CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		· · · · · · · · · · · · · · · · · · ·			
The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethica Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Robert	MI	OFFICE	USE ONLY
NAME				Date Received	
1	NICKNAME	LAST Plaunt	suffix Jr.		
	Bobby	Blount			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 13450 Sunn	; APT / SUITE #; C yview Trails San /	erry, state; zip code Antonio TX 78253		;
Change of Address					
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(210)	334-1320			I Amount &
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mrs.	Sandra	*************************	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Sandoval			
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / St		STATE;	ZIP CODE
TREASURER ADDRESS	13450 Sunn	yview Trails	San Antonio	TX	78253
(Residence or Business)			·		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER	040	040 0000			
PHONE	(210)	643-3300		. <u> </u>	
9 REPORT TYPE	Jamuary 15	30th day before el	ection Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	etion Exceeded Modified Reporting Limit	Final Repor	(Atlach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	7	/ 1 / 23	THROUGH 12	/ 31 / 23	
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		
,,	Month Day	Year	Runoff Other Description		
		General	Special		
1					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	į
	Northside I	SD District #4			
14 NOTICE FROM POLITICAL	THE ASSESSMENT LABOUR	PEUAI DED TUEGE EVGENATTIBES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CAN LED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OF I
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	•		
		COMMITTEE ADDRESS			
Additional Pages	GENERAL				
_	8PECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO	PAGE 2		
		90 10	1 AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		11000	
15 C/OH NAME Robert Blount, Jr.	16 FI	ler ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	257.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	15,817.50
18 SIGNATURE	swear, or affirm, under penalty of perjury, that the accompanying report is true and equired to be reported by me under Title 15, Election Code.	correct	and includes all information
	Signature of Candida	te or O	fficeholder
	Signature of Contract		
	Please complete either option below:		
(1) Affidavit			
NOTARY STAMP/SI	EAL		
		ч	av of
Swom to and subscrib	ed peloto tuo p)	W	~ J ~ ·
20, to cer	tify which, witness my hand and seal of office.		
Signature of officer admin	Istering cath Printed name of officer administering cath	Titl	e of officer edministering oath
	OR		
(2) Unsworn Declar			
My name is Robert	Blount, Jr and my date of birth is 01	/31/1	959
My address is 13450	Sunnyview Trails San Antonio TX	_, 782	<u>253 Bexar</u> .
INT AMMINAN IS	(atreet) (city) (state		code) (country)
Executed in Bexar	County, State of Texas , on the 9th day of January	7	20 <mark>24</mark>
		1	older (Dagleront)
	Signature of Candidate	hincend	अवस (प्रस्वाधिकार)

