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: 14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs.
FIRST: Corinne
MI: C
NICKNAME:
LAST: Saldaña
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: [redacted]
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE / PHONE NUMBER: [redacted]
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr.
FIRST: William
MI: L
NICKNAME: TR
LAST: St. Charles
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted]
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE / PHONE NUMBER: [redacted]
EXTENSION:

OFFICE USE ONLY

Date Received: RECEIVED APR 25 2025

Date Hand-delivered or Date Postmarked:

Receipt #:
Amount $:

Date Processed:

Date Imaged:

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ■ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 04 / 02 / 25 THROUGH 04 / 25 / 25

11 ELECTION

ELECTION DATE: Month / Day / Year: 05 / 03 / 25

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): Northside ISD School Board, District 5

13 OFFICE SOUGHT (if known): NISD School Board, District 5

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME:
COMMITTEE ADDRESS:
COMMITTEE CAMPAIGN TREASURER NAME:
COMMITTEE CAMPAIGN TREASURER ADDRESS:

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Corinne Saldaña	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,001.99
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,331.96
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,870.67
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 700.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Corinne Saldaña
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Corinne Saldaña, and my date of birth is [redacted].

My address is [redacted] (street), San Antonio (city), TX (state), [redacted] (zip code), USA (country).

Executed in Bexar County, State of Texas, on the 25th day of April (month), 20 25 (year).

Corinne Saldaña
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Corinne Saldaña	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,001.99
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	SCHEDULE E: LOANS	$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3,204.32
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 9,331.96
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 9,331.96
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 TO FILER	$ 0

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 form.	1 Total pages Schedule A1: 2
2 FILER NAME Corinne Saldaña	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
4-03-25	Brian Woods 6 Contributor address; City; State; Zip Code [redacted]	$500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
04-03-25	Debra Davis Contributor address; City; State; Zip Code [redacted]	$51.99
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
04-11-25	Ed Vara Contributor address; City; State; Zip Code [redacted]	$100.00
Principal occupation / Job title (See Instructions) Educator	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
04-15-25	Mary Kaye Bates Contributor address; City; State; Zip Code [redacted]	$100.00
Principal occupation / Job title (See Instructions) Retired	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.

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 form.	1 Total pages Schedule A1: 2
2 FILER NAME Corinne Saldaña	3 Filer ID (Ethics Commission Filers)

4 Date 04-15-25	5 Full name of contributor out-of-state PAC (ID#:_____) Mary Adams 6 Contributor address; City; State; Zip Code [redacted]	7 Amount of contribution ($) $50.00
8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions)	

Date 04-15-25	Full name of contributor out-of-state PAC (ID#:_____) Linebarger Contributor address; City; State; Zip Code [redacted]	Amount of contribution ($) $1,000.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date 04-24-25	Full name of contributor out-of-state PAC (ID#:_____) Mario Barrera Contributor address; City; State; Zip Code [redacted]	Amount of contribution ($) $200.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)
Principal occupation / 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.~~

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Corinne Saldaña	

4 Date	5 Payee name
04-01-25	Print Place

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$2,169.60	1130 Avenue H East	Arlington, TX 76011		

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Printing Expense	Post Cards

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-12-25	United States Postal Service

Amount ($)	Payee address;	City;	State;	Zip Code
$1,034.72	12951 Huebner	San Antonio, TX 78249-9998		

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising	Postage for post cards

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
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

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 Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: 4	2 FILER NAME: Corinne Saldaña	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0
5 CREDIT CARD ISSUER	Name of financial institution: Chase	

6 PAYMENT	(a) Amount Charged: $ 1,034.72	(b) Date Expenditure Charged: 04-12-25	(c) Date(s) Credit Card Issuer Paid: 04-16-25
7 PAYEE	(a) Payee name: United States Postal Service	(b) Payee address; City, State, Zip Code: 12951 Huebner Rd. San Antonio, TX 78230	
8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising	(b) Description: Postage for post cards	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Corinne Saldaña	Office Sought: NISD School Board #5	Office Held: NISD School Board #5

PAYMENT	(a) Amount Charged: $ 2,169.60	(b) Date Expenditure Charged: 04-01-25	(c) Date(s) Credit Card Issuer Paid: 04-16-25
PAYEE	(a) Payee name: Print Place	(b) Payee address; City, State, Zip Code: 1130 Avenue H East Arlington, TX 76011	
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Printing Expense	(b) Description: Printing post cards	
	(c) ☐ 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: Corinne Saldaña	Office Sought: NISD School Board #5	Office Held: NISD School Board #5

PAYMENT	(a) Amount Charged: $ 1,013.09	(b) Date Expenditure Charged: 04-14-25	(c) Date(s) Credit Card Issuer Paid: 04-19-25
PAYEE	(a) Payee name: United States Postal Service	(b) Payee address; City, State, Zip Code: 12951 Huebner Rd. San Antonio, TX 78230	
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising	(b) Description: Postage for post cards	
	(c) ☐ 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: Corinne Saldaña	Office Sought: NISD Board #5	Office Held: NISD Board #5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By 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. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: 4	2 FILER NAME: Corinne Saldaña	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0

5 CREDIT CARD ISSUER — Name of financial institution: Chase

6 PAYMENT	(a) Amount Charged: $ 1,106.75 / (b) Date Expenditure Charged: 04-10-25 / (c) Date(s) Credit Card Issuer Paid: 04-19-25
7 PAYEE	(a) Payee name: United States Postal Service / (b) Payee address; City, State, Zip Code: 5837 De Zavala Rd. San Antonio, TX 78249
8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising / (b) Description: Postage for post cards / (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Corinne Saldaña / Office Sought: NISD School Board #5 / Office Held: NISD School Board #5

PAYMENT	(a) Amount Charged: $ 1,053.01 / (b) Date Expenditure Charged: 04-12-25 / (c) Date(s) Credit Card Issuer Paid: 04-19-25
PAYEE	(a) Payee name: United States Postal Service / (b) Payee address; City, State, Zip Code: 5837 De Zavala Rd. San Antonio, TX 78249
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising / (b) Description: Postage for post cards / (c) 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: Corinne Saldaña / Office Sought: NISD School Board #5 / Office Held: NISD School Board #5

PAYMENT	(a) Amount Charged: $ 1,075.31 / (b) Date Expenditure Charged: 04-12-25 / (c) Date(s) Credit Card Issuer Paid: 04-19-25
PAYEE	(a) Payee name: United States Postal Service / (b) Payee address; City, State, Zip Code: 4835 Medical Dr. San Antonio, TX 78229
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising / (b) Description: Postage for post cards / (c) 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: Corinne Saldaña / Office Sought: NISD School Board #5 / Office Held: NISD School Board #5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By 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. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: 4	2 FILER NAME: Corinne Saldaña	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0

5 CREDIT CARD ISSUER — Name of financial institution: Chase

6 PAYMENT	(a) Amount Charged: $ 799.46 / (b) Date Expenditure Charged: 04-14-25 / (c) Date(s) Credit Card Issuer Paid: 04-19-25
7 PAYEE	(a) Payee name: United States Postal Service / (b) Payee address; City, State, Zip Code: 5837 De Zavala Rd. San Antonio, TX 78249
8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising / (b) Description: Postage for post cards
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Corinne Saldaña / Office Sought: NISD School Board #5 / Office Held: NISD School Board #5

PAYMENT	(a) Amount Charged: $ 483.02 / (b) Date Expenditure Charged: 04-15-25 / (c) Date(s) Credit Card Issuer Paid: 04-19-25
PAYEE	(a) Payee name: United States Postal Service / (b) Payee address; City, State, Zip Code: 12951 Huebner Rd. San Antonio, TX 78249
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising / (b) Description: Postage for post cards
	(c) ☐ 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: Corinne Saldaña / Office Sought: NISD School Board #5 / Office Held: NISD School Board #5

PAYMENT	(a) Amount Charged: $ 189.55 / (b) Date Expenditure Charged: 04-16-25 / (c) Date(s) Credit Card Issuer Paid: 04-19-25
PAYEE	(a) Payee name: United States Postal Service / (b) Payee address; City, State, Zip Code: 5837 De Zavala Rd. San Antonio, TX 78249
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising / (b) Description: Postage for post cards
	(c) ☐ 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: Corinne Saldaña / Office Sought: NISD School Board #5 / Office Held: NISD School Board #5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By 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. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: 4	2 FILER NAME: Corinne Saldana	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0
5 CREDIT CARD ISSUER	Name of financial institution: Chase	

