		CEHOLDER CE REPORT				ORM C/OH HEET PG 1
The C/OH Instruction (	Suide explains how	to complete this form.	1 Flier ID	(Ethics Commission Filers)	2 Total pages fil	ed. 1
3 CANDIDATE / OFFICEHOLDER	MS (MRS ) MR	FIRST	1 l	MI	OFFICE	USE ONLY
NAME	NICKNAME	SHARO. CHUMLI		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	5315 H	OLCY HOCK R	D SANI	RATE. ZIP CODE PNTONIO, TX 8240		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 887-8243		EXTENSION		or Dale Poslmerked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	NICKNAME	CHLLE/	V	SUFFIX	Date Processed	a pfir begangilalana sel singi seberahaki abba vi ay kipadangi sebuarani unga papagapi di pfin
	Moratine	SILUA		00/11/	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #;	CITY:	STATE,	ZIP CODE
TREASURER ADDRESS	10502	LETUS OF	ar s	AN ANTON	NO TX	782 L S
(Residence or Business)	- Proprietarization de seu activitation in seusant de la constitución de de l	gallykykonon, hivodariko dystomograndy drag zakaja od sistem podravni kali kilikika kilikika kilikika kilikika	ر ئۇرىدۇرىيىنى دارىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇرىيىنى ئارىدۇ	por laboratoria estatur és autor assauras una constativación debido descrito	de l'an employ que que la properio personante properio de l'anno de l'anno constituente.	·····································
8 CAMPAIGN TREASURER PHONE	(210)	775-1001		Extension		
9 REPORT TYPE	January 16	30th day before e	election	Runoff	15th day af	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	(Attach C/OH - FR)
10 PERIOD COVERED	Month 032	123/202	THROU	Month $\hat{O}4$	Day Year /21 / 22	021
11 ELECTION	ELECTION D/	TE Year Primary	Runof	ELECTION TYPE		BOARD
	05/01	, 1	Specia	Description	BLHOOL L RUSTEE	N/SD
12 OFFICE	OFFICE HELD (if any)	and the second s	13	PRUST	ĽE	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER, THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUII	B MAY HAVE BEEN	I MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	N	A		
Additional Pages	GENERAL	COMMITTEE ADDRESS		A		
NA	SPECIFIC	COMMITTEE CAMPAIGN TRE		)A		
V 1 -		COMMITTEE CAMPAIGN TRE	EASURER ADDA			
		<b>GO TO</b>	PAGE 2			

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

			agangan kapan samakan kabupatan kapangan kaman sama sa kabupat da pipa ka 1980 sa 1990 sa 1990 sa 1990 sa 1990	**********			
15 C/OH NAME	SHAR	CON CHO	UMLEY	16 Filer I	D (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	PLEDGES	INITEMIZED POLITICAL S. LOANS, OR GUARAN BUTIONS MADE ELECT		N	* NA		
		OLITICAL CONTRIBUTION PLEDGES, LOANS	UTIONS S, OR GUARANTEES OF LOANS	)	\$ #225.00		
EXPENDITURE TOTALS	3. TOTAL UN	NITEMIZEO POLITICAL	EXPENDITURE		* NA		
	4. TOTAL P	OLITICAL EXPENDIT	URES		\$ 596,13		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTION RYING PERIOD	ONS MAINTAINED AS OF THE LA	ST DAY	\$ \$225,00		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF I OF THE REPORTING	ALL OUTSTANDING LOANS AS C PERIOD	OF THE	* ~ A		
	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.						
			. #	AD #			
			Sharon A.	Chi.	and a FIN		
			Signature of Ca	andidate or	Officeholder		
i		<b>131</b>	الأسطان من سالكسيد. مريد <b>ما الل</b> ابع عرفي				
		riease comple	te either option belov	N:			
(1) Affidavit							
NOTARY STAMP/SEAL	-						
Sworn to and subscribed	before me by	M JAN M MAN TANDEN I I JA M JAN JAN MANAMAN AN MANAMAN JAMAN PARAMAN JAN JAN JAN JAN JAN JAN JAN JAN JAN J	this the	*******	day of		
20, to certify t	which, witness my hand	d and seal of office.					
Signature of officer administer	ring oath	Printed name of office		7	Fille of officer administering oath		
		G	PR				
(2) Unsworn Declaration	òn						
My name is5	HARON (	1 HUMLEY	and my date of birth is	03	-15-1942		
My address is53	15 HOLLY	HOCKR	D. SANHNTONIC	2 7X_	18240 USA		
Λ	(street)	)	(city)	state) (z	ip code) (country)		
Executed in BEXA	R County, State	te of <u>LEXAS</u>	on the 22 winday of ARV	<u> </u>	20.21.		
		, <u>.</u>	Alexan A.C.	hund	ey Zdl		
			Signature of Candi	uate/Officeh	ioppr (Declarant)		

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

			-	
19	SHARON CHUMLEY	20 Filer ID (Ethics Con	mmissi * <del>/ }</del>	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4	225.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	NA
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	NA
4	SCHEDULE E: LOANS		\$	NA
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	18.41
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	NA
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	NA
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ [	577.72
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	NA
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	NA
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$	NA
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$	NA
		-		

### MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT i</b> n	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 2
2 FILER NAME	SHARON CHUMLE	4	3 Filter ID (Ethlics Commission Filers)
4 Date		(ID#_ NA)	7 Amount of contribution (\$)
2021	ZANE RCHUMLEY, 6 Contributor address; POBOX 691695 SAN	i	#10,00
	ipstion / Job title (See Instructions) ESS ANALYST	9 Employer (See Instruct HEALTH C	ions) ARE SERVICES
Date	Full name of contributor     out-of-state PAC	(IDIE_NA_)	Amount of contribution (\$)
04/05/	LAUREN BRYER  Contributor address: City:  12234 ABBY PARK SANA	State; Zip Code	\$100.00
SW21	12234 ABBY MARK JANA	78249	
Principal occup	pallon / Job little (See Instructions) とみいこと SERVICE NAVIGA	Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC	(IDH: NA)	Amount of contribution (\$)
04/14	DAVID MADONE Contributor address; City;	State: Zip Code	\$ 50.00
2021	325 BARRETT CANONICIT	ru Co 8/2/2	•
	action / Job title (See Instructions) REAL TOR	Employer (See Instruct	ons)
Date	Full name of contributor	(IO#: <u>~</u> A	Amount of contribution (\$)
04/16	LISA D FUENTES COLONIES NORTH SAN AN NISIO	State: Zip Code  170010 7X 78230	#25,00
A .	ation / Job title (See Instructions)	Employer (See Instructi	_ ` .
ART .	INSTRUCTOR	NORTHSIDE	150

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

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

۳	the Instruction Guide explains he	ow to complete t	his form.	1 Total pages Schedule A1:
FILER NAI	ME SHARON	CHUMI	EY	3 Filer ID (Ethics Commission Filers)
Date 04/2 20 2.1	5 Full name of contributor  MRTY HEAL  6 Contributor address;  11278 WOODRI FORES 5	DGE SAM	State: Zip Code  TX 78249  OVIO	7 Amount of contribution (\$)
H	EALTH CARE	PROF	ESSIONAL	
Date	Full name of contributor	out-of-state	PAC (IDIF:)	Amount of contribution (\$)
	Contributor address;	City:	State; Zíp Code	
Principal oc	cupation / Job title (See Instructions	)	Employer (See Instruct	ions)
Dale	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	Stale; Zip Code	
Principal oc	cupation / Job litle (See Instructions	)	Employer (See Instruct	ions)
Date	Full name of contributor	ut-of-stato	PAC (ID#)	Amount of contribution (\$)
	Contributor address;	City:	State; Zip Code	
Principal occ	cupation / Job title (See Instructions	)	Employer (See Instruct	ions)
ordelden in Service of Service (Service)		And and the control of the second second second second second		

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

Advertising Exponso
Accounting/Banking
Consulting Expenso
Contributions/Donations Mado By
Candidate/Officeholder/Political Committee

Event Exponso
Foos
Food/Boverage Exponso
Glit/Awards/Momortals Exponso

Loan Repayment/Reimbursement Office Overheatt/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expenso Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Овка (слия а сацор	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME SHARON CHUM.	LE4	3 Filer ID (Ethic	s Commission Filers)
4 Date (93/31/202) TARM 04/21/3021 6 Amount (\$)	5 Payee name	ION SANANT	ONIO TX State:	Zip Code 78240
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule)  (b) Category (See Categories listed at the lop of this schedule)  (c) Category (See Categories listed at the lop of this schedule)	DONATION	ONOR BE IS FROM	war the following of the selection of th
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	-	Office held
03/31/2021	Payee name FIRST MARK CREDIT		***************************************	110 TX
Amount (\$) #7,60	Payoo addross; HUEBNER BRANCH	City; SANANTONI		78240
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schodule)	Description N FOR CAM	PAIGN.	
	Check if travel outside of Texas. Complete Schedule T.	Gheck if Austin	. TX. officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate Officeholder name  SHALON CHUNLEY	Office sought TRUSTO		Office held
Date	Payee name			
Amount (\$)	Payeo address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Chock if Austin.	TX. officelated ar living	oxpenso
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS MEET	nen	

### **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 Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repaymen//Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense GM/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date FAST SIGNS 03/26/21 Payee address; Zip Code 8714 FREDERICKSBURG RD SAN ANTONIO TX 78240 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories fished at the lop of this schedule) (b) Description CARMAGNETS BANNERS 10 ADUERTISIN G PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expensi Complete ONLY if direct SHARON CHUMLEY TRUSTEE expenditure to benefit C/OH 105/2021 AD PAGES OF SAN ANTONIO TX Payee address; City: State; Zip Code 30.00 SAN ANTONIO DALLAS/FTWORTH AUSTIN ST LOWS TYPE OF Political Non-Political EXPENDITURE Category (See Calegories listed at the top of this schedule) ADV GRIBING EXPENSE PURPOSE EXPENDITURE Chack if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH SHARON CHUMLEY TRUSTEE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** Total pages filed: 1 Filer ID The C/OH Instruction Guide explains how to complete this form. М **OFFICE USE ONLY** FIRST MS/MRS/MR CANDIDATE / **OFFICEHOLDER** Irma Iris Date Received NAME SUFFIX LAST NICKNAME Duran de Rodriguez Date Hand-delivered or Date Postmarked ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / **OFFICEHOLDER** 6125 John Chapman MAILING Amount Receipt # **ADDRESS** San Antonio, TX 78240 Change of Address Date Processed Date Imaged MS/MRS/MR CAMPAIGN Virginia Van Cleave **TREASURER** NAME SUFFIX NICKNAME STATE; ZIP CODE APT / SUITE #; CITY; STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN **TREASURER** 9118 Fairland San Antonio TX 78240 **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE CAMPAIGN **TREASURER** 264-3207 210 PHONE REPORT 15th day after campaign treasurer Runoff 30th day before election TYPE January 15 appointment (officeholder only) Final Report (Attach C/OH-FR) **Exceeded modified** 8th day before election July 15 reporting limit Year Month Day Year Day Month PERIOD **THROUGH** 04/21/2021 COVERED 03/23/2021 **ELECTION TYPE ELECTION DATE** 10 ELECTION Other Runoff Primary Month Day Year 05/01/2021 X General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Northside ISD Board of Trustees District 5 None Bexar

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

				2 of 13
13 C / OH NAME	Duran de Rodriguez,	Irma Iris	14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to officeholders are required to report this information	the candidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	is	
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 100.00
	2. TOTAL POLITIC (OTHER THAN F	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	;)	\$ 9,687.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 3,945.03
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 3,353.20 <sup>0.00</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
1 2 3 N/	da G Alaniz Commission Expires 10/2023 No. 132080353	I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.  Signature of		be reported by me
	cribed before me, by the s	land. Lite	, this the $\mathcal{L}$	3nd day
Signature of offi	Dala- cer administering	Printed name of officer administering	Motary Title of option	furth

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

# FORM C/OH COVER SHEET PG 3

3 of 13

						3 01 13
18		R NAN		19 Filer ID		
	Dura	ın ae	Rodriguez, Irma Iris			
			E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
	1.	×	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,950.00
	2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7,737.30
	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	-	\$	
	4.		SCHEDULE E: LOANS		\$	
	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	s	\$	3,945.03
	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
	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	OF C/OH	\$	
	11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.02
_						

#### **MONETARY POLITICAL CONTRIBUTIONS** SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/13 2 FILER NAME Filer ID Duran de Rodriguez, Irma Iris 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/23/2021 Bakke, Cory \$50.00 6 Contributor address; City; State; Zip Code 422 Madison San Antonio, TX 78204 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Realtor Phyllis Browning Company Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/01/2021 Bakke, Phillip \$250.00 Contributor address; City; State; Zip Code 207 Roosevelt San Antonio, TX 78210 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** President **Bakke Development** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/09/2021 Blase, Jennifer \$25.00 Contributor address; City; State; Zip Code 7719 Wexford Grove San Antonio, TX 78240 Principal occupation / Job title (See Instructions) **Employer (See Instructions) Physician** ANC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 \$250.00 Cabello Havrda, Melissa Contributor address; City; State; Zip Code PO 769677 San Antonio, TX 78245 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Attorney Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/06/2021 Calhoun, Melissa \$50.00 Contributor address; City; State; Zip Code 4802 Saguaro Rd Austin, TX 78744 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Analyst Travis County**

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/13 2 FILER NAME 3 Filer ID Duran de Rodriguez, Irma Iris 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/26/2021 Chan, Elisa \$250.00 Contributor address; City; State; Zip Code 613 Contadora San Antonio, TX 78258 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Management Unitech Consulting Engineers, Inc. Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) \$200.00 03/26/2021 Choudary, Muhammad Contributor address; City; State; Zip Code 4335 FM 1516 N Converse, TX 78209 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) Date 04/11/2021 \$100.00 Davis. Debra Contributor address; City; State; Zip Code 3431 River Path Street San Antonio, TX 78230 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$100.00 04/13/2021 Gonima, Francisco Contributor address; City; State; Zip Code 222 West Mulberry Ave Schertz, TX 78212 Employer (See Instructions) Principal occupation / Job title (See Instructions) Francisco Gonima Executive Coaching & Strategy, LLC **Executive Coach** out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$500.00 03/30/2021 Linebarger, Goggan, Blair, & Sampson, LLP Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

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Forms provided by Texas Ethics Commission

Version V1.1.eeb5f84f

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 6/13 2 FILER NAME Filer ID Duran de Rodriguez, Irma Iris 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/17/2021 Perez, Laura \$25.00 Contributor address; City; State; Zip Code 3302 Whisper Manor Schertz, TX 78108 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Project Manager** Spurs Sports & Entertainment Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ 03/24/2021 \$25.00 Pulido, Lorena Contributor address; City; State; Zip Code 1602 Sunbend Falls San Antonio, TX 78224 Principal occupation / Job title (See Instructions) **Employer (See Instructions) Public Relations** VIA Metropolitan Transit Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/21/2021 Thorson, Carl \$25.00 Contributor address; City; State; Zip Code 8518 Sir Lancelot San Antonio, TX 78240 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Victory Capital **Investment Broker** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

The Instru	ction Guide explains how to complete this f	orm	1 Total pages Schedule A2:
- IIIC IIISUU			Sch: 1/4 Rpt: 7/13
2 FILER NAME			3 Filer ID
	odriguez, Irma Iris		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
04/12/2021	Duran, Karla	********************************	contribution (\$) description \$20.00   Stamps
	7 Contributor address; City; State; Zip Code 8523 Quail Tree		
	oszs Quan Tree		l :
•	San Antonio, TX 78250		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
Professor		UIW	
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 contributo	or's spouse (if any) (FOR JUDICIAL)
16 If compatibation	is a shill law firm of parent/a) (if any) (COD NIDICAL)	<u> </u>	
TO II COUTLIBUTOR	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	١	Amount of ! In-kind contribution
04/18/2021	Martinez, Nikki		contribution (\$) description
	Contributor address; City; State; Zip Code		\$36.00   Stamps
	6803 Westfield		
			_
	San Antonio, TX 78227		Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
	Engagement and Development	Lighthouse Public	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Quit-of-state PAC (ID#		Amount of ! In-kind contribution
04/06/2021	Out of primary (15%)		contribution (\$) description
	Contributor address; City; State; Zip Code	••••••••••••••••••	\$86.74 Advertising
	6502 Bandera Rd		l !
			į į
	San Antonio, TX 78238		Check if travel outside of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
Torme provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.1.eeb5f84
STITIS PROVIDED	. Dy 1 0 AGG EG 1100 OCH 1111110301011 WYYWY. TU IIV		A GLOIOLL A T. T. G.CDO 104

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/4 Rpt: 8/13
2 FILER NAME			3 Filer ID
Duran de Ro	odriguez, Irma Iris		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 03/23/2021	6 Full name of contributor out-of-state PAC (ID#: Northside AFT		8 Amount of 9 In-kind contribution contribution (\$) description \$1,080.00   Advertising
	7 Contributor address; City; State; Zip Code 6502 Bandera Rd		1
	San Antonio, TX 78238		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-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 contributo	r's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution
04/19/2021	Northside AFT		contribution (\$) description \$175.20   Advertising
	Contributor address; City; State; Zip Code	***************************************	atra.zu Muverusing
	6502 Bandera Rd		
	Con Antonio TV 70000		
5.1	San Antonio, TX 78238	Employer (ECD 115)	Check if travel outside of Texas. Complete Schedule T.
<u> </u>	upation / Job title (FOR NON-JUDICIAL) (See instructions)		-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	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 04/19/2021	Full name of contributor Out-of-state PAC (ID#: Texas AFT COPE		Amount of In-kind contribution contribution (\$) description \$2,557.76   Advertising
	Contributor address; City; State; Zip Code		g #2,557.701Auverusing
1	912 Highway 183 South		
1	Suite 100-A		_
	Austin, TX 78714	T =	Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/4 Rpt: 9/13
2 FILER NAME			3 Filer ID
Duran de Ro	odriguez, Irma Iris		
4			
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description
04/16/2021	Texas AFT COPE	***************************************	\$246.40   Advertising
	7 Contributor address; City; State; Zip Code		
	912 Highway 183 South		į į
	Suite 100-A		
	Austin, TX 78714	44.5	Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-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 contributo	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
	,		
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of ! In-kind contribution
03/31/2021	Texas AFT COPE		contribution (\$) description
00/02/2022	Contributor address; City; State; Zip Code		\$2,000.00 Advertising
	912 Highway 183 South		
	Suite 100-A		
	Austin, TX 78714		Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
			·
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of In-kind contribution
03/25/2021	Texas AFT COPE		contribution (\$) description
	Contributor address; City; State; Zip Code	***************************************	\$1,516.00 Advertising
	912 Highway 183 South		į
	Suite 100-A		į i
ł	Austin, TX 78714		Check if travel outside of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
	•		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	, <u></u>	
		<del> </del>	"

