		NCE REPORT	<i>[</i>	COVER	FORM C/O SHEET PG
	n Guide explains	how to complete this form.	1 Filer ID (Ethics Commission Filer	s) 2 Total page	s filed;
3 CANDIDATE/	MS / MRS / MR	FIRST	₹		
OFFICEHOLDER NAME	MRS	۸	.* MI .*_	OFFI	CE USE ONLY
i wattir		····· \t.\t.\t.\t.\.\	E		OE OSE ONLY
	NICKNAME	LAST '	4. SUFFIX	Date Received	
4 CANDIDATE/		Hopkmar	<b>Y</b>	•	
OFFICEHOLDER	ADDRESS / PO	BOX; APT / SUITE #;	CITY, STATE; ZIP CODE		
MAILING		) b	ef.	f	
ADDRESS	1202	gampean Dr St	1 TX 78251	ł	
Change of Address			<u>ئ</u>	j	
6 CANDIDATE/	AREA CODE		<u> </u>		
OFFICEHOLDER	1 _	PHONE NUMBER	EXTENSION	Data Hand stall	
PHONE	(21p)	887-6269	<u>r</u>	vate Hand-deliver	red or Date Posimarked
6 CAMPAIGN	MS / MRS / MR		<u></u>		
TREASURER	1	FIRST	j, Mi	Receipt #	Amount \$
NAME	MRS	Blanca	<b>}</b>		
	NICKNAME	LAST	SUFFIX	Date Processed	
		Carmo	SUPPIX	Date Imaged	· · · · · · · · · · · · · · · · · · ·
7 CAMPAIGN	STREET ADDRES	Garza			
TREASURER	OTTLET ADDRES	SS (NO PO BOX PLEASE), APT / S	DITE #, CITY,	STATE.	ZIP CODE
ADDRESS	I mu s	ampson Dr SA	-, -, -,		2.1 0001
(Residence or Business)		on the pre 24	118921		
CAMPAIGN	AREA CODE		2		
TREASURER	AVEN CODE	PHONE NUMBER	EXTENSION		
PHONE	1/2/01	325-8408			
	(2.0)	203-9408	y **		
REPORT TYPE	January 15	30th day before ele			
		sour day belote en	Runoff	15th day et	fler campaign
	July 15	F*		treasurer a	ppointment er Only)
	1 20,715	8lh day before elec	lion Exceeded Modified Reporting Limit		(Altach C/OH - FR)
PERIOD	Month	Day Year			
COVERED	ا ا	/27/13	Month	Day Year	
	Т	/ L1/ L3	THROUGH 6	/30 /23	•
ELECTION	ELECTION D	DATE	ELECTION TYPE		
	Month Day	Year Primary			
	,		Control Country Description		
	5/4	23 General	Special		
OFFICE	OFFICE USES		Ì.	<del></del>	
OI FIGE	OFFICE HELD (if any	<b>n</b>	13 OFFICE SOUGHT (if known)		
		<u></u>	Trucke Sin	. ا	, , ,
NOTICE FROM	THIS BOX IS FOR NOT	CE OF POLITICAL CONTRIBUTIONS AC		e Member	District+1
POLITICAL COMMITTEE(C)	ine Candidate / Offi Consent, Candidate	CEHOLOGR. THESE EXPENDITURES M S AND OFFICEHOLDERS ARE RECVIDED	Cepted or political expenditures mad Ay have been made without the candid O to report this information only if the	DE BY POLITICAL COM	MITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	AY HAVE BEEN MADE WITHOUT THE CANDID TO REPORT THIS INFORMATION ONLY IF THE	Y RECEIVE NOTICE OF	SUCH EXPENDITURES.
		1			
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	- SENERAL				
	SPECIFIC	COMMITTEE CAMPAIGN TREASE	IDED MAAR		[
·		HEAD!	ACR NAME	-	
ĺ		COMMITTEE			J
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	~	
1					
		;			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

	<del></del>	<del> </del>			
16 C/OH NAME AMAIL HOL	2mann		749 2 1	16 File	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNIT PLEDGES, L	OANS, OR GUARANTE	ONTRIBUTIONS (OTHER TES OF LOANS, OR	THAN	\$ 0
	2. TOTAL POL	ITICAL CONTRIBUTI	ONS	!	\$ 500.00
CYDENDICION	(OTHER THA	N PLEDGES, LOANS, C	OR GUARANTEES OF LOA	ANS)	+ 300,00
EXPENDITURE TOTALS	3. TOTAL UNITE	EMIZED POLITICAL EX	PENDITURE.		\$ 0
	4. TOTAL POL	ITICAL EXPENDITUR	ES		\$ 678.95
CONTRIBUTION BALANCE	5. TOTAL POLIT OF REPORTI		MAINTAINED AS OF THE	LAST DAY	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINC LAST DAY OF	CIPAL AMOUNT OF ALL F THE REPORTING PER	OUTSTANDING LOANS A	S OF THE	\$ Q
	wear, or affirm, under pe			true and cor	rect and includes all information
	•	4	5.5.		
		<u> </u>		ノ	
			Signature of	Candidate o	r Officeholder
		<b>*</b>			
	Р	lease complete	either option bel	ow:	
		ŷ.			
		Ž.			
(1) Affidavit					
(1)111111111111111111111111111111111111					
NOTARY STAMP/SEAL	-				
Sworn to and subscribed	before me by	· ·	this 1	he	day of,
20, to certify	which, witness my hand an	nd seal of office.			
Signature of officer administer	ring oath F	Printed name of officer ad	mınistering oath		Title of officer administering oath
		OR			
(2) Unsworn Declaration	on				
٨ .	: 	M		<b>.</b> 1.	1
My name is		0-munn			
My address is 17.02	•		San Artonio.	•	(25) USA
Executed in Bexa	(street)	e Tevas ~	(city)		zip code) (country) _, 20_ <u>그 3</u> ,
Executed to		·, on	(mo	onth)	(year)
	<i>∳</i>		Signature of Ca	ndidate/Office	holder (Declarant)
	ì		organizate of Ca	namater Office	uoinei (Dacialaul)

	FORM C/OH SHEET PG 3
19 FILER NAME  A 20 Filer ID (Ethlos C	ommission Filers)
thry toffmann	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s O
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ()
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 678.95
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
B, SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURÉS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>D</i>
	-
Forms provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/2022

The street of th

## SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the	ne report.
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Hoffmann	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor   out-of-state PAC (ID#	,) 7 Amount of contribution (\$)
5/01/23	MIChael Burry  6 Contributor address, City; State; Zip Code	#5to.00
Principal occu	pation / Job title (See instructions)  8 Employer (See Instru	ructions)
Date	Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City, State; Zip Code	•••
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date	Full name of contributor out-of-state PAC (ID#  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occu	rpation / Job title (See Instructions) Employer (See Inst	ructions)
·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A  If contributor is out-of-state PAC, please see instruction guide for addition	nal reporting requirements.
	united although the first true	Revised 11/15

Forms provided by Texas Ethics Commission

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPEND	ITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Constitting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Paymen!	le By ibcal Committee	Event Expense Fees Food/Beverage E. Gift/Awards/Mem- Legal Services		Office Ov Polling E. Printing E		Transportation E Travel in Distric Travel Out Of Di	
			n Gulde explain	s how to	complete this form.	•	
1 Total pages Schedule F	1. 2 FILER N	11 00	nann	Å	:	3 Filer ID (E	hios Commission Filers)
5/03/2-3	5 Payee na		cless				
6 Amount (\$)	7 Payee ad	dress; J		1	City;	State;	Zlp Code
4427.35	354 5	state Stre	et Suit	z 201	Hackense	TH W	07601
8 PURPOSE		(See Calegories list			(b) Description		
OF EXPENDITURE		tising E	1	*	Text Ad		
	· · · · · · · · · · · · · · · · · · ·	heck if Iravel outside o		hedule T.	Check if Austin	, TX, officeholder tiv	ng expense
9 Complete ONLY if direct expenditure to benefit C/C	Candida DH	le / Officeholder	name /		Office sought		Office held
Dat <del>e</del>	Payee nam	e	į.				
5/03/23	Taco	Cabano					
Amount (\$)	Payee add	ose;	Ž.		City;	State;	Zip Code
438.27	Potra				San Antoni	o 7X	78251
PURPOSE	Category (s	ee Calegories listed	at the top of this sch	edute)	Description		•
OF EXPENDITURE	Engl -	•	<b>A</b>				
	Food E		i <sub>h</sub>		Food-for V	alunter	
Complete OMIV if I		eck ditravel outside of		dule T	Check if Austin,	TX, officeholder living	y expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate	/ Officeholder r	ame		Office sought		Office held
Date	Payee name	•					
6/22/23	Amu	Huffm	unn				
Amount (\$)	Payee addre	55;			City;	State:	Zip Code
\$213,33	12025	lumos «m	, Dv	(	Can Antina:		760
		Categories listed a		(ule)	Description	<u> </u>	78251
PURPOSE OF		y .			Description and dein	S	
EXPENDITURE	Find Ex	oense.		!	Food for Vol	unteers	
		kif fravel outside of Te:		ale T	Check if Austin, T)	(, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate ,	Officeholder n	amo		Office sought		Office held
-	ATTAC	H ADDITIONA	L COPIES OF	THIS SC	HEDULE AS NEEDE	D	
ms provided by Teyes Ethic			teases with the				1

## CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

			The instruction Guide expla			u a stit a s
		Comp	olete only if "Report Type" o	n p	· · · · · · · · · · · · · · · · · · ·	
1	C/OH N	AME			2 1	iler ID (Ethics Commission Filers)
Αп	ny Hoff	mann		_		
3	SIGNAT	TURE		***		
	desional	ing a report as a final re	cel contributions or political expenses of terminates my campaign to any campaign expenditures wi	Dasl	rer appointment. I also under a campaign treasurer appoint	stand that I may not accept any
4	FILER	WHO IS NOT AN OF	FICEHOLDER  if you are not an officehold	or.	••	
	<b>A</b>	CAMPAIGN FUNDS				!
	Check	only one:				
		I do not have unexpen	ded contributions or unexpende	d int	erest or income earned from p	olitical contributions.
		may not convert unex personal use. I also unexpended contributi filing this final report.	pended political contributions o	r une Innua Icom I disp	expended interest or income of the report of unexpended contribut the earned on political contribut the political contributions of unexpended political c	ontributions and unexpended
	<b>B</b> .	ASSETS				
	Chec	yonly one:				
			purchased with political contribu			
		that I may not convert	assets purchased with political on inderstand that I must dispose of	contr	ibutions or interest or other inc ets purchased with political co	olitical contributions. I understand come from political contributions to ntributions in accordance with the ature of Candidate
5	OFFIC ** Com	I am aware that I remain file. I am also aware th an officeholder, I retain	iy if you are an officeholder  n subject to filing requirements ap at i will be required to file reports political contributions, interest or	plica of u	nexpended contributions if, after ar income from political contrib	not have a campaign treasurer on or filing the last required report as utions, or assets purchased with
					Signa	ture of Officeholder
L For	rms provid	ed by Texas Ethics Com	Reset Form	cs.s	Reset Page	Revised 8/17/2020

#### **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. 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY OFFICEHOLDER Mr. Robert NAME Date Received NICKNAME LAST SUFFIX Bobby **Blount** Jr. APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE

OFFICEHOLDER MAILING ADDRESS		yview Trails o, Texas 78253	TI, STATE, ZIP GODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210 )	9HONE NUMBER 334-1320	EXTENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Sandra	МІ	Receipt #  Date Processed	Amount \$
	NICKNAME	Sandoval	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	13450 Sunn	(NO PO BOX PLEASE); APT / SUIT yview Trails , Texas 78253	TE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 210 )	рноме мимвек 643-3300	EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day before election		treasurer a (Officeholde	
10 PERIOD COVERED	Month 4	Day Year / 27 / 23	THROUGH Month	Day 30 Year 23	
11 ELECTION	Month Day	Year Primary  23 General	Runoff Other Description Special	1+4	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES M.	CEPTED OR POLITICAL EXPENDITURES M NAY HAVE BEEN MADE WITHOUT THE CAND D TO REPORT THIS INFORMATION ONLY IF T	MONTE'S OF OFFICEROL	DEDIC VNOUN FROM OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		
		GO TO P	AGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	+ Blount, J1	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,694.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD.	\$ 257.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	<sup>™</sup> \$ 15,817.50
1	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	WALLA	Q ·
	Signature of Ca	didate or Officeholder
_		
,	Please complete either option below	:
(1) Affidavit		
		•
NOTARY STAMP/SEAL		
Sworn to and subscribed		, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	+ Blown, T, and my date of birth is	1/31/59
My address is		5. 79253 Baxa.
Executed in	(street) (city) (s County, State of <u>Texas</u> , on the 16 day of 5 u	ate) (zip code) (country)
<del></del>	1 A A (month)	(year)
	Signature of Candid	ate/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	20 1 16	r ID (Ethics Commis	sion Filers)
	Robert Blound, Sc		
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B; PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	2,500.00
.5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$	
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIE	SUTIONS \$	- 10 pt.
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	11,694.79
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	TURNED \$	

### SCHEDULE A1

If the reques	ted 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:
2 FILER NAME	Robert Blown, 5,	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Luis Ahumada	7 Amount of contribution (\$)
04/29/2023	6 Contributor address; City; State; Zip Code 9443 Marsh Creek San Antonio, TX 78250	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
06/12/2023	Good Governance PAC  Contributor address: City; State; Zip Code  PO Box 90851 San Antonio, TX 78258	50.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	lions)
Date ,	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
, <u>, , , , , , , , , , , , , , , , , , </u>		
	,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

#### **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 ID (Ethics Commission Filers) Robert Blount, Jr. 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan Name of lender ☐ out-of-state PAC (ID#: Loan Amount (\$) 05/04/2023 Robert Blount, Jr. 1,100.00 10 Interest rate is lender 8 Lender address: State; Zip Code a financial 0.00 Institution? 13450 Sunnyivew Trails San Antonio, TX 78253 11 Maturity date □ Y ■ N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor addrass; City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Data of loan Name of lender Loan Amount (\$) ut-of-state PAC (ID#:\_ 05/20/2023 2,500.00 Robert Blount, Jr. Interest rate ls lender Lendar address; City: a financial 0.00

Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		
none		adobatii (dee iijaiida)	0113)	
GUARANTOR Name of guarantor INFORMATION			Amount Guaranteed (\$)	

13450 Sunnyivew Trails San Antonio, TX 78253

City;

Principal Occupation (See Instructions) Employer (See Instructions)

Guarantor address;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

State; Zip Code

not applicable

Institution?

Maturity date

### EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date **Election Support Services** 05/06/2023 State; Zip Code 8 Payee address; City; 7 Amount (\$) 2611 Rompei Pass San Antonio, TX 78232 4.164.00 TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Text messaging and blockwalking services Advertising Expense PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Election Support Services 05/10/2023 Zip Code City; State: Payee address; Amount (\$) 2611 Rompei Pass San Antonio, TX 78232 4,503.41 TYPE OF Non-Political 0 Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Graphics and direct mail Advertising Expense PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidets/Officeholder/Political Committee

Event Expense Fees Food/Bevarage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Traval Out Of District

Candidete/Officeholder/Politic	al Committee Legal Services Salaries M  The Instruction Guide explains how to c	vages/Contract Labor omplete this form.	Other (enter a category not listed abova)
1 Total pages Schedule F4:	2 FILER NAME Robert Blownt, Jr	,	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CF	REDIT GARD	\$
5 Date	. 6 Payes name		
05/22/2023	Election Support Services		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
2,251.13	2611 Rompel Pass San Antonio, TX	78232	·
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF Expenditure	Advertising Expense	Text messagi	ng
ż	(c) Check if travel outside of Texes, Complete Schedule T.	Check if Aus	lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ffice sought	Office held
Date 05/22/2023	Election Support Services		
Amount (\$)	Payee address;	City;	State; Zip Code
776.25	2611 Rompel Pass San Antonio, TX	78232	
TYPE OF Expenditure	Political Non-Po	litical	
	Category (See Calegories listed at the top of this schedule)	Description	, <u>, , , , , , , , , , , , , , , , , , </u>
PURPOSE OF Expenditure	Advertising Expense	Door hangers	
	Check if travel outside of Texas, Complete Schedule T.	Check If Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expanditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held
		***************************************	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEE	DED

