

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



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: **MR.** FIRST: **TILER** MI: **W.**  
NICKNAME: LAST: **KUBENA** SUFFIX:

OFFICE USE ONLY

Date Received

4/25/2025

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: [REDACTED] APT / SUITE #: CITY: **SEABROOK, TX** STATE: ZIP CODE: **77586**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(832)** PHONE NUMBER: **236-3206** EXTENSION:

Date Hand-delivered or Date Postmarked

4/25/2025

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **MR.** FIRST: **GREG** MI:  
NICKNAME: LAST: **CUNNINGHAM** SUFFIX:

Receipt #

N/A

Amount \$

0

Date Processed

4/25/2025

Date Imaged

4/25/2025

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [REDACTED] APT / SUITE #: CITY: **SEABROOK, TX** STATE: ZIP CODE: **77586**

8 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:

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: **4 / 4 / 2025** THROUGH Month Day Year: **4 / 25 / 2025**

11 ELECTION

ELECTION DATE: Month Day Year: **5 / 3 / 2025**  
ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**COUNCIL POSITION 1**

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

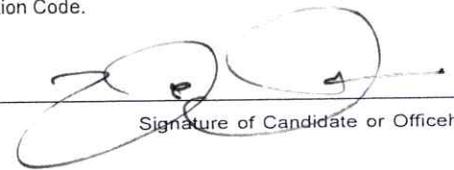
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

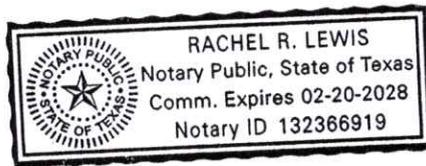
|                         |   |           |
|-------------------------|---|-----------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0      |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 923.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0      |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0      |
| 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.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL



Sworn to and subscribed before me by Tyler Kubena this the 25<sup>th</sup> day of April, 2020, 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 \_\_\_\_\_, 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

TYLER KUBENA

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 checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 923.00 |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$        |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$        |
| 5.  | <input type="checkbox"/>            | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$        |
| 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 | \$        |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: |
|---|----------------------------|

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| 2 FILER NAME<br><b>TYLER KUBENA</b> | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|---------------------------------------|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | \$ |
|---|----|

|   |   |   |   |
|---|---|---|---|
| 5 Date<br><b>4/24/25</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KIM MORRELL</b> | 8 Amount of Contribution \$<br><b>923.00</b>                                    | 9 In-kind contribution description<br><b>BACK CARDS<br/>PC MAILER</b> |
| 7 Contributor address; City; State; Zip Code<br>[REDACTED] <b>SEABROOK TX 77586</b> |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |

|   |   |
|---|---|
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>OWNER / PRINTER</b> | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>OWNER / YOUR PRINTING HOW</b> |
|---|---|

|  |  |
|--|--|
| 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#: _____) | Amount of Contribution \$ | In-kind contribution description |
|   | Contributor address; City; State; Zip Code                                      |                           |                                  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                           |                                  |

|  |  |
|--|--|
| 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.

# Donation from Kim Morrell

**For:** Tyler Kubena  
"For City Council"  
Position #1

Kim Morrell  
[Redacted]  
Seabrook, YX 77586

**In-Kind Contribution**  
4/24/2025  
**Kubena for Council PC Mailer / Rack Cards**

| <b>Item</b>  | <b>Quantity</b> | <b>Cost</b> | <b>Total</b> |
|--|-----------------|-------------|--------------|
| <b>Rack Cards</b><br>4/4 / 5.5 x 11<br>100# Card Stock | 100             | \$          | 110.00       |
| <b>PC Mailer</b><br>4/4 / 6.5 x 11<br>100# Card Stock  | 450             | \$ 1.00     | \$ 450.00    |
| <b>Mail Service</b>                                    | 450             | \$          | 146.00       |
| <b>Postage</b>   | 447             | \$          | 217.00       |

|              |           |               |
|--------------|-----------|---------------|
| <b>Total</b> | <b>\$</b> | <b>923.00</b> |
|--------------|-----------|---------------|

## Fair Market Value