The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 4/4 Rpt: 10/13	
2 FILER NAME Duran de Rodriguez, Irma Iris		3 Filer ID	
<sup>4</sup> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS !	\$	
5 Date 04/09/2021 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description \$19.20 Stamps	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Unclaim Check if travel outside of Texas. Complete Schedu JUDICIAL) (See instructions)	ule T.
Internal Auditor  12 Contributor's principal occupation (FOR JUDICIAL)	RBFCU  13 Contributor's job title (F	FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor	r's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		ee Legal Services	emorials Expense tion Guide explains		/ages	/Contract Labor OTHER (enter a categor	ory not listed above)
<u> </u>	Total name Calculation	9		and available				
1	Total pages Schedule F1: Sch: 1/2 Rpt: 11/13	1	ER NAME ran de Rodriguez, I	rma Iris	_		3 Filer ID	
4	Date	5 Pav	/ee name				· · · · · · · · · · · · · · · · · · ·	
	04/14/2021	Ala	ımo Mailing					<del></del>
6		_	ee address; City	State	e; Zip Co	de		<del></del>
	\$926.24	131	114 Lookout Run					
ĺ		1						
			n Antonio, TX 7823		·····			<del></del>
8	PURPOSE OF		legory (See Categories lis	sted at the top of this sci	:hedule)	(b)	Description	1-b - 4 - 5 -
1	EXPENDITURE	Ad\	vertising Expense		l		Check if travel outside of Texas, Complete S Check if Austin, TX, officeholder living exper	
ı							Mail	
1								
Ļ	Complete Chill V if direct	<u> </u>	idate/Officeheld	me	Office	n h e	Office health	
9	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder na	arie	Office sou	ynt	Office held	
L		y						
	Date	Pay	/ee name			_		
1	04/21/2021	And	edot					
Г	Amount (\$)	Pay	vee address; City	State	e; Zip Co	de		
	\$49.30		20 McKinney Ave 7					
ĺ	1		.,					
		Da	llas, TX 75201					
Γ	PURPOSE	(a) Cat	tegory (See Categories is	sted at the top of this sc	:hedule)	(b)	Description	
1	OF EXPENDITURE	Fee				Ī	Check if travel outside of Texas, Complete S	
	<u> </u>	1				ļ	Check if Austin, TX, officeholder living exper	nae
	j	1				1	, 563	
$\vdash$		<u> </u>	Edea (att)		O#:-			
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder na	ırne	Office sou	gnt	Office held	
L	The second secon							
	Date	Pay	yee name					
	04/13/2021	Ca	pital One					
Γ	Amount (\$)	Pay	yee address; City	; State	e; Zip Co	de		···
	\$21.60	1 .	80 Capital One Dr					
1	, <u></u>							
	İ	MAG	Clean, VA 22102					
$\vdash$		<b>├</b>			,	e :		
1	PURPOSE OF		tegory (See Categories li	isted at the top of this so	chedule)	(a)	Description Check if travel outside of Texas, Complete 5	Schedule T
	EXPENDITURE	Fee	es				Check if travel outside of Texas, Complete s  Check if Austin, TX, officeholder living exper	
	I						Stamps	
					Ì		•	
$\vdash$	Complete ONLY if direct	Can	didate/Officeholder na	ıme	Office sou	L	Office held	
1	expenditure to benefit C/O					.g. (L	Onice Held	
$\vdash$								·
L								

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consuming Expense  Contributions/ Donations Made By  Candidate/Officeholder/Political		Gift/Awards/Memorials Ex Legal Services	pense Printin	g Expensi g Expensi es/Wages			Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment		The Instruction Guid		_			, , , , , , , , , , , , , , , , , , , ,
Total pages Schedule F1:	2 FILER NAM	E			<del></del>	3	Filer ID
Sch: 2/2 Rpt: 12/13	Duran de f	Rodriguez, Irma Iris	i				
Date	5 Payee name	9				٠.	
03/27/2021	Deco Pizza						
Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code		-	
\$35.94	2026 Babo	cock Rd	•				
	San Anton	io, TX 78229					
PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description		
OF EXPENDITURE		erage Expense	,			l outs	de of Texas, Complete Schedule T.
Da Enditore	•					n, TX	officeholder fiving expense
				ı	Food		
Commission Oblin V if direct	Condidate (Of	Kanbaldar nama	0#:				0/F l . l .
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office s	ougnt			Office held
Date	Payee name	e			<del></del>	, <del>,</del>	
03/27/2021	JVC Media						
Amount (\$)	Payee addr	ess; City;	State; Zip	Code			
\$1,684.39	7113	•					
	San Pedro	1					
	San Anton	io, TX 78216					
PURPOSE		See Categories listed at the	ton of this schoolule)	(b)	Description	_	
OF	Advertising		top of this schedule)	( )	_ `	outs	ide of Texas, Complete Schedule T.
EXPENDITURE					<b>—</b>		, officeholder living expense
					Signs/Shirts		
Complete ONLY if direct	Condidate/Of	ficeholder name	Office s	ought			Office held
expenditure to benefit C/O		nicentique name	Onices	ougin			Office field
Date	Payee nam	<u> </u>					
04/09/2021	•	rinting, LLC					
Amount (\$)	Payee addr	ess; City;	State; Zip	Code	<u> </u>		
\$1,227.56	8 Burwood		•				
	San Anton	io, TX 78216					
PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description		
OF EXPENDITURE	Advertising				<u></u>		ide of Texas. Complete Schedule T.
EXI ENDITORE				1	ш	in, TX	, officeholder living expense
					Advertising		
	Candidate/O	fficeholder name	Office s	Sought			Office held
Complete ONLY if direct							

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/13 2 FILER NAME 3 Filer ID Duran de Rodriguez, Irma Iris 5 Name of person from whom amount is received 8 Amount (\$) 04/15/2021 Frost Bank \$0.02 6 Address of person from whom amount is received; City; State; Zip Code 111 West Houston Street San Antonio, TX 78205 7 Purpose for which amount is received ☐ Check if political contribution returned to filer Bank Interest

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

	*****							
The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MR. KEVIN	MI	OFFICE USE ONLY					
NAME		QUEELV	Date Received					
	NICKNAME LAST ESCOBAR	SUFFIX						
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	ĺ					
OFFICEHOLDER MAILING ADDRESS	5614 C12055 POND							
Change of Address	SAN ANTONIO, TX 782	49						
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked					
OFFICEHOLDER PHONE	(210) 683-9845		Deschit # Amount 0					
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$					
TREASURER NAME	MR. KEVIN		Date Processed					
14 MAIIT	NICKNAME LAST	SUFFIX						
	ESCOBAR		Date Imaged					
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE; ZIP CODE					
TREASURER		,						
ADDRESS	5614 CROSS POND, S	AN ANTONIO, TX	< 78249					
(Residence or Business)								
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	·					
TREASURER PHONE								
	(210) 683 - 9845							
9 REPORT TYPE	January 15 30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)					
	July 15 8th day before elect	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)					
10 PERIOD	Month Day Year	Month	Day Year					
COVERED	3 /23 / 2021	THROUGH 4	/ 21 / 2021					
11 ELECTION	ELECTION DATE	ELECTION TYPE						
!	Month Day Year Primary	Runoff Other						
!	5 / 1 / 2021 General	Description Special						
!								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	)					
	N/A	NURTHSIDE ISD	BOARD DISTRICT 7					
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AG	ACCEPTED OR POLITICAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPPORT					
POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME	TO THE STATE OF TH	THE RESERVE NOTICE OF BOOK EN ENDITORIES					
	1							
	GENERAL COMMITTEE ADDRESS							
Additional Pages								
	SPECIFIC COMMITTEE CAMPAIGN TREAS	SURER NAME						
	COMPUTER CAMPAIGN TRE							
	COMMITTEE CAMPAIGN TREA	ASURER ADDRESS						
	GO TO P	PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	KEVIN ESCUBAR	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 468.99
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s) \$ 8,482.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 23.05
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,657.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	\$ 3,229.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$ 0.00
g Time ( North annual Command	Please complete either option belo	Cańdidate or Officeholder
(1) Attacket Notary F Comm.	NDA MAGEE Tublic, State of Texas Expires 01-21-2025 Bary ID 8819095	
NOTARY STAMP/SEA		<b>*</b> • • •
Sworn to and subscribed 20 2 , to certify		e Zzna day of April,
	which, witness my hand and seal of office.  Linda Magee	Exec Asst,
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	s .
		(state) (zip code) (country)
Executed in	County, State of, on theday of(mont	th) , 20 (year) .