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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. 3 CANDIDATE / MS / MRS / MR Μŧ OFFICE USE ONLY **OFFICEHOLDER** Corinne C Mrs NAME Date Received NICKNAME LAST SUFFIX Saldana APT / SUITE #; 4 CANDIDATE/ ADDRESS / PQ BOX; CITY; STATE; ZIP CODE OFFICEHOLDER 6302 Pemwoods San Antonio, TX 78240 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210 ) 691-2400 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) AREA CODE PRONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Month Day COVERED 30 23 / 23 1 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SQUGHT (If known) 12 OFFICE Northiside ISD School Board 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Corinne C. Saldana 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 0.00CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 0.00(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3, TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 0.00**TOTAL POLITICAL EXPENDITURES** 0.00CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.00**BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00**LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD 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. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by \_\_\_\_\_ \_\_\_\_\_ this the \_\_\_\_ day of \_\_\_, 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 , and my date of birth is September 30, 1948 My name is Corinne C. Saldana My address is 6302 Pemwoods San Antonio 78240 Bexar (street) (city) (state) (zip code) (country) Executed in Bexar , on the 17 day of July

County, State of Texas

2023

(month)

Signature of Candidate/Officeholder (Declarant)

#### 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** DAVID NAME Date Received SALCIDA 4 CANDIDATE/ ADDRESS / PO BOX: **OFFICEHOLDER** 1806 BIG ROCK Dr SAN TX 78227 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 383-4193 (Z/O) PHONE Receipt # Amount \$ MS / MRS (MR) 6 CAMPAIGN **TREASURER** 1)AVID Date Processed NAME NICKNAME SUFFIX Date Imaged SALCIDO CITY: 7 CAMPAIGN STATE ZIP CODE **TREASURER** 1806 Blb Rock Dr. Antour **ADDRESS** 18227 (Residence or Business) PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** (210) 383-4193 PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 27 2023 06/30/2023 04 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Day Year | General Special 2013 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Northside ISD Truster SMD 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

17 CONTRIBUTION TOTALS  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)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  18 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true and required to be reported by me under Title 15, Election Code.	\$ 191, 11
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 38.51 \$ 141,17 \$ 0
TOTALS  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 38.51 \$ 141,17 \$ 0
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  18 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true and other penalty of perjury.	\$ 141,17
BALANCE  OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  18 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true and other period is true and other penalty.	\$ 191, 11
LOAN TOTALS  LAST DAY OF THE REPORTING PERIOD  18 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true and or penalty of perjury.	X
	correct and includes all information
Please complete either option below:	
(1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by this the	day of
Signature of officer administering oath  Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	
	- 10 19/1/
My name is DAULD SAICIOU, and my date of birth is 05 My address is 1806 BIG Rock DC 'SAN ANTONIO 72	78227 USA
	(zip code) (country) 20 2 3 Vear)

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#### SCHEDULE !

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to con	nplete this form.	
1 Total pages Schedule i:	2 FILER NAME DAVID SALCIDO	ì	Filer ID (Ethics Commission Filers)
4 Date 5/6/23	5 Payee name Office Depot		
6 Amount (\$)	7 Payee address;	City	State Zip Code
6.50	119 SW Loop 410	SAA Antonia	78245
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Printing Of // Ferefive	(b) Description (See instraction (See instraction))	uctions regarding type of information
Date 5/1/23	Payee name  HBB Foods		
Amount (\$)	Payee address;	City	State Zip Code
32.01	8219 MArbad Rd	52n Automo	TX 78227
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)  Volvetur Swalls	required )	uctions regarding type of information  SW2 45
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instru	uctions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instru	ictions regarding type of information
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	D

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#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE / MS/MRS/MR FIRST MI MS. Karla **OFFICEHOLDER** OFFICE USE ONLY NAME Date Received NICKNAME SUFFIX Duran 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; ZIP CODE **OFFICEHOLDER** P.O. BOX 120392 MAILING San Antonio, Texas 78212 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER ( 512) 994-0429 **OFFICEHOLDER** PHONE Date Hand-delivered or Date Postmarked Amount \$ 6 CAMPAIGN MS / MRS / MR TREASURER NAME Date Processed Mrs. Victoria NICKNAME LAST Date Imaged SUFFIX Herrera 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE ZIP CODE TREASURER **ADDRESS** 109 Lou Jon Circle (Residence or Business) San Antonio, Texas 78213 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (210) 845-3905 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign (Officeholder Only) X July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED Month Day 27 4 23 THROUGH 30 11 ELECTION ELECTION DATEELECTION TYPE Month Day □ Other Description Northside ISD School Board Trustee 12 OFFICE OFFICE SOUGHT (if known) OFFICE HELD (if any) Trustee Trustee #3 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. 14 NOTICE FROM POLITICAL COMMITTEE TYPE COMMITTEE NAME

## CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 21550 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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 \_ , 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 (2) Unsworn Declaration Box 20392 ... san Antonib \_\_\_\_\_, and my date of birth is 3/19 Bexar county, State of Texas, on the 2 day of Angust

Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME KANLA DUVAN	ommission Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 2550
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 4392.75	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s D	
4.	SCHEDULE E: LOANS	\$ 266. 64	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	\$2,468.30	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s - <del>0</del>	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	s D	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s D	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	s D	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	s D	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	s A
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	S

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Date   S Full name of contributor   Out-of-state PAC (IDS   100   05   05	The I	nstruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2   2023   LovAine Young   100 05   1	FILER NAME	Karla Duran		3 Filer ID (Ethics Commission Filers
Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$ 50,00 Contributor address; City; State; Zip Code 50,00 Contributor address; City; State; Zip Code 50,00 Frincipal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$ 51/1003 Contributor address; City; State; Zip Code 50.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)		Lordine young		Amount of contribution (\$)
Employer (See Instructions)   Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$    Sing Sandwal	Date 5/1/2023	Enka prosper		Amount of contribution (\$)
Shing Sandwal  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date Full name of contributor		Gina Sandoval		Amount of contribution (\$)
lieda Marris	Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
6/1/2023 Contributor address; City; State; Zip Code 5	Date 6/1/2023	Linda Maniz	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
FILER NAME	Karla Duran		3 Filer ID (Ethics Commission Filers
5/9/23	5 Full name of contributor  Sonja Movdy  6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date 6/8/23	Full name of contributor out-of-state PAC (ID  AMAM REYNA  Contributor address; City,	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 5/12/23	Dan Barrett	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 5/12/23	Jesse McNeil	State; Zip Code	Amount of contribution (\$)
Principal occupa	ition / Job title (See Instructions)	Employer (See Instruction	ns)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:3
2 FILER NAME			3 Filer ID (Ethics Commission Filers
4 Date 5 12 2023	5 Edler	(ID#:) State; Zip Code	7 Amount of contribution (\$)
B Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 5 12 2023	Chris Alderete	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 5/12/2013	Shana Robinson	State, Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruction	ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
FILER NAM	re Karla Duran		3 Filer ID (Ethics Commission Filers)
TOTAL (	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 4,392 75
Date 5/9/23	7.0	Zip Code	8 Amount of Sont Solution   9 In-kind contribution description   4   392,75   Mailings   Check if travel outside of Texas. Complete Schedu
O Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
2 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions
4 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL
6 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of Contribution \$ In-kind contribution description
			Contribution \$ description
Principal occ	Contributor address; City; State;	Employe	Contribution \$ description
Principal occ	Contributor address; City; State; upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	Contribution \$ description   d
Principal occ Contributor's Contributor's	Contributor address; City; State;  upation / Job title (FOR NON-JUDICIAL) (See Instructions)  principal occupation (FOR JUDICIAL)	Employer	Contribution \$   description
Principal occ Contributor's Contributor's	Contributor address; City; State;  upation / Job title (FOR NON-JUDICIAL) (See Instructions)  principal occupation (FOR JUDICIAL)  employer/law firm (FOR JUDICIAL)	Employer	Contribution \$   description
Principal occ Contributor's Contributor's	Contributor address; City; State;  upation / Job title (FOR NON-JUDICIAL) (See Instructions)  principal occupation (FOR JUDICIAL)  employer/law firm (FOR JUDICIAL)	Employer	Contribution \$   description
Principal occ Contributor's Contributor's	Contributor address; City; State;  upation / Job title (FOR NON-JUDICIAL) (See Instructions)  principal occupation (FOR JUDICIAL)  employer/law firm (FOR JUDICIAL)	Employer	Contribution \$   description
Principal occ Contributor's Contributor's	Contributor address; City; State;  upation / Job title (FOR NON-JUDICIAL) (See Instructions)  principal occupation (FOR JUDICIAL)  employer/law firm (FOR JUDICIAL)	Employer	Contribution \$   description

