

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:

23

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MS

FIRST

Nicolette

MI

M

NICKNAME

LAST

Ardiente

SUFFIX

OFFICE USE ONLY

Date Received

Deputy Superintendent

APR 3 2025

Business & Finance

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

✓ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MS

FIRST

Madeleine

MI

NICKNAME

LAST

Denair

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

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

(Residence or Business)

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

2

14

25

THROUGH

Month

Day

Year

4

2

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

3

25

ELECTION TYPE

☐

Primary

☐

Runoff

☒

Other

Description

UNIFORM MUNICIPAL / SCHOOL BOARD

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Northside ISD Board Trustee, District 6

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

Northside AFT Committee on Political Education (COPE)

☒

GENERAL

COMMITTEE ADDRESS

6502 Bandera Road, Suite 202, San Antonio, TX 78238

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Haroon Monis

COMMITTEE CAMPAIGN TREASURER ADDRESS

6502 Bandera Road, Suite 202, San Antonio TX 78238

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

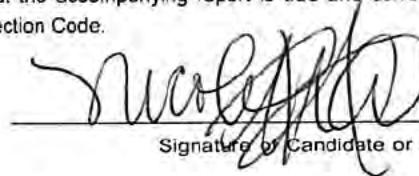
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
NICOLETTE M. ARDIENTE

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,808.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,263.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,667.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

OR

(2) Unsworn Declaration

My name is Nicolette M. Ardiente, and my date of birth is [REDACTED].

My address is [REDACTED] USA

Executed in Bexar (street) County, State of Texas (city), on the 3rd day of April (state) (zip code) (country)

2025 (month) (year)


Signature of Candidate/Officeholder (Declarant)

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: **17****2** FILER NAME

NICOLETTE M. ARDIENTE

3 Filer ID (Ethics Commission Filers)**4** Date

02/20/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

DAVID NGUYEN

7 Amount of contribution (\$)

104.48

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

UNEMPLOYED

9 Employer (See Instructions)

UNEMPLOYED

Date

02/20/2025

Full name of contributor

out-of-state PAC (ID#: _____)

TERRI FLORES LOPEZ

Amount of contribution (\$)

104.48

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

02/20/2025

Full name of contributor

out-of-state PAC (ID#: _____)

FAYE SUFICIENCIA

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

EXECUTIVE ASSISTANT

Employer (See Instructions)

LEADFILIPINO

Date

02/20/2025

Full name of contributor

out-of-state PAC (ID#: _____)

LAWRENCE ROMO

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2025	5 Full name of contributor out-of-state PAC (ID#: GLORIA MARTINEZ 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions) DIRECTOR		9 Employer (See Instructions) HARRIS COUNTY
Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: MATTHEW BAIZA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) TEXAS STATE DIRECTOR		Employer (See Instructions) NEXTGEN AMERICA
Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: PATRICK NUTTALL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) CUSTOMER SUCCESS MANAGER		Employer (See Instructions) HARTFORM STEAM BOILER
Date 02/23/2025	Full name of contributor out-of-state PAC (ID#: LINDA ALANIZ Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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: **17****2** FILER NAME

NICOLETTE M. ARDIENTE

3 Filer ID (Ethics Commission Filers)**4** Date

02/23/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

GLORIA GUTIERREZ

7 Amount of contribution (\$)**100.00****6** Contributor address; City; State; Zip Code**8** Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

02/25/2025

Full name of contributor

out-of-state PAC (ID#: _____)

KENDALL SCUDDER

Amount of contribution (\$)

260.73

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF

Date

02/25/2025

Full name of contributor

out-of-state PAC (ID#: _____)

LILLIE SCHECHTER

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

STRATEGIST

Employer (See Instructions)

SELF

Date

02/25/2025

Full name of contributor

out-of-state PAC (ID#: _____)