Signature of Candidate/Officeholder (Declarant)

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

### FORM C/OH COVER SHEET PG 3

19	FILER NAME KEVIN ESCOBAR	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 818.99
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	11.400	\$ 7,663.10
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 1,657.61
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

### **MONETARY POLITICAL CONTRIBUTIONS**

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	E KEVIN ESCOBAR	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor	7 Amount of contribution (\$)
3/26	6 Contributor address; City; State; Zip Code 6135 DAILWOOD SA TX 78249	250.00
Principal occ	cupation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/8	Contributor address; City; State; Zip Code 4516 BERICMAN AUSTIN, TX 78723	100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  VAHOUS (UNDER \$90 EACH)	Amount of contribution (\$)
Melous	Contributor address; City; State; Zip Code	468.99
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	dions)
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 Instruct	ions)

### SCHEDULE A2

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

ii aio ioqu	octor information to not applicable, <b>50 NOT Inform</b>	- uno pago	in the report.				
Tł	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:				
2 FILER NAM	E KEVIN ESCOBAR	3 Filer ID (Ethics Commission Filers)					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ 0.00					
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution description				
4/20	7 Contributor address; City; State; 6502 BANDERA SA, Tメ 7	Zip Code	1,341.94 POST CARDS				
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)				
	principal occupation (FOR JUDICIAL)	13 Contribu	for's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description				
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 contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
·							
	ATTACH ADDITIONAL CODIES OF T	ile euneum	E AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If the requ	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>							
Ti	ne Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2:					
2 FILER NAM	E KEVIN ESCOBAR		3 Filer ID (Ethics Co	mmission Filers)				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.0	0				
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description				
4/20	7 Contributor address; City; State; 912 HIGHWAY 183 S. AUSTIN	Zip Code	6,321.16	MAIL / PHONE/ DIGITAL APS				
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA					
	Principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)				
16 If contributor 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				
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T.  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 contributor's spouse (if any) (FOR JUDICIAL)						
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
f	ATTACH ADDITIONAL COPIES OF T			roguiromento				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/A  The Instruction Guide explains how to	Nages/Contract Labor	Other (enter a category not listed above)		
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)		
4 Date 3/23	5 Payee name VISTA PRINT				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
382.26	275 WYMAN ST	WALTHAM	, MA 02451		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	PRINTING EXP	POST CARDS			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/16	KLMO - FM				
Amount (\$)	Payee address;	City;	State; Zip Code		
200.00	4241 E. PIEDIENS DR.	SAN AN	TON10 , TX 78228		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADV. ExPENSE	RADIO			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
VARIOUS	VARIOUS (PATPAL)	VENMO PE	es)		
Amount (\$)	Payee address;	City;	State; Zip Code		
23.05	N/A				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FEE S	FEES			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other feriter a catego	ory not listed above;	
1 Total pages Schedule F1:	2 FILER NAME KEVIN ESCOBAR		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
254.61	14455 N. HAYDEN	SCOTTSDALO	E 42	85260	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	OTHER	WEBSITE	;		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
VARIOUS	JUST SMASM'EM				
Amount (\$)	Payee address;	City;	State;	Zip Code	
164.40	13930 FM 1560	HELOTES	, Tx	78023	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FOOD/BEV EXP	BEVERAGES			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	j expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Рауее пате				
VACIOUS	SIGNARAMA SA NI	W			
Amount (\$)	Payee address;	City;	State;	Zip Code	
633.29	12651 VANCE JACKSON	H 118 S	SA, TX	78249	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	PRINTING EXP	SIGNS			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEET	DED	***************************************	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT							FORM C/OF COVER SHEET PG		
The C/OH Instruction C	Juide explains how	/ to complet	te this form.	1 File	r ID pëthies Co	ommission Filors)	2 Total page	us flad:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR		FIRST	asmirostis in electronista	anned Mornet major Morigo, North State	MI	OFFICE USE ONLY		
NAME	Mrs.	Kar		*******		B. SUFFIX	Date Received	<u> </u>	
	2mW/NORM		eman			SUFFIX	ĺ		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 9522 Maytur		PT / BUITE #,	env. Helotes	state; TX	78023			
Change of Address  5 CANDIDATE/	AREA CODE	61 (ALIC	NUMBÉR				فسيانية سيمسم موصوحات	and the second s	
OFFICEHOLDER PHONE	(210)		5736		EXTENSIO	NY.	Date Hand-dekv	vered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	- I	FIRST			MI	Roceipl #	Amount \$	
TREASURER NAME	Mrs.		ila				Dato Processed	i i i veri verigen i Arabi kalalalalalala Meli Bib elementi lima de estida e i estida e i estida e i estida e i	
	NICKNAME		nescu			SUFFIX	Dals Imaged		
7 CAMPAIGN TREASURER ADDRESS	9010 Swinb		'LEASE); APT	I FBUITE #,	сн <b>у</b> ;	San Antoni	io T		
(Residence or Business)				eredoskáttá voltalná Súlfadlassa		C/1.TECO4.884-FW149W-FW-FV-WW	ran o de o e controlamentalista que un un	and the state of t	
8 CAMPAIGN TREASURER PHONE	(210 )	PHONE 1	кимаек 9694		extensio	i <b>K</b>			
9 REPORT TYPE	January 15		30th day befo	ne election	Rund	off	treasure	ay after campaign Or eppointment Incider Only)	
	July 16		Kill day before	a election		eded Madified riling Limit		leport (Atlach G/OH - FR)	
10 PERIOD COVERED	Month	Day / Od	Year 7 CVA			Month A	•	Year	
	3	/ 23	/ Z1	THF	ROUGH		/ 21 / 2	<u> </u>	
11 ELECTION	ELECTION DAY	VE Year	Peima	ary f	i Nonuš	ELECTION TYPE Other			
	5 / 1	<b>/</b> 21	<b>M</b> Gene	ıral §	îpecial	Description		and the same of th	
12 OFFICE	OFFICE HELD (// arry)	.,		T <sub>1</sub>	3 OFFICE SI	DUGHT (if known)	<u> </u>		
12 01110E	Northside IS	D, Truste	ee, SMD	i i			Trustee, §	SMD #7	
14 NOTICE FROM POLITICAL  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE				7/1047879 00 088608	FUČI DEBIR VMOMA KROB OB				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	THE PERSON NAMED OF THE PE	DAA TAUGER J.C.	<del></del>		3004740		
	GENERAL	COMMITTEE	E ADDRESS	··		<u></u>	######################################		
Additional Pages	SPECIFIC	COMMITTEE	E CAMPAIGN 1	TREASURER NA	AME		-		
		COMMITTE	E CAHDAIAN	Yagagunga /	INDER C			***************************************	
		COMMITTEE	s CAMPAIGH	TREASURER A	DDKESS				
			GO TO	O PAGE	2				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

ALIMI LIGIT		
15 C/OH NAME	B. Freeman	16 Pilor ID (Ethios Commission Pilers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN S again or C grains
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 1041,40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ~ ~
	4. TOTAL POLITICAL EXPENDITURES	\$ 2779.37
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ 184140 AF
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$ 4465.41
18 SIGNATURE I S	wear, or affirm, under penalty of parjury, that the accompanying report is tr	ue and correct and includes all information
rec	quired to be reported by me under fille 15, Election Code.	
	Ra	un Lemen
	Signature of C	andidate or Officeholder
		ere de la
	the second secon	
. • •	Please complete either option below	<b>W:</b>
(1) Affidavit		
:		
		•
HOTARY STAMP/SEAL		
Swarn to and subscribed	before me by this the	day of
·	which, witness my hand and seal of office.	
ZU BORINY	milital minera my mand discrete or annex	
Name of the Control o		Title of officer administering eath
Signature of officer edinistrates	leg oath Printed name of officer administering oath	THE OF DIRECT SOMERSICING DAILS
	OR.	<b>50. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10</b>
(2) Unsworn Declaratio	<b>11</b> .	
My name is Koren	I Trocmon and my date of birth I	· <u>110/56</u>
My address is <u>95.22</u>	Matin Cicela Actores	1X 78023 Kex ou
· Open manufacture and an additional and a strong		(state) (zip code) (country)
Executed in	County, State of, on the day of	, 20
And the second s	(mon	Net "
	consequence and the second	TOULMAN (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILERNAME Faren Freeman	ommission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1041.40
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	s 2779.37
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	S
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM-	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schodule A1. The instruction Guide explains how to complete this form, 2 FILER NAME 3 Filer ID (Ethics Commission Filors) Karen B. Freeman 5 Full name of contributor 7 Amount of contribution (\$) Deb Caldwell 03/25/2021 250.00 City: State: Zip Code 13623 Topaz Lake, Helotes TX 78023 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Governmental Relations and Grants Development NEISD Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) M'Lissa Chumbley 03/25/2021 250.00 Contributor address; City: State; Zip Code 6718 Forest Haven St San Antonio TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Claims USAA Full name of contributor Date out-of-state PAC IIDs Amount of contribution (\$) Carolyn Wernli 03/30/2021 150.00 Contributor address; State; Zip Code 37 Campden Circle San Antonio TX 78218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Educator Date Full name of contributor out-of-sinte PAC (ID) Amount of contribution (\$) John M. Folks 04/16/2021 100.00 Contributor address: City; State: Zip Code 38 Spring Lake Dr San Antonio TX 78248 Principal occupation / Job title (See Instructions) Employer (Son Instructions) Retired Educator/Superintendent ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	V PC-	3 Filer ID (Ethics Commission Filers)
Lind	a C Mora Karon B. Freeman	
Date	5 Full name of contributor	_) 7 Amount of contribution (\$)
1 1	Linda G. Mora	
4/4/21	6 Contributor address; City; State; Zip Code	
	1338 Canyon Brk San Antonio 1X78248	100.00
( materials	upation / Job title (See Instructions)  9 Employer (See Instructions)	ructions)
Educo	tor - Retired N/A	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4	Robert Blount	80000
4/9/21		95.70
	13450 Sunnyview Trail San Antonio 77825	3 KF 1000
	pation / Job title (See Instructions) Employer (See Instru	uctions)
Engine	en Mitre Corp	
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
-1-1	Jerry Lammers  Contributor address; City; State; Zip Code	
4/11/21	Contributor address; City; State; Zip Code	\$ 95.70
	579 Carona Are Sin Antow X78209	73.70
	pation / Job title (See Instructions) Employer (See Instru	uctions)
Arch	tect Alamo Ar	chitect 5
Date	Full name of contributor	_) Amount of contribution (\$)
	Contributes address: City Code	
	Contributor address: City: State; Zip Code	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