#### SCHEDULE E LOANS 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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Karla Duran TOTAL OF UNITEMIZED LOANS Loan Amount (\$) Date of loan 266.64 State: Zip Code a financial Institution? 11 Maturity date San Antonio 17x 78250 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) ACD 15 Check if personal funds were deposited into political account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; City: not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) out-of-state PAC (ID#:\_ Date of loan Interest rate State; Zip Code City; Lender address; is lender Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION State; Zip Code Guarantor address; City; not applicable Employer (See Instructions) Principal Occupation (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	not applicable, DO NOT incl	ude this page in the I	report.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment	e By Food/Severage Expense Gift/Awards/Memorials Expense Printeral Committee Legal Services Sal	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense niting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME LANGE Dur		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/23	5 Payee name		(=====================================
6 Amount (\$) 57.89	7 Payee address, 4531 NW Loop 410	City, San Ant	State; Zip Code Wio TK 78229
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food   Bvg Expense  (c)   Check if travel outside at Taylor But the schedule	(b) Description Found for	volunteers
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office has been lexas. Complete Schedule	Check if Austin	. TX, officeholder living expense Office held
Date Al 29   23	Payee name La Prensa		
5 00 °°°	Payee address; 10730 Potanco Ld.	city; Stc. 122-2	State: Zip Code 79 SA, TX 78251
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ANUMENTS Expense	Description div	ect mkty expense/ fising
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, 7	X, officeholder living expense Office held
5/1/23	Payee name Whataburger		
Amount (\$)	Payee address: 8756 PM 471 West	city; SA 7	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Ford / BM Expense	Description Fwd 6	r Volunteers
omplete ONLY if direct penditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX Office sought	officeholder living expense Office held

#### 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 Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense Travel In District Travel Out Of District Printing Expense Legal Services Salaries/Wages/Contract Labor Credit Card Payment 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) 5 Payee name 4 Date 6 Amount (\$) 7 Payee address; Zip Code 250,00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 6/13/23 Amount (\$) Payee address; City; Zip Code 78212 781.50 Rejublisament Category (See Categories listed at the top of this schedule) Description PURPOSE Loan feparment EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Anedot fo Poydias St. Payee address; Amount (\$) Zip Code New orleans Category (See Categories listed at the top of this schedule) Description PURPOSE muie donations Lux EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office O Food/Beverage Expense Polling B Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Travel In District Expense Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME KANA DU	
4 Date 5/11/23	5 Payee name Linda Malamado	
6 Amount (\$) 500,00	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held
Date 5/10/23	Payee name La Soventina	
Amount (\$)	9336 Cullbra Rd.	City; State; Zip Code  SA, TX 78228
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) To od I BVB Expense	Ford for Volunteers
	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 5/12/23	Payee name  Q VICTRIP	
Amount (\$)	Payee address; 6461 Bandna Rd	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Travel in dishid	Fuel for volunteen
	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

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 co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NAME KANG Duran	3 Filer ID (Ethics Commission Filers)			
4 Date 6/6/23	5 Payee name Original Donut &	Shop			
6 Amount (\$) 25.64	7 Payee address; 3307 Fredericksburg fd	City;	State;	Zip Code 7820	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fould Byg Expense	(b) Description	for Volus	nteers	
	(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/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
5/10/23	Mister Diablo				
Amount (\$)	Payee address,	City;	State;	Zip Code	
12.45	123 Apples St.	SanAnton	ib TX	78215	
PURPOSE OF EXPENDITURE	Food I Byg Expense	Food f	or Volum	teer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	9	Office held	
5/9/23	Payee name Wash Tub				
Amount (\$)	Payee address; 384 Fredericksburg Rd	City.	State;	Zip Code 7820/	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description WWW.	ten g	ifts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living	eznenze	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED		

# 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.

The	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
FILER NAME	Karla Duran	3 Filer ID (Ethics	s Commission Filers)
7/3/1/23	5 Name of person from whom amount is received  Firstmouk FCU  6 Address of person from whom amount is received: City: State	e; Zip Code	8 Amount (\$)
	7 Purpose for which amount is received Check if po	98232	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if po	olitical contribution r	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	olitical contribution r	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	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS) MR	CAROL	MI	OFFIC	E USE ONLY
NAME	NICKNAME	HARLE	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	. Cliffsio	1 -1-7 0 - 1		
Change of Address	Sha	vano Par	L, 1X 78231		
5 CANDIDATE/ OFFICEHOLDER PHONE	(2/0)	954-42	0 6	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR	Via Vasa	quez	Receipt #	Amount S
NAME	NICKNAME J			Date Processed	
	NICKNAME >	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); , APT / SI	olo View F	STATE;	Caks,
(Residence or Business)				7	8015
8 CAMPAIGN TREASURER PHONE	(210)	789 - 1	EXTENSION (		
9 REPORT TYPE	January 15  July 15	30th day before electrical and a second seco		treasurer (Officehold	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Ye	
		01/2023	THROUGH 06	30 a	023
11 ELECTION	ELECTION D		ELECTION TYPE		
	Month Day	Year Primary  25 General	Runoff Other Description Special		
2 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known)		
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEMOLDER. IMESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF TI	IDATES OF OFFICERO	I DEDIE WHOMA FRACE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	EU IO NEI OM TINOM OMBATION ONET IF II	HET RECEIVE NOTICE C	OF SOCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
		GO TO F	PAGE 2		



### FOURTH ADMINISTRATIVE JUDICIAL REGION

100 DOLOROSA, RM. 4.08 SAN ANTONIO, TEXAS 78205

SID L. HARLE, PRESIDING JUDGE TELEPHONE (210) 269-0197 LESLIE BOCHNIAK, ADMINISTRATIVE ASSISTANT

TELEPHONE (210) 335-3954 CELL (210) 288-9827 Imbochniak@aol.com

FAX TRANSMISSION COVER SHEET DATE:	
This fax is from: JUDGE SID L. HARLE	
Phone No.: 210 269-0197	
Email: sidharle@gmail.com	
This email/fax is for: Kelly rast, 9 n/so,  Organization: Location:	net
Phone No.: Fax No.:	
Email:	
Total number of pages including this cover sheet:	4/

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) AROL 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 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 , 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 (2) Unsworn Declaration and my date of birth is (street) (city) (state) (zip code) (country) Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

19 FILER NAME CAROL HARLO		20 Filer ID (Ethics Con	ımlsslon Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL	CONTRIBUTIONS		\$ ()
2. SCHEDULE A2: NON-MONETARY (IN-KI	ND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTION	ns.		\$ 0
4, SCHEDULE E: LOANS			\$ ()
5. SCHEDULE F1: POLITICAL EXPENDIT	JRES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6, SCHEDULE F2: UNPAID INCURRED OB	IGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVES	TMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 2
8. SCHEDULE F4: EXPENDITURES MADI	BY CREDIT CARD		3 ()
9. SCHEDULE G: POLITICAL EXPENDITU	RES MADE FROM PERSONAL FU	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM	POLITICAL CONTRIBUTIONS TO	BUSINESS OF C/OH	\$
11. SCHEDULEI: NON-POLITICAL EXPEND	TURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ ()
12. SCHEDULE K: INTEREST, CREDITS, G	AINS, REFUNDS, AND CONTRIBU	TIONS RETURNED	\$ ()
			. •
			•

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 8 00086159 CANDIDATE / MS/MRS/MR FIRST М OFFICE USE ONLY OFFICEHOLDER Gerald B, NAME Date Received LAST NICKNAME **SUFFIX** Lopez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 7835 Emerald Elm MAILING Receipt# Amount **ADDRESS** Change of Address San Antonio, TX 78251 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI TREASURER NAME NICKNAME LAST SUFFIX STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** 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 Final Report (Attach C/OH-FR) reporting limit **PERIOD** Month Day Year Year Month Day COVERED 05/07/2023 THROUGH 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/06/2023 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Trustee Place 2 District NISD Bexar Trustee Place SMD 2 District NISD **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.a18ea2ca

