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,467.95
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 350.00
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: 3
2 FILER NAME Lorraine Hehn		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Hagdorn, Jr <hr/> 6 Contributor address; City; State; Zip Code PO Box 1502 Manvel, TX 77578	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions) self-employed
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Schmidt <hr/> Contributor address; City; State; Zip Code 4312 Pine Harvest Ln Manvel, TX 77578	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) self-employed
Date 4/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Wilson <hr/> Contributor address; City; State; Zip Code 4763 CR 937 Alvin, TX 77511	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Environmental, Health & Safety Manager		Employer (See Instructions) Solenis
Date 4/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Klein <hr/> Contributor address; City; State; Zip Code 4314 Candlewood Ln TX 77578	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Senior Pipe Stress Engineer		Employer (See Instructions) S & B Engineers and Constructors, Ltd

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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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 3</p>
<p>2 FILER NAME</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 4/2/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Danowski</p> <hr/> <p>6 Contributor address; City; State; Zip Code 31 Palmero Way Manvel, TX 77578</p>	<p>7 Amount of contribution (\$) \$200.00</p>
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions) Retired</p>
<p>Date 4/14/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Davison</p> <hr/> <p>Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$) \$182.44</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>
<p>Date 4/18/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisa Casto</p> <hr/> <p>Contributor address; City; State; Zip Code 1714 W Hwy 6 Manvel, TX 77578</p>	<p>Amount of contribution (\$) \$200.00</p>
<p>Principal occupation / Job title (See Instructions) business owner</p>		<p>Employer (See Instructions) self-employed</p>
<p>Date 4/19/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Linder</p> <hr/> <p>Contributor address; City; State; Zip Code PO Box 471 West Columbia, TX 77486</p>	<p>Amount of contribution (\$) \$1,500.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>

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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: 3
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth Dietz <hr/> 6 Contributor address; City; State; Zip Code 4396 Croix Pkwy Manvel, TX 77578	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Manvel Community Outreach
Date 4/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Buentello <hr/> Contributor address; City; State; Zip Code 13530 Megginson St Houston, TX 77048	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) self-employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <hr/> 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# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 4	2 FILER NAME Lorraine Hehn	3 Filer ID (Ethics Commission Filers)
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4 Date 3/28/2023	5 Payee name Magoo's Print Shop
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6 Amount (\$) \$643.00	7 Payee address; City; State; Zip Code 16637 W Hardy Rd Ste E Houston, TX 77060
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Print Materials
	(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 3/31/2023	Payee name FedEx Silverlake
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Amount (\$) \$148.29	Payee address; City; State; Zip Code 3000 Silverlake Village Dr Pearland, TX 77584
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Print Materials
	<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 4/3/2023	Payee name FedEx Silverlake
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Amount (\$) \$148.29	Payee address; City; State; Zip Code 3000 Silverlake Village Dr Pearland, TX 77584
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Print Materials
	<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

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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	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			

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1 Total pages Schedule F1: 4	2 FILER NAME Lorraine Hehn	3 Filer ID (Ethics Commission Filers)
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4 Date 3/31/2023	5 Payee name First Step Strategies
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6 Amount (\$) \$365.00	7 Payee address; 3519 E. Walnut Unit 3465 Pearland, TX 77588	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sign Installation
	(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 4/10/2023	Payee name Alvin Sun
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Amount (\$) \$828.00	Payee address; 570 Dula St. Alvin, TX 77511	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Print ads
	<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 4/17/2023	Payee name Southfork Postal
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Amount (\$) \$291.19	Payee address; 3422 Business Center Dr Pearland, TX 77584	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Print Materials
	<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

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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	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			

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1 Total pages Schedule F1: 4	2 FILER NAME Lorraine Hehn	3 Filer ID (Ethics Commission Filers)
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4 Date 4/19/2023	5 Payee name Brazosport Facts
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6 Amount (\$) \$2.99	7 Payee address; 720 S. Main St. Clute, TX 77531	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Print ads
	(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 4/21/2023	Payee name Southfork Postal
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Amount (\$) \$291.19	Payee address; 3422 Business Center Dr Pearland, TX 77584	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Print Materials
	<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 4/24/2023	Payee name CAP of Pearland
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Amount (\$) \$300.00	Payee address; 2800 East Broadway, Ste #402 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	Description Sponsorship
	<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

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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	Printing 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			

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1 Total pages Schedule F1: 4	2 FILER NAME Lorraine Hehn	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2023	5 Payee name HLSR	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3 NRG Pkwy Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sponsorship
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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

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