F-9						
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politii Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid	Office Polling pense Printin Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraisis Transportation Equipr Travel in District Travel Out Of District Other (enter a categor	rent & Related Expense
1 Total pages Schedule G:	2 FILER NA	en B. Free	2-4:10		3 Filer ID (Ethics	Commission Filers)
4 Date 4/15/2021	5 Payee nar	ne	= v <b>V</b> 141	Solutions		
6 Amount (\$) 2547, 27	7 Payee add		THE PROPERTY AND THE PR	City;	State;	Zıp Code
Rembursement from political contributions intended				· San Protorio	N 782	49
8 PURPOSE	(a) Category	(See Categories listed at the to		(b) Description		
OF EXPENDITURE	Postcaro	15, Printing, 1	ntiscia Pa	type Asi	before	
	feet and	Check if travel outside of Texas, C			TX, officeholder living ex	pense
9	Candid	ate / Officeholder name	e	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	Ka	cren B. Free	man	MISDTrustee	SMD#7	Trustre
Date	Payee nar	ne				
4/15/2011		stant Con	tad		***************************************	
Amount (\$)	Payee add			City;	State;	Zip Code
41.62 Reimbursement from		stantcontac	- 1. 6			
political contributions intended	86	6-618-542	.0			3
PURPOSE	Category	(See Categories listed at the to	op of this schedule)	Description		
OF		idvortising		Moustot	ter by en	200 1
EXPENDITURE	r	Check if travel outside of Texas. Co	emelete Schodule T			
	1000	ate / Officeholder name		Office sought	TX, officeholder living ex	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	,			Residentation of Assets (See Sect.)		Office held
	Mar	en B. Free.	nan	NISO Trusto	· 3MD #7	(Sanc)
Date	Payee nan					-
4/8/21	Pres	tige Printin	iss			
Amount (\$) /62,38	Payee add	ress;	4	City;	State;	Zip Code
Reimbursement from political contributions intended	8	Burwood 1	ane	Su Huteric	A 78	9/6
PURPOSE	Category	(See Categories listed at the to	p of this schedule)	Description		
OF EXPENDITURE	ndu	ertising		Printing		
	c	heck if travel outside of Texas. Co	mplete Schedule T,	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct	Candida	te / Officeholder name	1	Office sought		Office held
expenditure to benefit C/OH	X	aren B. Fran	enan	NISD Trustae	- SMO#7	(Same)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advantsing Expanse Event Exponse Loan Ropayment/Rombursement Office Overhead/Ronful Expense Solicitation/Fundraising Expunso Transportation Equipment & Related Expense Faes Food/Beverage Expense Grl/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travol la District Contributions/Donations Made By Printing Exponse Travel Out Of District Cundidate/Officeholder/Political Committee Legal Services Salanes/Wages/ContractLabor Office (enter a category not listed above) The Instruction Guide explains how to complete this form-Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Pilers) Haren treeman 4 Date 4/10/21 6 Amount (\$) 7 Payce address; Zip Code 28.10 Remoursement from political contributions 9115 N Loop 1604 W. San Antonio TX monday (a) Catogory (See Categories listed at the top of this schedule). 8 (b) Doscription PURPOSE (As Gedore Supplies Surve EXPENDITURE Check if Auslin, TX, difficulties twing expense Check of travel outside of Yoxes, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete QMLY if direct MISD Trustee\_SMO.tt.7 Freeman expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Stata: Zip Code Rembursement from political contributions mended Category (See Calegories listed at the top of this conedula) Description PURPOSE ŐF EXPENDITURE Check Travel cultivide of Texas. Complete Schoolide T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH Payce came Date Amount (3) Payee address: City; State: Zip Code Reinhursement from political contributions intended Category (See Categorion listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Chark ditravel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this forn	m. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Cavol	MI	OFFICE USE ONLY		
	NICKNAME HAST	e suffix	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #;	; CITY; STATE; ZIP GODE			
ADDRESS  Change of Address	5havano Par	ide Dr.	·		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (.010) 954- L	EXTENSION F20 B	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS (MRS))MR FIRST SULV Q	MI	Receipt # Amount \$  Date Processed		
	NICKNAME LAST	UCZ SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER	1/20	PT / SUITE #; CITY;	STATE; ZIP CODE		
ADDRESS (Residence or Business)	1	smill 78	525 p		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (200) 7.89 —	LOO/			
9 REPORT TYPE	January 15 30th day bef	-	15th day after campaign treasurer appointment		
	July 15 Sth day before	ore election Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 3 / 23 / 20	)2( THROUGH 4	Day Year / 23 / 20 2		
11 ELECTION	ELECTION DATE  Month Day Year Prim				
	5/1/2021 Acen	Description neral Special			
12 OFFICE	OFFICE HELD (IT any) NISD Trustee District	13 OFFICE SOUGHT (if known)	729		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITION CONSENT. CANDIDATES AND OFFICEHOLDERS ARE RE				
	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN	TOPACHED MAME			
	COMMITTEE CAMPAIGN	TREASURER ADDRESS			
GO TO PAGE 2					

### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** \$ TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: LINDA MAGEE Notary Public, State of Texas Comm. Expires 01-21-2025 Notary ID 8819095 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 OR (2) Unsworn Declaration My name is \_\_\_ , and my date of birth is My address is (street) (city) (state) (zip code) (country) Executed in \_\_\_\_\_\_, on the \_\_\_\_\_ Signature of Candidate/Officeholder (Declarant)

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

### FORM C/OH COVER SHEET PG 3

19 FILER N	CAROL HARLE	20 Filer ID (Ethics Co	mmission Filers)
	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
з. 🗌	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		* Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ (2)
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 0
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	*

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

			····		***************************************	
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (	(Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jakub	•	MI	OFFICE	USE ONLY
I N/ XIVII	NICKNAME	LAST <b>Kosiba</b>		SUFFIX	Date Received	**
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #;		TATE; ZIP CODE	e**	
Change of Address	4					
5 CANDIDATE/ OFFICEHOLDER PHONE	(210 )	PHONE NUMBER 421-6059	E	XTENSION	Date Hand-delivered	·
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST  Jakub		MI	Receipt #  Date Processed	Amount \$
NAME	NICKNAME	LAST	•••••••••	SUFFIX	Date Hoodesta	
		Kosiba			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT /	SUITE #; ), 78240	CITY;	STATE;	ZIP CODE
(Residence or Business)			,	•		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	E	XTENSION		
TREASURER PHONE	(210)	421-6059	9			
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day afte treasurer ap (Officeholder	- Control of the Cont
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year  1 / 21	THROUG	Month 4	Day Year  / 23 / 21	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	y Runoff	Other		-
				Description	u #	
	5 / 1	.21 Genera	I Specia			
12 OFFICE	OFFICE HELD (if any)		f	FFICE SOUGHT (if known		strict 5
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQ	ES MAY HAVE BEEN	MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		3		
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRI	ESS		
	I					
		GO TO	PAGE 2	2.8		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIG	N FINANCE REPORT	COVER SHEET I'G Z
15 C/OH NAME Jakub Kosiba		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)	\$ 25.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 37.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE \$
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
T .	quired to be reported by me under Title 15, Election Code.	and the second of the second o
		20/
1	- John	ICH
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<b>/:</b>
		n.
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and aubomited	hefere we by	,
Sworn to and subscribed		, day of,
20, to certify	which, witness my hand and seal of office.	4
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	, and my date of birth is	May 6, 1992
My address is 6003	Lockhill Rd Sun Antonie, 7	X 78240 Bexar
Executed in Bexay	County, State of TEXAS, on the 22 day of Apr	, =
	lah	(year)
	Signature of Candid	late/Officeholder (Declarant)