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The C/OH Instruction (1 folios Mainten	Bitaba Basan Pikerbi	
I CANDEDAM / OFFILEHOLDER NAME	Mrs.	tina: Carol	İ	f, à I	OFFICEUSEONLY
	MIC SILVANS	Harle		टाइ≱ो हद्दर	Egge Merk -♥³
4 CANDIDATE OFFICEHOLDER MARING ADDRESS	423 Cliffside	Dr. Shavano Par	k, TX 78231	pase of a state	
Charge of Address	-	_			
6 CANDIDATE OFFICEHOLDER PHONE	(210)	954-4208	k a Fig. 1	·····································	Days right-delivered or take dispressions
B CAMPAIGN TREASURER NAME	Mrs was un	Sylvia	e karangan laka ng ng	\$21	Harant W
•	MICHANI	Vasquez		Gr'Es e e	trate tempera
7 CAMPAIGN 1HLASURER ADDRESS 1ROWNERS OF BUSINESS		Wiew Falr Oaks F			STAFA EP COME
B CAMPAIGN TREASURER PHONE	WEA CLOS	^{реоне} малея 789-1001	最大主要的		abughado o y mgamanana kitimagandina in - udit iyo daan a sa doo iyo inga ayaa ya ayaasada (ya anaa
9 REPORT TYPE	July 15	John day before	Manada da	isogli specied the Med	Fig. day about the origin translate apparent 49 The original Trip. Fig. Report About Chief Afri
10 PERIOD	and other spirales are been supported by the second of the balls of		Polyconics of the second secon	inguestang (end historia	Elitery Yeard
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11 FLECTION	F: renoa a	et):	r Nicons	ELES TRAFIT TYPE	
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12 OFFICE	CHEEL WILD IS MY		13 OFFIL	E BENDHIF - 18 between	5i
14 NOTICE FROM POLITICAL	Sand A Charming Sec. 454-55	PERSONAL PROPERTY AND CONTRACTOR	en may mave been mad	郷 はくりゃくなげ りゃま さんき	HADE BY POLITICAL COMMITTEEN TO SUPPORT CHAFFE ON CONCOLORIS KNOWLEDGE ON THE PRECITY NOTICE OF SIGH EXPENDETURES.
COMMITTEE(S)	COMMITTEE TEFF	COMMITTE HAME			
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	E / OFFICEH I FINANCE R	IOLDER REPORT		COVE	FORM R SHEE	C/OH T PG 2
C/OH NAME arol Harle						
7 CONTRIBUTION TOTALS	1 101				(Ethics Curenes)	
TOTALS	PUPDOES LO	MIZED POLITICAL CONTRIB DANS OR GUARANTEES OF ONS MADE ELECTRONICALI	UTIONS LOTHER THAN			0.00
EXPENDITURE	TOTAL POLI	TICAL CONTRIBUTIONS			S	0.00
TOTALS		MIZED POLITICAL EXPENDI			\$	0.00
	4. TOTAL POLI	ITICAL EXPENDITURES			s	0.00
CONTRIBUTION	5 TOTAL POLIT	TICAL CONTRIBUTIONS MAIN	NIAINED AS OF THE L	AST DAY	s	0.00
OUTSTANDING LOAN TOTALS	8 TOTAL PRIN	CIPAL AMOUNT OF ALL OUT IF THE REPORTING PERIOD	STANDING LOANS AS	OF THE	s	0.00
B SIGNATURE I	swear, or affirm under n	enalty of perjury, that the ac				
		Please complete e			or Officeholde	
(1) Affidavit		Please complete e			or Officeholde	
(1) Affidavit		Please complete e			or Officeholde	
(1) Affidavit NOTARY STAMP/SE	AL	Please complete e			or Officeholde	
NOTARY STAMP/SE	AL d before me by		ither option be		or Officeholde	e e e e e e e e e e e e e e e e e e e
	AL d before me by		ither option be	low:		
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NOTARY STAMP/SE Sworn to and subscribe	AL od before me by	d and seal of office. Printed name of officer adv	ither option be	low:	day of	
NOTARY STAMP / SE Sworn to and subscribe 20 to cert Signature of officer admini (2) Unsworn Declara My name is Carol L	AL of before me by fy which, witness my hand stering oath ttion Harle	d and seal of office. Printed name of officer adv	ther option be	low:	day of	ficer administers
NOTARY STAMP (SE Sworn to and subscribe 20 to cert Signature of officer admini	AL of before me by fy which, witness my hand stering oath ttion Harle	d and seal of office. Printed name of officer adv	ither option be	low:	day of	ficer administers
NOTARY STAMP / SE Sworn to and subscribe 20 to cert Signature of officer admini (2) Unsworn Declara My name is Carol L	AL d before me by fy which, witness my hand stering oath tion Harle liffside DR	d and seal of office. Printed name of officer advice.	ther option be the	low:	Z/09/1955 78231	Those administers

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME Carol Harle

3 SIGNATURE

2 Filer 10 (Ethics Commission Filers)

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ...

CAMPAIGN FUNDS

Check only one:

t do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code. § 254.204

ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

		FICEHOLDER ICE REPORT		FORM C/O COVER SHEET PG
The C/OH Instruction	Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commusion Eders)	2 Total pages filed 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Corinne	MI C	OFFICE USE ONLY
TATALL	NICKNAME	Saldana	SUFFIX	Date Recoved
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	6302 Pemv	ox APT / SUITE # woods San Antonio,	CITY STATE ZIP CODE Texas 78240	
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	PHONE NUMBER 691-2400	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		5.157	301112	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE) APT / S	UITE # CITY	STATE ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
REPORT TYPE	January 15	30th day before a	ction Exceeded Modified	15th day after campaign treasurer appointment (Officiaholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month 7	Day Year 23	THROUGH 12	0ay Yoar 23
1 ELECTION	ELECTION D Monin Day	Year Primary General	Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any NISD Board		13 OFFICE SOUGHT (if known)	
NOTICE FROM POLITICAL			CCEPTED OR POLITICAL EXPENDITURES MAD MAY HAVE BEEN MADE WITHOUT THE CANDIG ED TO REPORT THIS INFORMATION DNLY IF THE	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
1		GO TO P	ACE 2	