6 PAYMENT	(a) Amount Charged: $ 157.87	(b) Date Expenditure Charged: 04-11-25	(c) Date(s) Credit Card Issuer Paid: 04-19-25
7 PAYEE	(a) Payee name: Viola's Ventanas	(b) Payee address; City, State, Zip Code: 9660 Westover Hills San Antonio, TX 78251	
8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Food/beverage expense	(b) Description: Appetizers, tea, sodas for volunteers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Corinne Saldaña	Office Sought: NISD School Board #5	Office Held: NISD School Board #5

PAYMENT	(a) Amount Charged: $ 50.53	(b) Date Expenditure Charged: 04-18-25	(c) Date(s) Credit Card Issuer Paid: 04-19-25
PAYEE	(a) Payee name: H-E-B	(b) Payee address; City, State, Zip Code: 5910 Babcock Rd. San Antonio, TX 78240	
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Food/beverage expense	(b) Description: Sodas, water, snacks for poll volunteers	
	(c) 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: Corinne Saldaña	Office Sought: NISD School Board #5	Office Held: NISD School Board #5

PAYMENT	(a) Amount Charged: $ 199.05	(b) Date Expenditure Charged: 04-21-25	(c) Date(s) Credit Card Issuer Paid: 04-23-25
PAYEE	(a) Payee name: Sammi Embroidery	(b) Payee address; City, State, Zip Code: 2120 Pasadena. San Antonio, TX 78201	
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising	(b) Description: Tee shirts	
	(c) 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: Corinne Saldaña	Office Sought: NISD School Board #5	Office Held: NISD School Board #5

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)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Corinne Saldaña	

4 Date	5 Payee name
04-14-25	United States Postal Service

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$799.46 ✔ Reimbursement from political contributions intended	5837 De Zavala Rd.	San Antonio, TX 78249		

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Postage for post cards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-15-25	United States Postal Service

Amount ($)	Payee address;	City;	State;	Zip Code
$483.02 ✔ Reimbursement from political contributions intended	112951 Huebner Rd.	San Antonio, TX 78230		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Postage for post cards
	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
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-16-25	United States Postal Service

Amount ($)	Payee address;	City;	State;	Zip Code
$189.55 ✔ Reimbursement from political contributions intended	5837 De Zavala Rd.	San Antonio, TX 78249		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Postage for post cards
	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
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

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)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Corinne Saldaña	

4 Date	5 Payee name
04-01-25	Print Place

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$2,169.60 ✔ Reimbursement from political contributions intended	1130 Avenue H East	Arlington, TX 76011		

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	Post cards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-12-25	United States Postal Service

Amount ($)	Payee address;	City;	State;	Zip Code
$1,034.72 ✔ Reimbursement from political contributions intended	12951 Huebner Rd.	San Antonio, TX. 78230		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Postage for post cards
	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
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-14-25	United States Postal Service

Amount ($)	Payee address;	City;	State;	Zip Code
$1,013.09 ✔ Reimbursement from political contributions intended	12951 Huebner Rd.	San Antonio, TX 78230		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Postage for post cards
	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
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Corinne Saldaña	

4 Date	5 Payee name
04-11-25	Viola's Ventanas

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$157.87 ✔ Reimbursement from political contributions intended				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/beverage expense	Appetizers/sodas for volunteers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-18-25	H-E-B

Amount ($)	Payee address;	City;	State;	Zip Code
$50.53 ✔ Reimbursement from political contributions intended	5910 Babcock Rd.	San Antonio, TX 78240		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/beverage expense	Drinks and snacks for volunteers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-21-25	Sammi Embroidery

Amount ($)	Payee address;	City;	State;	Zip Code
$199.05 ✔ Reimbursement from political contributions intended	2120 Pasadena	San Antonio, TX. 78201		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Tee Shirts
	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
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Corinne Saldaña	

4 Date	5 Payee name
04-10-25	United States Postal Service

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$1,106.75 ✔ Reimbursement from political contributions intended	5837 De Zavala Rd.	San Antonio, TX 78249		

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Postage for post cards
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-12-25	United States Postal Service

Amount ($)	Payee address;	City;	State;	Zip Code
$1,053.01 ✔ Reimbursement from political contributions intended	5837 De Zavala Rd.	San Antonio, TX 78249		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Postage for post cards
	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
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

Date	Payee name
04-12-25	United States Postal Service

Amount ($)	Payee address;	City;	State;	Zip Code
$1,075.31 ✔ Reimbursement from political contributions intended	4835 Medical Dr.	San Antonio, TX 78229		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Postage for post cards
	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
	Corinne Saldaña	NISD School Board #5	NISD School Board #5

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