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

### FORM C/OH COVER SHEET PG 3

19 FILE  Jakuk	r name o Kosiba	20 Filer ID (Ethics Co	mmission	Filers)
	IEDULE SUBTOTALS IE OF SCHEDULE		07.003	JBTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	e.	\$	25.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	÷ 1
4.	SCHEDULE E: LOANS	P	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			37.81
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Jakub Kos	siba			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Pearl De La Cruz		C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; 13490 Sherwood Rd.	City;	State; Zip Code	25.00
8 Principal occu Realtor	pation / Job title (See Instructions)	ς	9 Employer (See Instruction Self-Employed	tions)
Date	Full name of contributor	out-of-state PA	C (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 PA	C (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 PA	© (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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)

ordan dymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Jakub Kosiba		3 Filer ID (Ethics Commission Filers)	
4 Date 04/02/2021	5 Payee name Facebook, Inc	98		
6 Amount (\$) 8.00 Reimbursement from political contributions intended	7 Payee address; 1 Facebook Way, Menlo Park, CA	City; 94025	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description political ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 04/07/2021	Payee name Facebook, Inc			
Amount (\$) 9.96  Reimbursement from political contributions intended	Payee address; 1 Facebook Way, Menlo Park, CA	City; 94025	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description political ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held	
Date 04/12/2021	Payee name Facebook, Inc			
Amount (\$)  9.85  Reimbursement from political contributions intended	Payee address; 1 Facebook Way, Menlo Park, CA	City; 94025	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description political ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jakub Kosiba 4 Date 5 Payee name 04/17/2021 Facebook, Inc. 6 Amount (\$) 7 Payee address; Zip Code City; State: 10.00 1 Facebook Way, Menlo Park, CA 94025 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** political ad Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### **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 FIRST 3 CANDIDATE/ MI OFFICE USE ONLY OFFICEHOLDER Mr. Thomas Α NAME Date Received NICKNAME LAST SUFFIX Leger 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #; CITY STATE: ZIP CODE OFFICEHOLDER 11711 Wall St. Apt. 12302 San Antonio TX 78230 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (409) 540-2117 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST MI TREASURER Isaih S Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Flores STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN APT / SUITE #: CITY STATE: ZIP CODE 7902 Cypress Crown TREASURER San Antonio TX 78240 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION TREASURER PHONE (806) 928-2274 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day COVERED 23 2021 04 / 21 / 2021 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Runoff Other Month Day Year Description 2021 ✓ General Special 01 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Northside ISD Board of Trustees, District 6 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

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Mr. Thomas A Leger		16 File	er ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER TH JARANTEES OF LOANS, OR LECTRONICALLY)	AN	\$ 0	
	2. TOTAL POLITICAL CON- (OTHER THAN PLEDGES, I	TRIBUTIONS LOANS, OR GUARANTEES OF LOAN	S)	\$ 10	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE.		\$ 0	
	4. TOTAL POLITICAL EXPE	NDITURES		\$ 890	.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE L	AST DAY	\$ 120	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUN     LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE	\$ 0	
(1) Affidavit  NOTARY STAMP/SE		Signature of t		or Officehold	ler
Sworn to and subscribe	d before me by	this th	e	day of	
20, to certif	y which, witness my hand and seal of office	<b>)</b> ,			
Signature of officer adminis	tering oath Printed name of	officer administering oath		Title of office	r administering oath
		OR	TEA S	STATE OF	DEN BUS
(2) Unsworn Declarat	tion				
My name is	Thomas A Leger	, and my date of birth	ie	08/23/19	92
500 COLUMN CARCOLO NO MARIA	711 Wall St. Apt. 12302	San Antonio	TX	78230	US
Executed in Bexar	(street) County, State of Texas	, on the 23rd day of Ap	(state) ril	(zip code) 20 21 (year)	(country)
		Signature of Can	didate/Offic	cholder (Dec	larant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	Thomas A Leger 20 Filer ID (Ethics Co	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s	

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to co	omplete this	form.		1 Total pages Schedule A1:
2 FILER NAME	ia e				3 Filer ID (Ethics Commission Filers)
Thomas A I	Leger				
4 Date 04/19/2021	5 Full name of contributor Gerson Smith	out-of-state PAC	C (ID#:		7 Amount of contribution (\$)
04/19/2021	6 Contributor address;	City;	State;	Zip Code	10
	1134 E Elk Ave. Apt 6 G	lendale	CA	91205	
8 Principal occu	upation / Job title (See Instructions)		9 Emplo	oyer (See Instruct	tions)
Licensed Vo	ocational Nurse		Com	munity Clinic	C
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address;			Zip Code	
Principal occup	 pation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
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)		Emplo	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address; (	City;		Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
	ATTACH ADDITIONA	COPIES	F THIS S	CHEDULEASN	FEDED

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

### **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 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

Candidate/Officeholder/Politic	- Filletig Ex	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4: 1 of 2	2 FILER NAME Thomas A Leger		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CR	REDIT CARD	\$ 0
5 Date 03/30/2021	6 Payee name Local Community News		
7 Amount (\$) \$516	8 Payee address; 5545 Fredericksburg Rd. Ste. 211	c <sub>ity;</sub> San Anton	State; Zip Code iio TX 78229
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10  PURPOSE  OF  EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Ad pla	acement
11 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name O	Check if Aut	stin, TX, officeholder living expense Office held
Date 04/11/2021	Payee name Facebook		
Amount (\$) \$19.19	Payee address; 1 Hacker Way	c <sub>ity;</sub> Menlo Park	State; Zip Code CA 94025
TYPE OF EXPENDITURE	Political Non-Po	olitical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Ad p	placement
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEE	EDED

### **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 Gitl/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 (anter a category not listed shows)

Candidate/Officeholder/Politics	al Committee Legal Services Salaries/Wage The Instruction Guide explains how to com	es/Contract Labor plete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4: 2 of 2	2 FILER NAME Thomas A Leger		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREI	DITCARD	\$ 0
5 Date 04/12/2021	6 Payee name Just Yard Signs		- 627
7 Amount (\$) \$355	8 Payee address; 2235 Mercator Dr.	city; Orlando	State; Zip Code FL 32807
9 TYPE OF EXPENDITURE	Political Non-Politic	cal	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Signs	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Officeholder name	Check if Aust	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Politic	cal	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	din, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	e sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEE	EDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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 Git/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 Qut Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G: 1 of 1	<sup>2</sup> FILER NAME Thomas A Leger		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/30/2021	Local Community News			
6 Amount (\$) \$516	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended 5545 Fredericksburg Rd. Ste. 211 San A		San Antor	nio TX	78229
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Ad pla	cement	
2 (2 2 7 6 7 6 8 2 7 P. 4 5 8 P. 5 (1 5 0 A)	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	cpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/11/2021	Facebook			
Amount (\$)	Payee address;	City;	State	Zin Codo
\$19.19 Reimbursement from political contributions intended	1 Hacker Way	Menlo Park	State; CA	Zip Code 94025
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Ad placemen	nt	
9	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	opense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/12/2021	Just Yard Signs			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$355 Reimbursement from political contributions intended	2235 Mercator Dr.	Orlando	FL	32807
DUDDOGE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	Candidate / Officeholder name	Office sought	(	Office held

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mr. Kevin	MI	OFFICE USE ONLY			
NAME			Date Received			
	NICKNAME LAST  McEachirn	SUFFIX				
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE				
OFFICEHOLDER MAILING	9502 Basket Elm					
ADDRESS	San Antonio, Texas 78254					
Change of Address						
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
OFFICEHOLDER PHONE	(210 ) 521-3894		Receipt #   Amount \$			
6 CAMPAIGN	MS / MRS / MR FIRST	MI				
TREASURER NAME	(Candidate)		Date Processed			
	NICKNAME LAST	SUFFIX	Date Imaged			
			-			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE			
TREASURER ADDRESS	(Same as candidate)					
(Residence or Business)						
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	4 240 · F04 2004					
PHONE	(210) 521-3894					
9 REPORT TYPE	January 15 🔳 30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before 6	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	3 / 23 / 21	THROUGH 4	/ 21 / 21			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	y Runoff Other Description				
	5 / 1 / 21 Genera	al Special				
	, ,					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	·			
	None	NISD Board of Tr	usiees			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.  COMMITTEE TYPE COMMITTEE NAME	UIRED TO REPORT THIS INFORMATION ONLY IF 1	HEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TIPE COMMITTEE NAME					
	GENERAL COMMITTEE ADDRESS					
Additional Pages						
	SPECIFIC COMMITTEE CAMPAIGN TF	REASURER NAME				
	COMMITTEE CAMPAIGN T	REASURER ADDRESS				
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kevin McEachirn			<b>16</b> F	Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOA	MIZED POLITICAL CONTRIBUTIONS (OTHER ANS, OR GUARANTEES OF LOANS, OR NS MADE ELECTRONICALLY)	RTHAN	\$	0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	OANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITI	CAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC	AL CONTRIBUTIONS MAINTAINED AS OF TO PERIOD	HE LAST DA	Y \$	0.00
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS THE REPORTING PERIOD	S AS OF THE	\$	0.00
	· ·	Ity of perjury, that the accompanying report	is true and	correct and in	cludes all information
		Kevin	e McC	achirn	
		Signature	of Candida	ate or Officeho	Ider
	Ple	ease complete either option b	elow:		
(1) Affidavit					
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by	thi	is the	day of_	,
20, to certify	vhich, witness my hand and	seal of office.			
Signature of officer administe	ing oath Pri	nted name of officer administering oath		Title of office	cer administering oath
		OR			
(2) Unsworn Declaration	n				
My name is Kevin McE	achirn	, and my date of b	oirth is 17 I	December 6	1 .
My address is 9502 Bas		San Antonio	, Tx	, 78254	Bexar
Executed in Bexar	(street)County, State of _	Texas , on the 21 day of A	(state) April (month)	(zip code) <sub>, 20</sub> 21 (vear	(country)
		Kei	in Mc	Cachin	n
		Signature of	Candidate/C	Officeholder (De	eclarant)