	E / OFFICEHOLDER N FINANCE REPORT	COVE	FORM C/OH R SHEET PG 2
15 C/OH NAME. Corinne C. Saldana		16 Filmi 10 (thics Commission Educat
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	ANS) S	0.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	s	0.00
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	S OF THE \$	0.00
(1) Affidavit			
(1) Affidavit NOTARY STAMP/SEAL			
NOTARY STAMP/SEAL		the day	of
NOTARY STAMP/SEAL		the day	of
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify to	before me by this which, witness my hand and seal of office.		of
Sworn to and subscribed 20, to certify v Signature of officer administer	before me by		
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify v	before me by		
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify we signature of officer administer (2) Unsworn Declaration My name is Corinne C	before me bythis which, witness my hand and seal of office. Fring oath Printed name of officer administering oath OR OR OR OR OR OR OR OR OR O	Title	of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify a Signature of officer administer (2) Unsworn Declaration	before me bythis which, witness my hand and seal of office. Fring oath Printed name of officer administering oath OR OR OR OR OR OR OR OR OR O	Title	of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify we signature of officer administer (2) Unsworn Declaration My name is Corinne C	before me by	Title th is 09/30/194 TX 7824 (state) (zip ci	of officer administering oath

Reset Page

Reset Form

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			J. Elleral	2 Total pages file	d:
The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commission Filers)		
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) DA	FIRST	MI	AND STREET, STREET	USEONLY
NAME	NICKNAME	SA/CIPO	SUFFIX	Date Received	
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #: C	TY; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	1806 BIG RE	ide Dr. 5	ur Antonio TX 78227		4
Change of Address	AREA CODE PHO	NE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE		83-419	3	Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MB	FIRST	MI	BEST SERVICE	
NAME	NICKNAME	LAST	SUFFIX	. Date Processed	
	SAL			Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE); APT / SU	ITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	1806 BIG RO	ock Dr	SAN ANTOMIO		
(Residence or Business)			TX 78227		
8 CAMPAIGN TREASURER	AREA CODE PHO	NE NUMBER	EXTENSION		
PHONE	(210) 38	3-4193			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff		fter campaign ppointment er Only)
	July 15	8th day before elec	ition Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Da		Month	Day Yea	
	07/0,	1/2023	THROUGH 7 &	13/120	124
H ELECTION	ELECTION DATE	Primary	Runoff Other	E	
	Month Day Yes		Runoff Other Description Special		
	05/06/202	3			
2 OFFICE	North Side 1	50 Truste	D) 5 13 OFFICE SOUGHT (if know	wn)	
4 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POL	ITICAL CONTRIBUTIONS A	CCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA ED TO REPORT THIS INFORMATION ONLY I	MADE BY POLITICAL CO	OMMITTEES TO SUPPORT OLDER'S KNOWLEDGE OR OF SUCH EXPENDITION
COMMITTEE(S)	COMMITTEE TYPE COMMI	TTEE NAME	Contract to the second	and the state of t	OUGH EAFENDITURES,
Additional Pages	GENERAL COMMI	TTEE ADDRESS			
	SPECIFIC COMMI	TTEE CAMPAIGN TREA	SURER NAME		
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	AND THE STATE OF T	COTO		CONTRACTOR OF THE STATE OF THE	CONTRACTOR OF THE PARTY OF THE