ROB CLIFFORD

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2025	5 Full name of contributor out-of-state PAC (ID#: _____) LEQUINNE FEREBEE Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; width: 100%; height: 20px;"></div>	7 Amount of contribution (\$) 26.35
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: _____) JOHN BAHIA Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; width: 100%; height: 20px;"></div>	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) GOVERNMENT		Employer (See Instructions) NEW YORK STATE ASSEMBLY
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: _____) ANTHONY ROJAS Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; width: 100%; height: 20px;"></div>	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) DISTRICT DIRECTOR		Employer (See Instructions) CITY OF FORT WORTH
Date 03/01/2025	Full name of contributor out-of-state PAC (ID#: _____) CLAYTON TUCKER Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; width: 100%; height: 20px;"></div>	Amount of contribution (\$) 28.44
Principal occupation / Job title (See Instructions) ORGANIZER		Employer (See Instructions) TRADE JUSTICE ED FUND
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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2025	5 Full name of contributor out-of-state PAC (ID#: _____) PATRICIA CONTRERAS 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 21.15
8 Principal occupation / Job title (See Instructions) SOTX		9 Employer (See Instructions) SELF
Date 03/01/2025	Full name of contributor out-of-state PAC (ID#: _____) ANDRE TREIBER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) COUNCIL STAFF		Employer (See Instructions) CITY OF AUSTIN
Date 03/01/2025	Full name of contributor out-of-state PAC (ID#: _____) ABEL PRADO Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 26.35
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) PUBLIC RESEARCH GROUP
Date 03/01/2025	Full name of contributor out-of-state PAC (ID#: _____) NATHAN CLARK Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 15.94
Principal occupation / Job title (See Instructions) LIDAR TECH		Employer (See Instructions) LTRA
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: 17**2** FILER NAME

NICOLETTE M. ARDIENTE

3 Filer ID (Ethics Commission Filers)**4** Date

03/01/2025

5 Full name of contributor

out-of-state PAC (ID# _____)

DEBORAH CHEN

7 Amount of contribution (\$)

52.40

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

03/02/2025

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

26.35

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

SOCIAL WORKER

Employer (See Instructions)