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2

2 of 8

<b>13</b> C / OH NAME	Lopez, Gerald B. (Mr	)	14 Filer ID 00086159	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL	ann didata / officebolder	political contributions accepted or political expenditu These expenditures may have been made without a I officeholders are required to report this information	res made by political of the candidate's or offic	enolaer's knowleage of
COMMITTEE(S)  Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Good Governance PAC		
		COMMITTEE ADDRESS		
	SPECIFIC			
		San Antonio, TX		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Mora, Linda		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		San Antonio, TX		
16 CONTRIBUTION TOTALS	TOTAL UNITEM     OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE	N PLEDGES, LOANS, CTRONICALLY)	\$ 50.00
	2, TOTAL POLITIC (OTHER THAN I	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 50.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 726.71
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 1,453.42
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 29.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ad Ill information required	ccompanying report is to be reported by me
S CONTRACTOR OF THE SECOND SEC	MARY ANN COLLINS Notary Public, State of Comm. Expires 12-2 Notary ID 131316	TOVAR of Texas 9-2025	f candidate of Officethe	older
	TARY STAMP / SEAL AB			
Sworn to and subso	cribed before me, by the s	aid Gerald Coperaterity which, witness my hand and seal of office.	**, this the	day
Signature of dan	Collum To	Printed name of officer administering	Tover 5-	er administering oath

#### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 10

					3 07 10
18 FIL	ER NA	ME	19 Filer ID	(Ethics Com	mission Filers)
	•	erald B. (Mr.)	00086159		
		E SUBTOTALS SCHEDULE	· · · · · · · · · · · · · · · · · · ·	SUBTO	DTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	500.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	298.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5,	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	>	\$	891.88
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	)F C/OH	\$	n/
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	
	'			······································	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>E A1</b>
	The Instru	ction Guide explains how to complete this		Total pages Schedule A1: Sch: 1/1 Rpt: 4/10		
2	FILER NAME Lopez, Gera	ld B. (Mr.)			Filer ID (Ethics Commission 00086159	Filers)
4	Date 05/02/2023	<ul> <li>5 Full name of contributor  out-of-state PAC (ID# Avila, Bill (Ms.)</li> <li>6 Contributor address; City; State; Zip Code</li> <li>5 Remington Way</li> <li>san antonio, TX 78258</li> </ul>		ž	Amount of Contribution (\$)	\$500,00
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Bracewell Law Firm	s)		
F	orms provided	by Texas Ethics Commission www.eth	ics.state.tx.us		Version V3,5.2	1.7bd706d

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instr	uction Guide explains how to complete this	form.	1 Total pages Schedule A2:			
			Sch: 1/1 Rpt: 5/10			
2 FILER NAM			3 Filer ID (Ethics Commission Filers)			
1	rald B. (Mr.)	00086159				
TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	<b>\$</b>				
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution			
05/02/2023	Northside AFT Committee on Political Education	<u> </u>	contribution (\$) description \$88,00 Radio Add			
l	7 Contributor address; City; State; Zip Code		poo.00 Radio Add			
	6502 Bandera Road Ste # 202					
			!			
40.00	San Antonio, TX 78238		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
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 contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<del></del>				
Date	Full name of contributor out-of-state PAC (ID#;	γ	Amount of In-kind contribution			
05/02/2023	Northside AFT Committee on Political Education		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$210.00   Canvassing			
	6502 Bandera Road Ste # 202		į			
			i			
	San Antonio, TX 78238		Check if travel outside of Texas. Complete Schedule T.			
Principal occi	upation / 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 contributo	r's spouse (if any) (FOR JUDICIAL)			
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form,	Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 6/10	Lopez, Gerald B. (Mr.)	ı	00086159
	5 Payee name		
05/02/2023	Byrum, Joseph (Mr.)		
		e; Zip Code	
\$150.00	2100 Bernice Avenue		
	Tyler, TX 75701		
	(a) Category (See Categories listed at the top of this sci		autotila efferir e On The Oriental
OF EXPENDITURE	Salaries/Wages/Contract Labor	1 <b>Ш</b>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	000100000000000000000000000000000000000	Office sought	Office held
Date	Payee name		
05/01/2023	CIRCLE K		
Amount (\$)		e; Zip Code	
\$4.62	8214 Culebra rd		
1	san antonio, TX 78251		
PURPOSE	(a) Category (See Categories listed at the top of this sci	thedule) (b) Description	
OF	Food/Beverage Expense	Check if travel	Toutside of Texas, Complete Schedule T.
EXPENDITURE		☐ Check if Austir Water for Vol	n, TX, officeholder living expense
		water for Vo	ler les et
Complete ONII V 16 duis	Candidate/Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 05/06/2023	Payee name Dominos Pizza		
		e; Zip Code	
Amount (\$)	1 '	or the Code	
\$221.94	9381 Culebra rd		
	san antonio, TX 78251		
PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF EXPENDITURE	Event Expense	Check if travel	el outside of Texas. Complete Schedule T. In, TX, officeholder living expense
		Food for the	
		, 554 101 1116	•
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/Oh		-g*	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expanse Gift/Awards/Memorials Expensa Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category and flated a legical control of the control

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		ers)
Sch: 2/5 Rpt: 7/10	Lopez, Gerald B. (Mr.) 00086159	
4 Date	5 Payee name	
05/05/2023	Frost Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	-
\$8.00	7914 Culebra Rd	
	San Antonio, TX 78251	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Bank Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	ЭH	
Date	Payee name	T
05/02/2023	Gutierrez, Robert (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	2414 Field Wood	
ı		
	San Anonio, TX 78251	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas, Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Poli Worker	
	1 Sa Fisher	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	—
expenditure to benefit C/O		
Date	Payee name	
05/02/2023	LAS PALAPAS	
Amount (\$)	Payee address; City; State; Zip Code	
\$68.75	5525 Tezel Rd	
	San Antonio, TX 78250	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	—
OF EXPENDITURE	Food/Beverage Expense	
<u>-</u>	Check if Austin, TX, officeholder living expense Food for Volunteers	
l	Food for Volunteers	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	—
expenditure to benefit C/OF		

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Constilling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	7 - Gitt/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Lebor The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 8/10	Lopez, Gerald B. (Mr.)	00086159
<u> </u>		5 Payee name	
4	Date	LOS AJOS MEXICAN GRILL	
	05/06/2023		
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	<b>\$96.1</b> 6	7616 Culebra Rd STE 109	
		San Antonio, TX 78251	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	nutside of Texas, Complete Schedule T.
	EVLENDIIAKE	Check If Austin,	TX, officeholder living expense
		7-000 101 Volu	110013
			Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office field
	exheliarate to belief C/OI		
Г	Date	Payee name	
	05/01/2023	McDonald's	
一	Amount (\$)	Payee address; City; State; Zip Code	
	\$42,91	8349 Culebra rd	
	• • •		
		san antonio, TX 78251	
	PURPOSE	(a) Category (See Cetegories listed at the Lop of this schedule) (b) Description	putride of Toyae Complete Schedule T
	OF EXPENDITURE	1 FUDU/DEVERQUE EXPENSE	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Food for volu	
L	Complete ONI V if discre	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/O		
_			
	Date	Payee name	
	05/01/2023	McDonald's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.92	8349 Culebra rd	
		san antonio, TX 78251	
<b> -</b>	DURDOSE	73 - 14	
	PURPOSE OF		outside of Texas. Complete Schedule T.
1	EXPENDITURE	Check If Auslin	, TX, officeholder living expense
		Food for volu	nteers
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	OH .	
$\vdash$			
1			

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Clit/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)