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	CAN BE STATED				Market Street Street Street
15 C/OH NAME)AUD	SALCIPO		16 Filer ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLIT- PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		\$	0
	2.	TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOANS)	\$	8
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$	8
	4.	TOTAL POLITICAL EXPEN	NDITURES	\$	0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	ST DAY \$	141.17
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS O	F THE \$	8
			, that the accompanying report is tru	e and correct	and includes all information
re	equired to be	reported by me under Title 15	, Election Code.		0
			Q Sa	had	
			Signature of Ca	andidate or Of	fficeholder
		Please com	plete either option belov	N:	
(1) Affidavit					
11) Asiladori					
NOTAEV STANDASE					
NOTARY STAMP/SEA	L				
Sworn to and subscribed	d before me	by	this the	da	y of,
20, to certify	y which, witn	ess my hand and seal of office			
Signature of officer administ	tering oath	Printed name of	officer administering oath	Title	of officer administering oath
			OR		
(2) Unsworn Declarat	ion				
My name is	0 51	alcido	, and my date of birth is	08-10	9-1964
My address is 1806	BIL	Rock Or	, SUN ANTONIA.	TX . 782	227 USA
		(street)			code) (country)
Executed in Bex21		County, State of <u>Texas</u>	, on the 15 day of JA (mont		0 <u>Z 4</u> . (year)
			Signature of Candi	idate/Office	
			Signature of Candi	date/Officenoid	er (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		1. Filer ID	2 Total pages filed:
	Guide explains how to complete this form.	(Ethics Commission Filers) 00086159	10
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Gerald B.	MI	OFFICE USE ONLY
NAME	Geralu B.	•	Date Received
	himinonaphiminiminiminiminiminiminiminiminiminimi).	ELECTRONICALLY FILED
	NICKNAME LAST Lopez	SUFFIX	01/16/2024
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	7835 Emerald Elm		Recelpt # Amount
Change of Address	San Antonio, TX 78251		Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	МІ	:
	NICKNAME LAST	SUFFIX	***************************************
		GOFFIA ,	
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)			
:			
' CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER E	XTENSION	
REPORT TYPE	X January 15 30th day before	election . Runoff	15th day after campalgn treasurer
	July 15 Eth day before e		appointment (officeholder only) Final Report (Attach C/OH-FR)
PERIOD	Month Day Year	Month Day	Year
COVERED	07/01/2023 THI	ROUGH 12/31/2023	
0 ELECTION	ELECTION DATE	ELECTION TYPE	
•		mary Runoff	Other
:	05/06/2023 X Ge	neral Special	
		i i	
1. OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT	(if known)
·	Trustee Place Seat 2 District NISD Bexar	None Place 2 Dis	
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	GO TO	D PAGE 2	
rms provided by Tex	as Ethics Commission www.eth	ics,state.tx.us	Version V3.5.1.0bfcfb67

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FROM POLITICAL COMMITTEE(S) Additional Pages	andidate / officeholder	political contributions accepted or political expenditures ma These expenditures may have been made without the car I officeholders are required to report this information only i	didate's or officenoide	r's knowledge or	
	GENERAL	-			
	- enecials			1	
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			0.00	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00	
	4. TOTAL POLITICAL EXPENDITURES			232.65	
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T RTING PERIOD	S SELAST DAY	0.0	
17 AFFIDAVIT		I swear, or affirm, under penalty of pr true and correct and includes all infol under Title 15, Election Code.	rjury, that the accomp nation required to be	anying report is reported by me	
or o	MARY ANN COLLING Notary Public, State Comm. Expires 12- Notary ID 13131	TOVAR of Texas :9-2025 331-5 Mr. Gera	d B. Lopez	Juld B	
Sworn to and sub	OTARY STAMP / SEAL A	(mm.) 1. 07	nis the	day	
May (Collins Tov	Many Collins Tova	Sec. Title of officer adm	e twy	

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 3 of 10 18 FILER NAME 19 Filer ID (Ethics Commission Filers) Lopez, Gerald B. (Mr.) 00086159 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 0.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. X \$ 0.00 SCHEDULE B: PLEDGED CONTRIBUTIONS х \$ 0.00 X SCHEDULE E: LOANS \$ 100,00 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS X \$ 232.65 X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 00,0 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS X \$ 0.00 \mathbf{x} SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 0.00 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS X \$ 0,00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11, SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. Forms provided by Texas Ethics Commission www.ethics.state.tx.us