UTSA

Date

03/02/2025

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

26.35

MADELEINE DEWAR

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

03/02/2025

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

26.35

ZADA TRUE-COURAGE

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2025	5 Full name of contributor out-of-state PAC (ID#: KRISTIN FLORES 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) DATA COACH		9 Employer (See Instructions) MULTIVERSE
Date 03/02/2025	Full name of contributor out-of-state PAC (ID#: BRANNON MILLER Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) CHISM STRATEGIES
Date 03/03/2025	Full name of contributor out-of-state PAC (ID#: DANNA HALFF Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) LEGISLATIVE AIDE		Employer (See Instructions) STATE OF TEXAS
Date 03/04/2025	Full name of contributor out-of-state PAC (ID#: KIRAN KAUR BAINS Contributor address; City; State; Zip Code	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2025	5 Full name of contributor out-of-state PAC (ID#: KIMBERLY ROBERTSON 6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	7 Amount of contribution (\$) 26.35
8 Principal occupation / Job title (See Instructions) PROJECT MANAGER		9 Employer (See Instructions) USAA
Date 03/04/2025	Full name of contributor out-of-state PAC (ID#: DAVID LEE Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) TEXAS SIGNAL
Date 03/06/2025	Full name of contributor out-of-state PAC (ID#: KRISTIAN CARRANZA Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 118.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 03/06/2025	Full name of contributor out-of-state PAC (ID#: EMERI CALLAWAY Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 8.65
Principal occupation / Job title (See Instructions) STUDENT EMPLOYEE		Employer (See Instructions) UNIVERSITY OF NORTH TEXAS
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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2025	5 Full name of contributor out-of-state PAC (ID#: SAYDA MITCHELL MORALES 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 26.35
8 Principal occupation / Job title (See Instructions) COMMUNICATIONS DIRECTOR		9 Employer (See Instructions) GUTURO SAN ANTONIO
Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: GINA SANDOVAL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) SCRUM MASTER		Employer (See Instructions) USAA
Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: BECCA DEFELICE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) EMERGE TX
Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: KELSEY BRANDT Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF EMPLOYED
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2025	5 Full name of contributor out-of-state PAC (ID#: _____) GENE CARANGAL 6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) IT ANALYST		9 Employer (See Instructions) USAA
Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: _____) MICHELLE LOWESOLIS Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: _____) KATHLEEN VALE Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/15/2025	Full name of contributor out-of-state PAC (ID#: _____) JORDAN ABELSON Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) POLITICAL		Employer (See Instructions) POLITICAL
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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) TINA AMPER 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 26.35
8 Principal occupation / Job title (See Instructions) ADVISOR		9 Employer (See Instructions) NEXT SOURCE
Date 03/16/2025	Full name of contributor out-of-state PAC (ID#: _____) CONOR RICE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 26.35
Principal occupation / Job title (See Instructions) CLIENT SERVICES		Employer (See Instructions) NGPVAN
Date 03/17/2025	Full name of contributor out-of-state PAC (ID#: _____) TANYA NAVALTA MARQUEZ Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 03/17/2025	Full name of contributor out-of-state PAC (ID#: _____) ANNA YAP Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) CYBER		Employer (See Instructions) AYAP
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2025	5 Full name of contributor out-of-state PAC (ID#: _____) JACOB HERNANDEZ 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 15.00
8 Principal occupation / Job title (See Instructions) ADVOCACY AND PUBLIC HEALTH		9 Employer (See Instructions) BEXAR COUNTY MEDICAL SOCIETY
Date 03/19/2025	Full name of contributor out-of-state PAC (ID#: _____) WILLIAM BAKER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 26.35
Principal occupation / Job title (See Instructions) HR DIRECTOR		Employer (See Instructions) KISD
Date 03/20/2025	Full name of contributor out-of-state PAC (ID#: _____) ERIC MICHAEL GARZA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) STATE FARM
Date 03/21/2025	Full name of contributor out-of-state PAC (ID#: _____) MARK SAMPELO Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 10.73
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions) NORTHWESTERN MUTUAL
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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) TONY INFANTE 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 52.40
8 Principal occupation / Job title (See Instructions) UNEMPLOYED		9 Employer (See Instructions) UNEMPLOYED
Date 03/22/2025	Full name of contributor out-of-state PAC (ID#: _____) STEPHEN RAPKIN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/22/2025	Full name of contributor out-of-state PAC (ID#: _____) LAWRENCE ROMO Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/22/2025	Full name of contributor out-of-state PAC (ID#: _____) ADELFA REYNA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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: **17****2** FILER NAME

NICOLETTE M. ARDIENTE

3 Filer ID (Ethics Commission Filers)**4** Date

03/23/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

ZADA COURAGE

7 Amount of contribution (\$)**26.35****6** Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

03/23/2025

Full name of contributor

out-of-state PAC (ID#: _____)

KATRINKA HANSEN

Amount of contribution (\$)

26.35

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

BOARD MEMBER

Employer (See Instructions)

BEXAR APPRAISAL REVIEW BOARD

Date

03/24/2025

Full name of contributor

out-of-state PAC (ID#: _____)

JOHN R CHAVEZ

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

03/26/2025

Full name of contributor

out-of-state PAC (ID#: _____)

ASHLEY CHENG

Amount of contribution (\$)

52.40

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

COMMUNICATIONS

Employer (See Instructions)