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adule F1: [1	2 FILER NAME		191. 2.	три	JVV (C	lbio	.filo ro,	<b></b>	Filer ID	Califor Commission Filers
9/10			١					٠	00086 <b>15</b> 9	(Ethics Commission Filers)
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	7 Payee addre	ess; City;	;	State	Zip Cod	le				· · · · · · · · · · · · · · · · · · ·
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	san antonic	o, TX 78251	1			_	_			
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if direct nefit C/OH		ceholder nar	me	Offi	ice sougl	nt			Office h	neld
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(a) Category (see Categories listed at the top of this schedule Food/Beverage Expense  6 direct Candidate/Officeholder name Officehold's  Payee name McDonald's  Payee address; City; State; 2 8349 Culebra rd san antonio, TX 78251  (a) Category (see Categories listed at the top of this schedule Food/Beverage Expense  6 direct Candidate/Officeholder name Officeholder name WAL-MART #5226  Payee name WAL-MART #5226  Payee address; City; State; 2 9526 Millitary Dr W San Antonio, TX 78251  (a) Category (see Categories listed at the top of this schedule Travel In District  6 direct Candidate/Officeholder name Officeholder name Candidate/Officeholder name Ca	5 Payee name McDonald's  7 Payee address; City; State; Zip Cod \$3.01 8349 Culebra rd  san antonio, TX 78251  (a) Category (see categories listed at the top of this schedule) Food/Beverage Expense    Payee name   McDonald's     Payee address; City; State; Zip Code   \$21.68 8349 Culebra rd     san antonio, TX 78251  (a) Category (see categories listed at the top of this schedule)   Food/Beverage Expense      Candidate/Officeholder name     Office sough     Payee name     WAL-MART #5226     Payee address; City; State; Zip Code   S58.41 9526 Military Dr W     San Antonio, TX 78251     (a) Category (see Categories listed at the top of this schedule)     Travel In District     (b) Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)     Category (see Categories listed at the top of this schedule)	5 Payee name McDonald's  7 Payee address; City; State; Zip Code 8349 Culebra rd san antonio, TX 78251  (a) Category (see categories listed at the top of this schedule) Food/Beverage Expense  Payee name McDonald's  Payee address; City; State; Zip Code 8349 Culebra rd san antonio, TX 78251  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Deserois State; Zip Code 8349 Culebra rd san antonio, TX 78251  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  Office sought  Payee name WAL-MART #5226  Payee address; City; State; Zip Code 9526 Military Dr W San Antonio, TX 78251  (a) Category (see Categories listed at the top of this schedule) Travel In District  Office sought	5 Payee name McDonald's  7 Payee address; City; State; Zip Code  \$3.01	9/10 Lopez, Gerald B. (Mr.)  5 Payee name McDonald's  7 Payee address; City; State; Zip Code san antonio, TX 78251  (a) Category (see categories listed at the top of this schedule) Check if travel outside check and the cop of this schedule) Check if travel outside check and the cop of this schedule)  Payee name McDonald's  Payee name McDonald's  Payee address; City; State; Zip Code san antonio, TX 78251  (a) Category (see Categories listed at the top of this schedule) Check if travel outside check if trav	9/10 Lopez, Gerald B. (Mr.)  5 Payee name McDonald's  7 Payee address; City; State: Zip Code  \$3.01 (a) Category (see categories listed at the top of this schedule) Food/Beverage Expense  6 direct nefit C/OH  Payee name McDonald's  Payee name McDonald's  Payee name McDonald's  Payee name McDonald's  83.49 Culebra rd  san antonio, TX 78251  (a) Category (see categories listed at the top of this schedule) Food/Beverage Expense  Payee name McDonald's  83.49 Culebra rd  san antonio, TX 78251  (a) Category (see categories listed at the top of this schedule) Food/Beverage Expense  Diffice sought  Office he lefit C/OH  Payee name WAL-MART #5226  Payee address; City; State; Zip Code  S58.41 Payee name WAL-MART #5226  Payee name WAL-MART #5226  Payee name WAL-MART #5251  (a) Category (see Categories listed at the top of this schedule) Travel In District  (b) Description Check if Austin, TX, officeholder living Check if Austin, TX, officeholder living Fuel

#### SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expanse Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	y - aj Committee	Gilt/Awards/Memorials Exp Logal Services  The Instruction Guid	pense Printing Salarie	Expense /Wages/Contract L complete this fo	orm,		category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME			3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 5/5 Rpt: 10/10		erald B. (Mr.)				00086159		
4	Date	5 Payee nar							
	05/05/2023	WAL-MA	RT #5226						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip	Code				
	\$153,48	9526 Mili	ary Dr W						
		San Anto	nio, TX 78251						
<u>_</u>	DUDDOOF				(b) Descrip	ntion			
8	PURPOSE OF	Event Ex	(See Categories listed at the	iop of this schedule)	Chec	k if travel outsl	de of Texas, Comp	elete Schedule T.	
	EXPENDITURE	EAGUT CX	Jense				officeholder living		
					Sodas	Snacks fo	or Election D	ay	
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office s	ought		Office he	ld	
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1									

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME  Jordan J Wagner	16 Filer ID (Ethica Commission Pilers)
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$</b> 0
2. Total political contributions (Other than pledges, loans, or guarantees of Loans)	\$ 0
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 0
OUTSTANDING 8, TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLOAN TOTALS LAST DAY OF THE REPORTING PERIOD	F.THE \$ 0
Please complete either option below  (1) Affidavit  NOTARY STAMP/SEAL	
Sworn to and subscribed before me by	day of
Signature of officer administering cath Printed name of officer administering cath	Title of officer administering oath
2) Unsworn Declaration  My name is	June 14, 1986
•	7
Ay address is 4523 Jesse Bowman T (street) (city) (st	<u> </u>
executed in Bexar County, State of Texas , on the 12 day of July (month)	ate) (zlp dode) (country) 20_2023. (year)  te/Officeholder (Declarant)

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to c  Complete only If "Report Type" on page 1 is	•
<del></del>		<del></del>
C/OH	NAME	2 Filer ID (Ethics Commission Filers)
Jo	ofban Wagner	
SIGN	ATURE	
design	ot expect any further political contributions or political expenditures in c lating a report as a final report terminates my campaign tressurer appo lign contributions or make any campaign expenditures without a campa	pintment. I also understand that I may not accept any
	RWHO IS NOT AN OFFICEHOLDER  Toplete A & B below only if you are not an officeholder. **	
A.	CAMPAIGN FUNDS	
Che	cly only one:	
	I do not have unexpended contributions or unexpended interest or in	ncome earned from political contributions,
	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned filing this final report. Further, I understand that I must dispose of uninterest or income earned on political contributions in accordance w	I interest or income earned on political contributions to of unexpended contributions and that I may not retain I on political contributions longer than six years after nexpended political contributions and unexpended
В,	ASSETS	
Cha	ck only one:	
d	I do not retain assets purchased with political contributions or intere	st or other income from political contributions.
	I do retain assets purchesed with political contributions or interast or that I may not convert assets purchased with political contributions of personal use. I also understand that I must dispose of assets purch requirements of Election Code, § 254,204.	or interest or other income from political contributions to
		Signature of Cardidate
	SEHOLDER uplete this section only if you are an officeholder **	
	I am aware that I remain subject to filing requirements applicable to an office. I am also aware that I will be required to file reports of unexpende an officeholder, I retain political contributions, interest or other income political contributions or interest or other income from political contributions.	d contributions if, after filing the last required report as from political contributions, or assets purchased with

#### **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/ FIRST MΙ OFFICE USE ONLY OFFICEHOLDER Mrs. Karen NAME Date Received NICKNAME LAST SUFFIX Freeman 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: STATE; ZIP CODE **OFFICEHOLDER** MAILING 9522 Maytum Circle, Helotes, TX 78023 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 210 ) 413-5736 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST МΙ **TREASURER** Mrs. Julia NAME Date Processed NICKNAME LAST Date Imaged lonescu CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE; ZIP CODE **TREASURER** 9010 Swinburne Ct, San Antonio, TX 78240 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 210 ) 414-9694 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) X July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Dey Year Day COVERED ′ 01 THROUGH 06 30 <sup>\_</sup>2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Year Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Northside ISD Trustee 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) 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 Karen F		16 Filer ID (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 OF REPORTING PERIOD	DAY \$ 0,00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0,00
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Can	Juliu Indidate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEA	L	
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 administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	· -+ %; ; -
(2) Unsworn Declarat	іоп	
My name isKarer	r Freeman and my date of birth is	
My address is9522	2 Maytum Circle , Helotes , T	
Executed in Bexar	(city) (s County, State of Texas , on the 17 day of 7 day of 6 (month Karen Free	otate) (zip code) (country) , 20 <mark>_23</mark> (year) eman
		late/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			-		1 - 1	V 2
The C/OH Instruction	Guide explains hov	to complete this form	n. 1 File	er ID (Ethics Commission Filers	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Manuel		MI	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Garcia		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	8714 Jogeva San Antonio	a Way	CITY	STATE ZIP CODE		
. Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(210 )	865-5412		EXTENSION	Date Hand-deliver	ed or Dale Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Emily		М	Receipt #	Amount 5
NAME	NICKNAME	LAST	***********	SUFFIX	Date Processed	
	MONANE	Nino		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): AI scado, SA TX, 78	PT / SUITE #, 8245	CITY	STATE.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 210 )	705-1993		EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day be	efore election ore election	Runoff  Exceeded Modified Reporting Limit	treasurer (Officehoi	after campaign appointment der Only) oort (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year / 27 / 23	TH	Month	Day Ye	ar 3
11 ELECTION	ELECTION D	ATF		ELECTION TYP	OE.	
EEEO MON	100	Del	imary	Runoff Other		
	5 6	1eai	eneral	Description Special		
12 OFFICE	OFFICE HELD (if any	)		13 OFFICE SOUGHT (IF KNOW		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFF	ICEHOLDER. THESE EXPENDI	ITURES MAY HAV	OR POLITICAL EXPENDITURES E BEEN MADE WITHOUT THE CA PORT THIS INFORMATION ONLY II	NDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME Friends of SAFA I Texas Family Action					
✓ Additional Pages	■ GENERAL	10803 Gulfdale		Antonio, TX 782	216	
	SPECIFIC	Patrcik Von I		NAME		
		10803 Gulfda		ADDRESS San Antonio, T	X 78216	
		GO.	TO PAGE	- 2		

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Manuel Garcia for NIS		16 Filer ID (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)	\$ 233.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
442410010001001	4. TOTAL POLITICAL EXPENDITURES	\$ 233.82
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	* 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
(1) Affidavit	Please complete either option below	:
NOTARY STAMP/SEA		Agov sw
Sworn to and subscribed 20, to certify	which, witness my hand and seal of office.	day of
Signature of officer administe	ring oath Printed name of officer administering oath  OR	Title of officer administering oath
(2) Unsworn Declarati	on	
My name is Manuel C		12/14/1970
My address is 8714 Jo	geva Way San Antonio T	
Executed in BEXA	County, State of , on the 21 day of (month)	^
	Signatule of Candid	ale/Officeholder (Declarant)

### SUBTOTALS - C/OH

2	er name uel Garcia	20 Filer ID (Ethics Cor	nmissio	on Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR	RIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	409.83
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	DLITICAL CONTRIBUTIONS	\$	409.83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	409.83
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	RSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	JTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	OLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	CONTRIBUTIONS RETURNED	\$	

CANDIDA	TE / OFF	CE REPORT		COVER SH	RM C/OH
A VIII TO SERVICE STATE OF THE	NOUS CONTRACTOR	v to complete this form.	1 Filer ID (Ethics Commission I	Sers) 2 Total pages file	3
3 CANDIDATE/	MS / MRS (MR)	FIRST	MI	OFFICE	USEONLY
OFFICEHOLDER NAME		MATHE NINA	SUFFIX	Date Received	- A
4 CANDIDATE/	ADDRESS / PO BOX	NINA APT/SUITE #:	CITY: STATE; ZIP COL	×	
OFFICEHOLDER MAILING ADDRESS	1803	RAVENSCI	COT I DI	3	
Change of Address	SAN	ANTONIO.	TX. 7825	Date Hand-delivered	d or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AND REAL PROPERTY.	744-838		Receipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR	ringi			
TREASURER NAME		MATHE	W.S. SUFFIX	Date Processed	
	NICKNAME	MINAL MINAL (NO PO BOX PLEASE); APT 15		Date Imaged	ZIP CODE
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 10 PERIOD COVERED 11 ELECTION	AREA CODE  ( 210 )  January 15  Ady 15  Month	30th day before en   30th day before en   5th day before en   127 / 23   17E   17   17   18   18   18   18   18   18	EXTENSION  EXTENSION  EXTENSION  Runoff  Exceeded Mo Reporting Lin  THROUGH  ELECTI  Runoff  Other Dec	15th day beasure (Officeho diffied IX Final Reg IX Do 1 3 0 1 2 Do 1 17PE	after campaign appointment ider Only) port (Attach C/OH - FR) lear 2-3
2 OFFICE	OFFICE HELD (# any)		13 OFFICE SOUGHT		
NOTICE FROM	THIS BOX IS FOR NOTICE	- DISTRICT TO	S ACCEPTED OR POLITICAL EXPEND	STEE STATE BY POLITICAL	
POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT IMED TO REPORT THIS IMPORMATION	THE CANDIDATE'S OR OFFICE	EHOLDER'S KNOWLEDGE CE OF SUCH EXPENDITU
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			A STEP IN S
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		F FINE
Additional Pages	The second of				
Additional Pages		COMMITTEE CAMPAIGN TO	REASURER ADDRESS		

TO THE

QD.

CANDIDA	THIANCE PEPORT	FORM C/OH COVER SHEET PG 2
CAMPAIGN FINANCE REPORT  16 Filer ID (Ethics Commiss S C/OH NAME  MATHEWS NINAN  NOTHER POLITICAL CONTRIBUTIONS (OTHER THAN S A	Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TOOK	\$ B
	TOME	5 0
		\$ \$
	4. TOTAL POLITICAL EXPENDITURES	s P
	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO OF REPORTING PERIOD	av s d
OUTSTANDING	TOURSEL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH	s Q
		date or Officeholder
) Affidavít		date or Officeholder
NOTARY STAMP/SEA	Please complete either option below:	
NOTARY STAMP/SEA	Please complete either option below:	
NOTARY STAMP/SEA	Please complete either option below:  before me by this the which, witness my hand and seal of office.	
NOTARY STAMP/SEA	Please complete either option below:  before me by this the which, witness my hand and seal of office.	day of
NOTARY STAMP/SEA	Please complete either option below:  before me by this the which, witness my hand and seal of office.  Ing oath Printed name of officer administering oath  OR	day of

DE	NDIDATE / OFFICEHOLDER REPORT: SIGNATION OF FINAL REPORT	FORM C/OH - FR
	The Instruction Guide explains how to comple	te this form.
	Complete only if "Report Type" on page 1 is mark	ked "Final Report" **
1 C/OF	MATHEUS NINAN	2 Filer ID (Ethics Commission Filers)
3 SIGN	NATURE	
	not expect any further political contributions or political expenditures in connec gnating a report as a final report terminates my campaign treasurer appointment paign contributions or make any campaign expenditures without a campaign treasurer.	
4 FILE	ER WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. **	
A	CAMPAIGN FUNDS	
Chi	eck only one:	
G.A	I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.
	may not convert unexpended political contributions or unexpended inter	ed from political contributions. I understand that I rest or income earned on political contributions to
	may not convert unexpended political contributions or unexpended inter- may not convert unexpended political contributions or unexpended inter- personal use. I also understand that I must file an annual report of un unexpended contributions or unexpended interest or income earned on p filing this final report. Further, I understand that I must dispose of unexpe- interest or income earned on political contributions in accordance with the	rest or income earned on political contributions to expended contributions and that I may not retain olitical contributions longer than six years after ended political contributions and unexpended
В.	may not convert unexpended political contributions or unexpended inter personal use. I also understand that I must file an annual report of ununexpended contributions or unexpended interest or income earned on p filing this final report. Further, I understand that I must dispose of unexpended.	rest or income earned on political contributions to expended contributions and that I may not retain olitical contributions longer than six years after ended political contributions and unexpended
	may not convert unexpended political contributions or unexpended inter personal use. I also understand that I must file an annual report of un unexpended contributions or unexpended interest or income earned on p filing this final report. Further, I understand that I must dispose of unexperinterest or income earned on political contributions in accordance with the ASSETS	rest or income earned on political contributions to expended contributions and that I may not retain olitical contributions longer than six years after ended political contributions and unexpended e requirements of Election Code, § 254.204.
	may not convert unexpended political contributions or unexpended inter personal use. I also understand that I must file an annual report of un unexpended contributions or unexpended interest or income earned on p filing this final report. Further, I understand that I must dispose of unexper interest or income earned on political contributions in accordance with the ASSETS	rest or income earned on political contributions to expended contributions and that I may not retain olitical contributions longer than six years after ended political contributions and unexpended e requirements of Election Code, § 254.204.
	may not convert unexpended political contributions or unexpended inter personal use. I also understand that I must file an annual report of un unexpended contributions or unexpended interest or income earned on p filing this final report. Further, I understand that I must dispose of unexperinterest or income earned on political contributions in accordance with the ASSETS	rest or income earned on political contributions rest in oblitical contributions and that I may not retain oblitical contributions longer than six years after ended political contributions and unexpended e requirements of Election Code, § 254.204.  other income from political contributions.  er income from political contributions. I understance erest or other income from political contributions to
Che	may not convert unexpended political contributions or unexpended inter personal use. I also understand that I must file an annual report of un unexpended contributions or unexpended interest or income earned on p filling this final report. Further, I understand that I must dispose of unexperinterest or income earned on political contributions in accordance with the ASSETS  seek only one:  I do not retain assets purchased with political contributions or interest or that I may not convert assets purchased with political contributions or interest or that I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with politica	rest or income earned on political contributions reexpended contributions and that I may not retain olitical contributions longer than six years after ended political contributions and unexpended a requirements of Election Code, § 254,204.  The property of the political contributions of the recommendation of the political contributions. I understance the political contributions to the political contributions to the political contributions in accordance with the
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Che-	may not convert unexpended political contributions or unexpended inter personal use. I also understand that I must file an annual report of un unexpended contributions or unexpended interest or income earned on p filing this final report. Further, I understand that I must dispose of unexperinterest or income earned on political contributions in accordance with the ASSETS  Let only one:  I do not retain assets purchased with political contributions or interest or I do retain assets purchased with political contributions or interest or that I may not convert assets purchased with political contributions or interest or other that I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or other than I may not convert assets purchased with political contributions or interest or equirements of Election Code, § 254.204.  CEHOLDER  I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended coan officeholder, I retain political contributions, interest or other income from	rest or income earned on political contributions reexpended contributions and that I may not retain olitical contributions longer than six years after ended political contributions and unexpended a requirements of Election Code, § 254.204.  Other income from political contributions. I understance rest or other income from political contributions to I with political contributions in accordance with the Signature of Candidate