Version V3.5.1.0bfcfb67

PLEDGED	CONTRIBL	JTIONS					SCHEDULE B
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TOTAL OF UN	ITEMIZED PLEC	GES				\$	0.00
5 Date 6 Fi	ull name of pledgor	out-of-	state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·		B Amount of pledge (\$)	9 In-kind description (If applicable)
7 P	ledgor Address;	City; Sta	te; Zip Code	76.5=6.44.74(4.746.6.).12.11.11.11.11.11.11.11.11.11.11.11.11.			1
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10 Principal occupation	on / Joh titlo /Soo lac	tructions)	,	11 Employer (S	See Instru		utside of Texas, Complete Schedule
10 Principal occupation	on Bec) and doc (ut	il detions)		En Cimpioyer (see manu	.s.c.,iaj	
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LOANS					SCHEDULE E
<u></u>	on Guide explains how to c	complete this	form.	1	ages Schedule E: /1 Rpt: 5/10
2 FILER NAME Lopez, Gerald B	3. (Mr.)			3 Filer ID 00086	(Ethics Commission Filers) 159
	IITEMIZED LOANS	:			\$
5 Date of loan 11/13/2023	7 Name of lender Lopez Sr., Gerald (Mr.)	ut-of-state P	AC (ID#;		9 Loan Amount (\$) \$100.00
6 Is lender a financial institution?	8 Lender address; City; 7835 Emerald Elm San Antonio, TX 78251	State;	Zip Code		10 Interest Rate 11 Maturity Date 11/13/2023
12 Principal occupation Self Employed 14 Description of Coll	on / Job title (See Instructions)	*	13 Employer (See Instruc Self Emplyed		<u> </u>
X None	17 Name of guarantor	-	15 Check if personal fund	ls were deposited	i into political account (See Instructions)
INFORMATION	18 Guarantor address; City;	State;	Zip Code	······································	19 Amount Guaranteed (\$)
20 Principal occupation	n		21 Employer (See Instruct	tions)	
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made by - Candidate/Officeholder/Political to Credii Card Payment	Committee Legal Services	ood/Beverage Expense Polling Expense Travel in District Sitt/Awards/Memorials Expense Printing Expense Travel Out of District		
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Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
Sch: 1/5 Rpt: 6/10	Lopez, Gerald B. (Mr.)		00086159	
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08/09/2023	Academy	·		
Amount (\$)		Zip Code		
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	San Antonio, TX 78245			
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Amount (\$)		; Zip Code		
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ΦζΙ,3ζ	2002 (topolo No	•		
	Waltham, MA 02451			
PURPOSE	(a) Category (See Categories listed at the top of this sch			
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Date	Payee name			
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		; Zip Code		
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	Waltham, MA 02451			
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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memoriala Expense Contributions/ Donations Made By -Candidate/Officehokler/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, Total pages Schedule F1: 2 FILER NAME (Ethics Commission Filers) Filer ID Sch: 2/5 Rpt: 7/10 Lopez, Gerald B. (Mr.) 00086159 4 Date Payee name 09/09/2023 EIG*CONSTANTCONTACT,CO 6 Amount (\$) Payee address: City; State; Zip Code \$21,32 1601 Trapelo RD Waltham, MA 02451 PURPOSE (a) Category (Sea Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2023 EIG*CONSTANTCONTACT.CO Amount (\$) Payee address; State; Zip Code \$21,32 1601 Trapelo RD Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **Eblast** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/04/2023 Exxon Amount (\$) Payee address; State; Zip Code \$9.35 7880 Culebra rd san antonio, TX 78251 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense for travel in district Complete ONLY if direct Candidate/Officeholder name Office sought Office held