SELF

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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) TAYLOR TREVINO 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED]	7 Amount of contribution (\$) 52.40
8 Principal occupation / Job title (See Instructions) ADVOCACY MANAGER		9 Employer (See Instructions) TEXAS CIVIL RIGHTS PROJECT
Date 03/29/2025	Full name of contributor out-of-state PAC (ID#: _____) SOPHIA ANWAR [REDACTED]	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 03/29/2025	Full name of contributor out-of-state PAC (ID#: _____) JOSHUA GARCIA Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED]	Amount of contribution (\$) 26.35
Principal occupation / Job title (See Instructions) CAMPAIGN MANAGER		Employer (See Instructions) DUABLE
Date 03/29/2025	Full name of contributor out-of-state PAC (ID#: _____) JOYCE TOWNSEND Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED]	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2025	5 Full name of contributor out-of-state PAC (ID# _____) COLT OSBURN 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 108.85
8 Principal occupation / Job title (See Instructions) COUNCIL AIDE		9 Employer (See Instructions) CITY OF SAN ANTONIO CITY COUNCIL LGC
Date 03/31/2025	Full name of contributor out-of-state PAC (ID# _____) ZACK LYKE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CHIEF OF STAFF		Employer (See Instructions) COSA - MAYOR'S OFFICE
Date 03/31/2025	Full name of contributor out-of-state PAC (ID# _____) NONIE CABANA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 260.73
Principal occupation / Job title (See Instructions) ADJUNCT FACULTY		Employer (See Instructions) TAMUSA
Date 04/01/2025	Full name of contributor out-of-state PAC (ID# _____) SKYLER KORGEL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 12.00
Principal occupation / Job title (See Instructions) LEGISLATIVE DIRECTOR		Employer (See Instructions) TEXAS HOUSE OF REPRESENTATIVES
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: 17
2 FILER NAME NICOLETTE M. ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2025	5 Full name of contributor out-of-state PAC (ID#: _____) CELINA MONTOYA 6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) CDM LLC
Date 04/02/2025	Full name of contributor out-of-state PAC (ID#: _____) ZOHAIB QADRI Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) COUNCIL MEMBER		Employer (See Instructions) CITY OF AUSTIN
Date	Full name of contributor 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 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.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3	Filer ID (Ethics Commission Filers)
----------	-------------------------------------

\$ ~~0.00~~

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

8	Amount of Contribution \$
---	---------------------------

Door Literature

7 Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date _____

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address: City: State: Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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 NICOLETTE M. ARDIENTE	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2025	5 Payee name JVC MEDIA	
6 Amount (\$) 866.00	7 Payee address; City; State; Zip Code 3106 FALL CREST DR. SAN ANTONIO TX 78247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 4X8 SIGNS AND YARD SIGNS W/STAKES
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/24/2025	Payee name ROLLIN' BLOOM	
Amount (\$) 200.00	Payee address; City; State; Zip Code SAN ANTONIO, TX 78204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTACT LABOR	Description CREATIVE DESIGN FOR SIGNAGE
	Check if travel outside of Texas. Complete Schedule T. 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 03/17/2025	Payee name LOWE'S HOME IMPROVEMENT	
Amount (\$) 94.59	Payee address; City; State; Zip Code 18303 RIM DR. SAN ANTONIO, TX 78257	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MATERIALS FOR SIGNAGE: NAILS, WASHERS, PIKES
	Check if travel outside of Texas. Complete Schedule T. 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

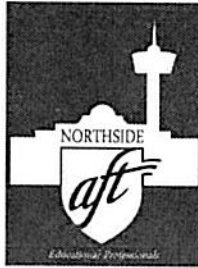
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME NICOLETTE M. ARDIENTE	3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2025	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) 73.00	7 Payee address; City; State; Zip Code 1140 LAREDO ST., SAN ANTONIO TX 78204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description STAMPS
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/03/2025	Payee name STAPLES	
Amount (\$) 8.23	Payee address; City; State; Zip Code 18203 RIM DR SUITE 101 SAN ANTONIO TX 78257	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description PRINTING CAMPAIGN KICKOFF FLYERS
	Check if travel outside of Texas. Complete Schedule T. 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 03/17/2025	Payee name STAPLES	
Amount (\$) 21.64	Payee address; City; State; Zip Code 18203 RIM DR SUITE 101 SAN ANTONIO TX 78257	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description PRINTING CAMPAIGN BUSINESS CARDS
	Check if travel outside of Texas. Complete Schedule T. 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		



March 28, 2025

Northside AFT Committee on Political Education (COPE)
6502 Bandera Road-Sutie 202
San Antonio, TX 78238
Phone: (210) 536-3700

Nicolette Ardiente, Candidate for School Board District 6

This letter is to notify you that Northside AFT COPE contributed a total of \$878.00 to your campaign. Please report the following in-kind contributions, which will be listed on our TEC Reports:

Date	Amount	Description
3/3/25	\$878.00	Door Lit

If you have any questions, please reach out to us at: melina@northsideaft.net

Sincerely,

Haroon Monis
COPE Committee Chair
Northside AFT COPE