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#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. MI CANDIDATE / MS/MRS/MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Vera Date Received NAME SUFFIX NICKNAME LAST Billingsley Date Hand-delivered or Date Postmarked APT / SUITE #; CITY; ZIP CODE ADDRESS / PO BOX; CANDIDATE / **OFFICEHOLDER** 338 Oak Knoll Dr. MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78228 Date Processed Date Imaged MI MS / MRS / MR FIRST CAMPAIGN TREASURER NAME SUFFIX NICKNAME =onzalez APT / SUITE #; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN TREASURER San Antonio, TX 78228 **ADDRESS** 310 Hope Dr. (Residence or Business) **EXTENSION** AREA CODE PHONE NUMBER CAMPAIGN **TREASURER** PHONE REPORT TYPE Runoff 15th day after campaign treasurer 30th day before election January 15 appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded modified 8th day before election X July 15 reporting limit Month Day Year PERIOD Day Year COVERED 06/30/2023 04/27/2023 THROUGH **ELECTION TYPE ELECTION DATE** 10 ELECTION

Primary

X General

Runoff

Special

12 OFFICE SOUGHT (if known)

Place 3 District NISD

11 OFFICE

Month

Day

05/06/2023

OFFICE HELD (if any)

None Place 3 District NISD Bexar

Year

Other

Northside Independent School District - Place 3

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

	Dillia malay Mana		14 Filer ID		
3 C / OH NAME	Billingsley, Vera				
5 NOTICE FROM POLITICAL		political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	me cammuales di dincen	Juci S Kilvi	MICHAR OL
COMMITTEE(S)  Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	<u> </u>	·-	
	GENERAL				•
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME		w	
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	ra 19	
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS (OTHER THA	AN PLEDGES, LOANS, ECTRONICALLY)	\$	0.00
TOTALS					
	2. TOTAL POLITION (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	(S)	\$	150.00
EXPENDITURE TOTALS	3. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITI	CAL EXPENDITURES		\$	165.19
CONTRIBUTION BALANCE	REPORTING P	···		\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPO	PAL AMOUNT OF ALL OUTSTANDING LOANS A: RTING PERIOD	S OF THE LAST DAY	\$	0.0
AFFIX N  Sworn to and sut of Sulcy	MARY ANN COLLINS Notary Public, State of Comm. Expires 12-2: Notary ID 131316  OTARY STAMP / SEAL A pscribed before me, by the	FTexas 9-2025 31-5 Signature	all information required to	s be reporte	report is d by me
Muly Col	Lind Toward	Printed pane of officer administering	Y Section 1	e <del>Lou</del> r administer	ing oath

#### FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 Filer ID 18 FILER NAME Billingsley, Vera 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 150.00 \$ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS $|\mathsf{x}|$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 2. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS З. \$ SCHEDULE E: LOANS 150,00 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 15.19 \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 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. TO FILER

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

Version V3.5.1.a18ea2ca

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
2	FILER NAME Billingsley, Vera	3 Filer ID
4	Date 5 Full name of contributor out-of-state PAC (ID#: 05/02/2023 Comeaux, Paul 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100.00
	TX  Principal occupation / Job title (See Instructions)  9 Employee	er (See Instructions)
B	Principal occupation / 500 title (See manufactions)	, (========,
	Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$50,00
	TX	
	Principal occupation / Job title (See Instructions) Employe	er (See Instructions)

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)  Advantable Supreme Advantable Supreme Advantable Supreme Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contributional Observation Contribution	CONTRIBUTIONS						
Sch: 1/1 Rpt: 5/7  Date 04/28/2023  Amount (\$)  Purpose OF EXPENDITURE  (a) Category (See Categores Based of the top of this schedule) Advertising Expense  Candidate/Officeholder name Office sought Office heid Office heid	Accounting/Banking Consulting Expense Contributions/ Oonations Made By Candidate/Officeholder/Political	, Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Reps Office Ove Polling Exp se Printing Ex Salaries/W	yment/Reimbursement rhead/Rentel Expense pense pense ages/Contract Labor	Travel in District Travel Out of Dis	trict
Sch: 1/2 Rpt: 5/7 Billingsley, Vera  Date 04/28/2023  Amount (\$) \$150.00  PURPOSE OF EXPENDITURE  (a) Category (see Categores listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name Office sought  Office held  Office held	Total pages Schedule F1:	2 FILER NAM				3 Filer ID	
Amount (\$)  Amount (\$)  \$150,00  Amount (\$)  Amount (\$)  \$150,00  Amount (\$)  Amount (\$)  \$150,00  Amount (\$)  Amount (\$							
\$150,00  \$150,00  1230 Duke Rd.  San Antonio, TX 78264   [b) Description   Check it favel custide of Texas. Complete Schedule T. Check it Audin, TX, officeholder living expense Yard signs. flyer copies    Complete QNLY if direct expenditure to benefit C/OH    Candidate/Officeholder name   Office sought   Office heid		·					
PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description   Check if travel cuside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Camplete QNLY, if direct expenditure to benefit C/OH    Candidate/Officeholder name   Office sought   Office held	runodin (4)			State; Zip Co	de		
Advertising Expense Complete Shedule T. Check if travel outside of Texas. Complete Shedule T. Check if Austin, TX, officeholder living expense Yard signs. flyer copies    Complete QNLY if direct expenditure to benefit C/OH    Candidate/Officeholder name		San Anton	io, TX 78264				
Some stages of the control of the co	OF			of this schedule)	Check if trave	in, TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Of	fficeholder name	Office sou	ght	Office h	eld

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitetion/Fundraising Expense Transportation Equipment & Related Expense Travel in District Loan Repeyment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 2 FILER NAME 1 Total pages Schedule G: Billingsley, Vera Sch: 1/1 Rpt: 6/7 4 Date Payee name 04/29/2023 Awaloo Printing State; Zip Code City; 6 Amount (\$) Payee address; 1230 Duke Rd. \$15.19 Reimbursement from political contributions intended San Antonio, TX 78264 Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Yard signs, flyer copies Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

		FORM C/OH - FR					
	The Instruction Guide explains how to complete th ** Complete only if "Report Type" on page 1 is man	nis form. rked "Final Report" ** Page 7 of 7					
1	C/OH NAME	2 Filer ID					
	Billingsley, Vera	vbillingsley50@gmail.com					
3	SIGNATURE  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.						
		Clean Billings Company Signature of Candidate / Office Holder					
4	FILER WHO IS NOT AN OFFICEHOLDER  ** Complete A & B below only if you are not an officeholder **						
	Complete A & D Delow only if you are not all officerioladi						
	A CAMPAIGN FUNDS						
	Check only one:						
	X I do not have unexpended contributions or unexpended int	terest or income earned from political contributions.					
	convert unexpended political contributions or unexpended understand that I must file an annual report of unexpended unexpended interest or income earned on political contributions.	or income earned from political contributions. I understand that I may not interest or income earned on political contributions to personal use. I also dontributions and that I may not retain unexpended contributions or utions longer than six years after filling this report. Further, I understand that I expended interest or income earned on political contributions in accordance					
	B ASSETS						
	Check only one: $X = X$ 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 contrubutions. I understand that I may not erest or other income from political contributions to personal use. I also political contributions in accordance with the requirements of Election Code,					
	r	1/ 200					
		UPEA BUKINGSLEY					
		Signature of Candidate					
L	OFFICEHOLDER						
5 OFFICEHOLDER  ** Complete this section only if you are an officeholder **							
	- also aware that I will be required to file reports of unexpen	plicable to an officeholder who does not have a campaign treasurer on file. I am nded contributions if, after filing the last required report as an officeholder, I politicial contributions, or assets purchased with political contributions or					
į		Signature of Officeholder					