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH

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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX B(a) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Accounting/Banking Event Expense Travel in District Travel Out of District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment Legal Services · The Instruction Guide explains how to complete this form, (Ethics Commission Filers) Filer ID 1 Total pages Schedule F1: 2 FILER NAME 00086159 Sch: 3/5 Rpt: 8/10 Lopez, Gerald B. (Mr.) 4 Date Payee name 07/08/2023 Frost Bank State: Zlp Code Payee address: City; Amount (\$) 7914 Culebra Rd \$8,00 San Antonio, TX 78251 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) ΩE Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Monthly Service Charge Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/07/2023 Frost Bank State; Zip Code Amount (\$) Payee address; City; 7914 Culebra Rd \$8.00 San Antonio, TX 78251 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) **OF** Check if travel outside of Texas, Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Monthly Service fee Candidate/Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/08/2023 Frost Bank State; Zip Code Payee address; City; Amount (\$) \$8.00 7914 Culebra Rd San Antonio, TX 78251 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texes, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly Service Charge Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F1 EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Glt/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/5 Rpt: 9/10 Lopez, Gerald B. (Mr.) 00086159 4 Date Payee name 09/09/2023 Frost Bank 6 Amount (\$) Payee address; City; State; Zip Code \$8,00 7914 Culebra Rd #100 San Antonio, TX 78251 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description OF Fees Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Monthly Service Charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/06/2023 Frost Bank Amount (\$) Payee address; City; State; Zip Code \$8.00 7914 Culebra Rd #100 Sari Antonio, TX 78251 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service Fee Complete ONLY If direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/07/2023 Frost Bank Amount (\$) Payee address; State; Zip Code \$8.00 7914 Culebra Rd #100 San Antonio, TX 78251 **PURPOSE** (a) Category (See Calegories listed at the top of this schedule) (b) Description OF Fees. EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service Charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to banefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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4	Date	5 Payee nam			<u> </u>	<u> </u>	
4	08/03/2023	1 1	MEXICAN GRILL				
6	Amount (\$)	7 Payee addr	ess, City;	State; Zip Co	ode		
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		San Antor	nio, TX 78251.			,	
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CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS (MRS) MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received reeman STATE; ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** 9592 Marton Circle Heldes TX MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210) 413-5236 **PHONE** Receipt # Amount \$ 6 CAMPAIGN **TREASURER** 2 Oka_____ Date Processed NAME NICKNAME Date Imaged Lonescu STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER **ADDRESS** 9010 Swindome Ot Su Allowo TX . 78240 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE (210) 414-9694 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 07 /01/2023 31 /2023 THROUGH ELECTION DATE 11 ELECTION Primary Runoff Other Day Year Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(\$) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONT PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$ _O. vi
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$ 0.00
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	4. TOTAL POLITICAL EXPENDITURES	3	\$ O. V
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS M OF REPORTING PERIOD	AINTAINED AS OF THE LAST D	AY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OF LAST DAY OF THE REPORTING PERIO		* 0.00
	/ear, or affirm, under penalty of perjury, that the		nd correct and includes all information
,			
		Kanthe	man
		Signature of Candid	date or Officeholder
	Please complete e	ither option below:	
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(1) Affidavit			
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NOTARY STAMP/SEA			·
Sworn to and subscribed	pefore me by	this the	day of,
20, to certify	hich, witness my hand and seal of office.		
Signature of officer administe	ng oath Printed name of officer admi	nistering oath	Title of officer administering oath
	OR		
(2) Unsworn Declarati	n .		····
My name is	- Sheeman	_, and my,date of birth is	07/10/1956
My address is	9520 Maytun Circle.	Helores,	X 78,025
Executed in <u>Bexav</u>	(street) County, State of , on t	day of	(zip code) (country)
		Signature of Candidate	/Officeholder (Declarant)

		ICEHOLDER CE REPORT				ORM C/OH HEET PG 1
The C/OH instruction	Guide explains ho	w to complete this form.	1 Filer (D (Eihic	s Commission Filars)	2 Total pages (iled 7
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MS·	FIRST	2LA	MI	OFFICE	USEONLY
NAME	NICKNAME		IRAN	SUFFIX	Data Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		X: APT / SUITE #: C 120392 TONIO, TX	78212	ZIP CODE	:	
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/2) G	PHONE NUMBER 194-0429	EXTEN	SION	Date Hand-del-vere	or Dato Posimarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST VI CT	DRTA	M F	Receipt #	Amount \$
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7 CAMPAIGN TREASURER ADDRESS	109	LOU JON C	TRCLE		STATE;	ZIP CODE
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8 CAMPAIGN TREASURER PHONE	(210)	845-396	EXTENS	DION		
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10 PERIOD COVERED	Month 67	Day Year / 01 / 2023	THROUGH	Munth	2 Day 31 You	2023
11 ELECTION	ELECTION DA	· · · · · · · · · · · · · · · · · · ·		ELECTION TYPE		\mathcal{K}_{1}
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12 OFFICE	Trustee	#3 NISD	, mar.	SOUGHT (II known)	3 NIS	SD.
14 NOTICE FROM POLITICAL	THE GANDIDATE / OFFIC	EE OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE HEEN MADE	MITHOUT THE CAND	INATE'S NO NEEREUM	DERIC MUSIUS COSE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	***************************************			The state of the s
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE	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) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE 4. TOTAL POLITICAL EXPENDITURES	\$ 500° \$ 500° \$ \$ 1.000
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CONTRIBUTION		
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES	\$ 1000
		1.000
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,672.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,672.49
(1) Affidavit	Please complete either option below:	
NOTARY STAMP/SEAL		
	fore me by this the	day of,
	ch, witness my hand and seal of office.	
Signature of officer administering	oath Printed name of officer administering oath	Title of officer administering oath
	CHEST CONTROL OF THE PROPERTY	A THE SERVICE STATE
(2) Unsworn Declaration		
(2) Unsworn Declaration My name is	10.000	14/79 18212 Bexar

