## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mrs. Karen	B.	OFFICE USE ONLY		
NAME	NICKNAME LAST Freeman	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 9522 Maytum Circle, Helotes, TX	CITY; STATE; ZIP CODE  X 78023			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  ( 210 ) 413-5736	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Mrs. Julia		Date Processed		
	NICKNAME LAST Freeman	SUFFIX	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE		
TREASURER ADDRESS (Residence or Business)	9010 Swinburne Court, San Anto	onio, TX 78240			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	( 210-4)14-9694				
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	X July 15 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	01 /01 / 2024	THROUGH 06	30 / 2024		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	05 01 2021 General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)		
	Northside ISD District #7 Trus	tee Trustee			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2					
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Karen B. Freeman			16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELEC		\$ 0.00		
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAI	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 0.00		
	4. TOTAL POLITICAL EXPEND	TURES	\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LAS	\$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS O G PERIOD	* 0.00		
18 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
	Karen B. Freeman				
		Signature of Ca	ndidate 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 administe	ering oath Printed name of offi	cer administering oath	Title of officer administering oath		
		OR			
(2) Unsworn Declarati	on				
Ka My name is	ren B. Freeman	, and my date of birth is	July 10, 1956		
My address is	522 Maytum Circle		TX 78023		
	(street)	(city)	state) (zip code) (country)		
Executed inBexar	County, State of TX				
		(month Karen Freer			
	Signature of Candidate/Officeholder (Declarant)				