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

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com			on Filers)
	Kevin McEachirn			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
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		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

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

	The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	RE	Employer (See Instruct	Tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
	Date	Full name of contributor	out-of-state PA(	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)

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.

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	        de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe		AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

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 Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		_	te; Zip Code		 
				Check if travel outs	I. ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	<b>11</b> Employer (See I	nstructions)	
	Date	Full name of pledgor $\bigcap$ out-of-state PAC (ID#:	QUIR	Amount Of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	te; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principa <b>l</b> occup	ation / Job title (See Instructions)	Employer (See I	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	te; Zip Code		 
				Check if travel outs	I. ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code		 
				Check if travel outs	। ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
_					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E

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

The	Instruction Guide explains	how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender	out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
$\square$ Y $\square$ N	NIOT			11 Maturity date
12 Principal occupation	on / Job title (Set Introction)	r	M: Employ (see in tructions	<del>:</del> D
14 Description of Coll	ateral		Check if personal fur account (See Instruc	nds were deposited into political titions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	<b>18</b> Guarantor address;	City;	State; Zip Code	
not applicable				
20 Principal Occupat	tion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State; Zip Code	Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Coll	ateral			nds were deposited into political
none			account (See Instruc	tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	
	ATT 4 OU 4 DD			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

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 d	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Payee name		I
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	PayNOT REC	UIRE	ED
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	rin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITER	⊥ MIZED UNPAID INCURRED OBLIGATIO	NS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-	Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF				
EXPENDITURE	(c) Chark mean outside of Texas, Complete State uta T	QUIR	It in TX officeholder living of	expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office he	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-	-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description		
	Check if travel outside of Texas. Complete Schedule 1	Check if A	Austin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office he	eld
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EEDED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment  NOT REQU	JIRFD
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	ι; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Exper

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Garianato, emechetasini emec	ŭ .	ains how to complete this form.	Cities (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
	NOT F	REQUIR	ED
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Al	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF	Category (See Categories listed at the top of t	his schedule) Description	
EXPENDITURE	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Polling Expense Travel In District
Printing Expense Travel Out Of Dist
Salaries/Wages/Contract Labor
Other (enter a cate

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

ov not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	ourse (enter a sategory i	othotou abovo,
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
<b>4</b> Date	5 Payee name	'		
6 Amount (\$)  Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  Check if Austin	, TX, officeholder living expe	nse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		ffice held
Date	Payee name NOT R	EQUIF	KED	
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought		Of	ffice held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	ffice held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

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

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

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

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

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Date	5 Business name		
Amount (\$)	7 Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business MOT RE	EQUIF	RED
Amount (\$)	Business address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
OF	Candidate / Officeholder name	Check if Aust	tin, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)	Candidate / Officeholder name  OH  Business name	Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Candidate / Officeholder name  OH  Business name  Business address;	Office sought  City;  Description	Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	The Instruction Guide explains how to cor	nplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	required.)	instructions regarding type of in	formation
Date	Payee name NOT RE	:QUIK	EU	
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type of in	formation
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type of in	formation
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type of in	formation
	ATTACH ADDITIONAL CODITO OF THE			

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

### SCHEDULE K

The	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received  NOT REQU	IIRED	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
		ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

ii the requested in	iormation is	not applicable, <b>DO N</b>	OT include this pa	ge in the report.	
The Instru	ction Guide	explains how to comple	te this form.	1 Total pages Schedule T:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	Corporation c	r Labor Organization / Pled	dgor / Payee		
5 Contribution / Expendit Schedule A2 Schedule F2	Sche	dule B Schedule E			edule F1 edule B-SS
6 Dates of travel	7 Name of	person(s) traveling			
	8 Departure	e city or name of departure	location		
	9 Destination	on city or name of destinati	on location		
10 Means of transportation	on	· .		ce, seminar, or other event)	
Name of Contributor /	Corporation o	or Labo Organization / Pled	REQU	JIRED	
Contribution / Expendi Schedule A2 Schedule F2	Sche	on: dule B Schedule E			edule F1 edule B-SS
Dates of travel	Name of	person(s) traveling			
	Departur	e city or name of departure	location		
	Destination	on city or name of destinati	on location		
Means of transportation	on	Purpose of travel (inclu	iding name of conference	ce, seminar, or other event)	
Name of Contributor /	Corporation o	or Labor Organization / Pled	dgor / Payee		
Contribution / Expendi	ture reported	on:			
Schedule A2	Schedul	e B Schedule B(J	Schedule C2	Schedule D Schedu	ule F1
Schedule F2	Schedul	e F4 Schedule G	Schedule H	Schedule COH-UC Schedu	ule B-SS
Dates of travel	Name of	person(s) traveling			
	Departur	e city or name of departure	location		
-	Destination	on city or name of destinati	on location		
 Means of transportation	on	Purpose of travel (inclu	iding name of conference	ce, seminar, or other event)	
	AT	TACH ADDITIONAL CO	PIES OF THIS SCHED	ULE AS NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	
		<ul><li>Complete only if "Report Type" on page 1 is marked "Fina</li></ul>	I Report" ••
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE	
	designa	t expect any further political contributions or political expenditures in connection with my ating a report as a final report terminates my campaign treasurer appointment. I also us ign contributions or make any campaign expenditures without a campaign treasurer appointment.  NOT REQUIRE	nderstand that I may not accept any pointment on file.
4		WHO IS NOT AN OFFICEHOLDER  Inplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.
		I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to contributions and that I may not retain ibutions longer than six years after all contributions and unexpended
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.
		I do retain assets purchased with political contributions or interest or other income fro that I may not convert assets purchased with political contributions or interest or othe personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to
		S	ignature of Candidate
5		EHOLDER  uplete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as
		Siç	gnature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1			
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer 1D (Ethics Com	nission Filers)	2 Total pages fil	ed:	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR	<sub>First</sub> Blake		Ě	OFFICE	USE ONLY	
NAME	NICKNAME	LAST Rawith	************	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	8744 I 60/			zip code. 7825 <sup>(</sup> /			
Change of Address		ma 1 a E tha i a a bhachanni					
6 CANDIDATE/ OFFICEHOLDER PHONE	(772 )	708-3332	extension			or Date Ppetmarked	
6 CAMPAIGN	MS/MRS/MR	FIRST		MI 	Receipt #	Amount \$	
TREASURER NAME	Mr	Blak	**********	E	Date Processed		
	NICKNAME	Rawitt	•	BUFFIX	Date imaged		
7 CAMPAIGN	STREET ADDRESS		/ SUITE #; CITY;		STATE;	ZIP CODE	
TREASURER ADDRESS	8744 Ironw	ood Aill	San An	olnor	TX	78254	
(Residence of Business)	ÀREA CODE	PHONE NUMBER	EXTENSION			<del>, , , , , , , , , , , , , , , , , , , </del>	
8 CAMPAIGN TREASURER PHONE	(772)	708-3332					
9 REPORT TYPE	January 15	30th day befo	re election Runoff		15th day af treasurer a (Officeholde		
المالية	July 15	8th day before	e election Excoed Reporti	ed Madified ng Limil		t (Atlach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Year	•	
COVERED	03 /	/ 23 /2001	THROUGH	04/	/21/20	a l	
11 ELECTION	ELECTION DA	TE	EL	ECTION TYPE		y manufacture and the second s	
	Month Day	Year Prima	ary Runoff	Öther Description			
	05/01/	2021 \ Gene	eral Special	<u> </u>			
12 OFFICE	OFFICE HELD (If any)		NJSD	Bistric			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITE	ONS ACCEPTED OR POLITICAL EXI URES MAY HAVE BEEN MADE WITH COURED TO REPORT THIS INFORMA	HOUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS	: "		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME				
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			V-7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	1	GO T	O PAGE 2			The state of the s	

	E / OFFICEHOLDER FINANCE REPORT	FORM C/OH COVER SHEET PG 2
16 C/OH NAME Blak	e Rawitt	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
:	Z. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 🖒
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ Ö
OUTSTANDING LOAN TOTALS	6. Total principal amount of all outstanding loans as of last day of the reporting period	THE \$
	ear, or affirm, under penalty of perjury, that the accompanying report is true fred to be reported by me under Title 15, Election Code.	and correct and includes all information
	Blake	Rawill
		ndidate or Officeholder
(1) Affidavit	Please complete either option below	:
NOTARY STAMP/SEAL		
	efore me by this the	day of
20, to certify w	hich, witness my hand and seat of office.	
Signature of officer administering	ng oath Printed name of officer administering oath	Title of officer administering oath
	ÖR.	
(2) Unsworn Declaration		_
My name is Blake	Rawitt and my date of birth is onwood Hill Say Antonio	11/20/1990
My address is 8744 IC	onwood Hill San Antonio	X 78254 USA
Executed in <u>Bexar</u>	(street)         (city)         (s           County, State of         TX         , on the         21         day of         April (month)           Blake         Tea	tate) (zip code) (country)  7 ( 20 3

#### SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) Blake Pawitt 21 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 0 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. \$ 0 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0 4. SCHEDULE E: LOANS \$ 0 5, SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0 \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ O ٥ 8. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ $\odot$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 0 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 0 TO FILER

#### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT** FORM C/OH COVER SHEET PG 1 The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 3 CANDIDATE/ MS / MRS / MR OFFICEHOLDER ME Mrs. OFFICE USE ONLY Corinne NAME C. NICKNAME LAST Date Received SUFFIX Saldana 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #; CITY: OFFICEHOLDER STATE; ZIP CODE 6302 Pemwoods MAILING San Antonio, Texas 78240 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER OFFICEHOLDER EXTENSION Date Hand-delivered or Date Postmarked (210 PHONE 379-6107 CAMPAIGN MS / MRS / MR FIRST Receipt # Amount \$ М TREASURER Mr. William NAME Date Processed NICKNAME LAST SUFFIX T.R. St. Charles Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN TREASURER CITY: ZIP CODE 5 Victory Green **ADDRESS** San Antonio, Texas 78257 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER TREASURER **EXTENSION PHONE** 210 867-5235 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 Year COVERED 27 / 21 THROUGH 21 / 21 11 ELECTION ELECTION DATE **ELECTION TYPE** Month Day Primary Rupoff Other Description 21 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) NISD School Board 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 NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME				
Corinne C. Saldana			16 File	er ID (Ethics Commission Filers
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POL PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE E</li> </ol>	ITICAL CONTRIBUTIONS (OTHE UARANTEES OF LOANS, OR ELECTRONICALLY)	ER THAN	\$ 0.0
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	TRIBUTIONS LOANS, OR GUARANTEES OF	LOANS)	\$ 0.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ΓΙCAL EXPENDITURE.		\$ 0.0
	4. TOTAL POLITICAL EXPE	NDITURES		\$ 1,933.6
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF 1	THE LAST DAY	\$ 0.0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE	\$ 0.00
18 SIGNATURE I sw requ	ear, or affirm, under penalty of perjur ired to be reported by me under Title 15	y, that the accompanying repor	rt is true and cor	rrect and includes all information
		<u>Corunia</u> Signature	e of Candidate o	Uolanu or Officeholder
	Please com	plete either option b	elow:	
1) Affidavit	LINDA MAGEE Notary Public, State of Texas Comm. Expires 01-21-2025 Notary ID 8819095	·		
NOTARY STAMP/SEAL		<u> </u>		
0 1	fore me by <u>Lorinne</u> ich, witness my hand and seal of office.  Queet Linda Toath Printed name of or	Jaldana this  Magee  fficer administering oath	s the 19th	day of Hori,  Xec. Asst  Title of officer administering oath
2) Unsworn Declaration		OR		
y name is				
address is		, and my date of bi	rth is	
	(street)	,(city)		n anda)
ecuted in	County, State of	on the	(state) (zi	p code) (country) 20 (year)
			andidate/Officeho	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethics Co	mmis	sion Filers)			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00			
4.	4. SCHEDULE E: LOANS					
5.	\$	0.00				
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	\$	0.00				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,933.63			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	3,241.23			
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00			
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00			
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00			

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

		EXPENDITURE CATE	GORIES	FOR BOY 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Rep Office Ov Polling Ex Printing E Salaries/	payment/Reimbursement rerhead/Rental Expense xpense Expense Wages/Contract Labor	Trans Trave Trave	el in District d Out Of District	ment & Related Expen
1 Total pages Schedule F4:	n =1 50	<del></del>	ns now to	complete this form.			
2		NAME C. Saldana			3 Filer	ID (Ethics (	Commission Filers)
	/IZED EXP	ENDITURES CHARGED	TOACE	REDIT CARD	\$	1,933.	63
5 Date	6 Payee				1		
04/13/2021	U.S. Pos	stal Service					
7 Amount (\$)	8 Payee	address;		City;		State;	7:- 0-4-
936.19	5837 De	Zavala Road, San Ar	ntonio, <sup>1</sup>		9998	olalo,	Zip Code
9 TYPE OF EXPENDITURE	in the second	Political	Non-Po	olitical			
10	(a) Category	/ (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF Expenditure		sing Expense	<b>V</b>	Postage			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	stin, TX, off	iceholder living	ехрелѕе
11 Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate / Officeholder name	0	ffice sought		Office he	
Date	Payee n	ame					
04/14/2021	1 *	tal Service					
Amount (\$)	Payee a	•		City;		State;	Zip Code
409.34	4835 Me	dical Drive, San Anto	nio, Te		98		Alp Codo
TYPE OF EXPENDITURE	Po	olitical	] Non-Po	litical			
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sing Expense	schedule)	Description Postage			
		Check If travel outside of Texas. Complete So	chedule T.	Check if Aus	itin, TX, offi	ceholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candi	date / Officeholder name	Of	fice sought		Office hel	
	ATTACH	ADDITIONAL COPIES OF	THIS ST	LIEDIU E AC NEC			
		ASSERTONAL CONTES OF	11113 3C	UEDOLE 42 NEE	DED		

### **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 Loan Repayment/Relmbursement Office Overhead/Rental Expense Event Expense Accounting/Banking Solicitation/Fundraising Expense Fees Consulting Expense Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 Corinne C. Saldana 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 1,933.63 \$ 5 Date 6 Payee name 04/14/2021 U.S. Postal Service 7 Amount (\$) 8 Payee address: State; Zip Code 12951 Huebner Road, San Antonio, Texas 78230-9998 252.48 TYPE OF Political **EXPENDITURE** Non-Political (a) Category (See Categories listed at the top of this schedule) 10 (b) Description Advertising Expense PURPOSE Postage OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2021 U.S. Postal Service Amount (\$) Payee address: City; State: Zip Code 5837 De Zavala Road, San Antonio, Texas 78249-9998 335.62 TYPE OF **EXPENDITURE** Political Non-Political Category (See Categories listed at the top of this schedule) Description Advertising Expense PURPOSE Postage OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

		<b>EXPENDITURE CAT</b>	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Madd Candidate/Officeholder/Poli Credit Card Payment	e By tical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Re Office O Polling E Printing I Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipt Travel In District Travel Out Of District Other (enter a categor	nent & Related Expen
1 Total pages Schedule G:	2 FILER NA	ME	-		3 Filor ID (Ethios	
1	Coring	ne C. Saldana			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	me			<u> </u>	
04/07/2021	Cardm	ember Services [VIS	A1			
6 Amount (\$)	7 Payee add					
1,246.35 Reimbursement from pollitical contributions intended	1	ox 6294, Carol Strea	am, IL	City; 60197-6294	State;	Zip Code
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing I	Expenses	, i	Signs and Pos	t Cards	
	(c) c	heck if travel outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officeholder living ex	nense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
Date	Payee nam	ie				
04/16/2021	<del>-</del>	ember Services [VISA	4]			
Amount (\$) 1,933.63 Reimbursement from political contributions intended	Payee add	ress; x 6294, Carol Strea	ım, IL	City; 60197-6294	State;	Zip Code
BURDOOF	Category (	See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertisin	g Expense		Postage		
	C	neck if travel outside of Texas, Complete Sc	shedule T.	Check If Austin.	TX, officeholder living exp	Phoa
Complete ONLY if direct	Candida	te / Officeholder name		Office sought		ffice held
expenditure to benefit C/O	H			J	Ŭ	mce neid
Date	Payee name					
Amount (\$)	Payee addre	988;	<u>, , , , , , , , , , , , , , , , , , , </u>	City;	State	7. 0 .
Reimbursement from political contributions intended					State;	Zip Code
PURPOSE OF	Category (S	ee Categories listed at the top of this sc	:hedule)	Description		
EXPENDITURE						
	Che	ck if travel outside of Texas. Complete Sch	edule T.	Check if Auslin, 1	IX, officeholder living expe	nse
	Candidate	/ Officeholder name		Office sought		fice held