SUBTOTALS - C/OH

19	FILER NAME Karla Duran	20 Filer ID (Ethlos Commis	sion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	the control of the co	SUBTOTAL AMOUNT
19	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	500·N
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	-
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	-0
4.	SCHEDULE E: LOANS	\$	266.64
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	•	1,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	2-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$	-4
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	ð
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$	-0
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11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$	-0
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Instruction Guide	explains how	to complete th	nis form.	1 Total pages Schedule A1
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pation / Job title (Se	e Instructions)	udur erin, saint eri manmannammen minn från faren mer en i Starf.	9 Employer (See Instruc	etions)
Full name of co	ontributor	∐ cut-of-state f	PAC (ID#:	Amount of contribution (\$)
Contributor ad	idress,	City:	State; Zip Code	
pation / Job title (Se	e Instructions)	AND SECURITY AND SECURITY OF THE SECURITY OF T	Employer (See Instruc	ctions)
Full name of co	ontributor	oul-of-state (PAC (ID#:]	Amount of contribution (\$)
Contributor ad	dress;	City;	State; Zip Code	
pation / Job tille (Se	e Instructions)		Employer (See Instru	ctions)
				Amount of contribution (\$)
		City:	State; Zip Code	
pation / Job title (Se	e Instructions)		Employer (See Instru	ctions)
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	Full name of co	Full name of contributor AVH Reyna 6 Contributor address: Pation / Job title (See Instructions) Full name of contributor Contributor address; Pation / Job title (See Instructions) Full name of contributor Contributor address; Pation / Job title (See Instructions) Full name of contributor Contributor address;	Full name of contributor	A Full name of contributor

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E The Instruction Guide explains how to complete this form, 2 FILER NAME 3 Filer IO (Ethics Commission Filers) Karla Duran TOTAL OF UNITEMIZED LOANS Loan Amount (\$) 266.64 is lender a financial Institution? 11 Maturity date SanAntmio, TX 78250 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guaranter address; City: State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) Out-of-state PAC (IDI): Interest rate ls lender Lender address; State; Zip Code a financial institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION City; State: Zin Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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) Advortising Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Loan Ropayment/Reimbursement Office Overhead/Rental Expanse Event Exponse Transportation Equipment & Related Expense Fees Travel In District Food/Beverage Expense Polling Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (criter a category not listed above) Candidate/Officeholder/Political Committee Logal Services Credit Card Paymont The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schodule F1 2 FILER NAME 4 Date 5 Payee name State: Zip Code 6 Amount (\$ 7 Payee address; 500 SAMMITONIO 1 TX 78258 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Advenising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule 1 Check it Austin, TX, officeholder living expense Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name INB Productions State: Zip Code Amount (\$) Payee address: SarAntmin, TX 78258 Description Category (See Categories fished at the top of this schodule) Advertising PURPOSE OF EXPENDITURE Checkif travel outside of Toxas, Complete Schedule 1. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name State; Zip Gode City; Amount (\$) Payee address: Category (See Categories fisted at the top of this schedule) Description PURPOSE EXPENDITURE Check if Auslin, TX, officeholder living expense Check if traver outside of Texas, Complete Schedule T Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schadule K: The Instruction Guide explains how to complete this form. 2 FILER NAME Kana Duran 3 Filer ID (Ethics Commission Filers) 6 Address of person from whom amount is received; City: State; Zip Co. 208 Gold Carryon D. TX 78232 Check if political contribution returned to filer eposit dividends Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; State: Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State: Zip Code Purpose for which amount is received Check if political contribution returned to filer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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