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

Keep Fort Bend Moving PAC

OFFICE USE ONLY

Date Received

JAN 15 2026 RCVD

4 COMMITTEE ADDRESS

☐ Change of Address

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

503 FM 359, Ste. 130-115
Richmond TX 77406

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR — Mrs.
FIRST — Stephanie
MI
NICKNAME
LAST — Petzold
SUFFIX

Receipt #   Amount $

Date Processed

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

503 FM 359, Ste. 130-115
Richmond, TX 77406

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

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

503 FM 359, Ste. 130-115
Richmond TX 77406

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(832) 350-8148

9 REPORT TYPE

☑ January 15
☐ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded Modified Reporting Limit
☐ Dissolution Report (Attached PAC-FR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year
7 / 1 / 2025

THROUGH

Month Day Year
12 / 31 / 2025

11 ELECTION

ELECTION DATE
Month Day Year
/ /

ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other
☐ General ☐ Special Description —

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

12 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE / OFFICEHOLDER NAME
	☐ CANDIDATE	
	☐ OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
☐ SUPPORT (Candidate or Measure)		BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year
☐ OPPOSE (Candidate or Measure)	☐ MEASURE	DESCRIPTION
☐ ASSIST (Officeholder)		

15 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)	$ -0-
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ -0-
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 802.05
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 19,518.18
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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 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 _Stephanie Petzold_ , and my date of birth is _12/26/1967_ .

My address is _1114 Plantation Dr._ , _Richmond_ , _TX_ , _77406_ _US_ .
   (street)   (city)   (state)   (zip code)(country)

Executed in _Fort Bend_ County, State of _Texas_ , on the _8th_ day of _January_ , 20 _26_ .
                                   (month)   (year)

_____
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

17	COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)

19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$	0
2.	☐ SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$	0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$	0
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$	0
5.	☐ SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$	0
6.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$	0
7.	☐ SCHEDULE E: LOANS	$	0
8.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	802.05
9.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$	0
10.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$	0
11.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$	0
12.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$	0
13.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	0
14.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$	0

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 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date 7-7-2025

5 Payee name Office Depot

6 Amount ($) 86.05

7 Payee address; 415 S. Fry Rd.   **City;** Katy   **State;** TX   **Zip Code** 77450

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Office Supplies

(b) Description: Printer Ink

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date 11-20-2025

Payee name The UPS Store

Amount ($) 216.00

Payee address; 503 FM 359, Ste. 130   **City;** Richmond   **State;** TX   **Zip Code** 77406

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Office Overhead

Description: P.O. Box Rental

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date 11-13-2025

Payee name Elite Storage

Amount ($) 500.00

Payee address; 9823 Harlem Rd. #9823   **City;** Richmond   **State;** TX   **Zip Code** 77407

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Office Overhead

Description: Storage Unit.

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED