CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS (MR) OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME PALCIDO 4 CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE **OFFICEHOLDER** MAILING Sar Antono **ADDRESS** 1806 BIG Rock Dr Change of Address PHONE NUMBER AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210) PHONE Receipt # Amount S 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged SALCIDO STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 7 CAMPAIGN STATE: ZIP CODE TREASURER 1806 BIG Rock Dr Sar Antonio **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (210) 383-4193 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 Day COVERED 01/01/ 06 THROUGH 30/2024 ELECTION DATE 11 ELECTION ELECTION TYPE Other Month X General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME	VID SAICIDO	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)	\$ 8
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s d
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s &
	4. TOTAL POLITICAL EXPENDITURES	\$ 8
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 141, 17
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	1
	2 Sa	lul
	Signature of Car	ndidate or Officeholder
	Places complete either enties helew	
	Please complete either option below	•
(1) Affidavit		
(1), 1112211		
NOTARY STAMP/SEA!		
Sworn to and subscribed	hefore me by	
	which, witness my hand and seal of office.	, day of,
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is DAVIC	SA/CIDO and my date of birth is SAN ANDONA.	08-19-1964
My address is 1806	BIG ROCK Dr SAN ANTONA. 7	7. 78227. USA.
Evented in Roya-	(street) (city) (st	ate) (zip code) (country)
Executed to The Var	County, State of Texas, on the 25 day of JUN (month)	. 20 24 . (year)
	Signature of Candida	ate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Homer NAME Date Received NICKNAME SUFFIX suevara Jr. 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** 9514 Tioga Cove SanAntonio 78251 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210) 521-7334 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN MI **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY; **TREASURER ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN EXTENSION PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED THROUGH 2024 ELECTION DATE **ELECTION TYPE** 11 ELECTION Other Description Primary Runoff Month Day Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE NISO Trustec #2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME Homes	Guevara, Jr.	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Homm x	Junara J.
	Signature of Can	didate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA		
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 administer	ring oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	OR DD	
My name is		05/11/1966
My address is95/	4 Tioga Cove , San Antonio, T	(country)
Executed inBeXA	County, State of Texas, on the 28 day of Jun (month)	(country) (country) (country) (country) (year) (year) (te/Officeholder (Declarant)

The C/OH Instruction	Guide explains hov	v to complete this fo	orm.	ler ID (Ethics Commission File	rs) 2 Total pages	filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	ARLA	MI	OFFIC	E USE ONLY
NAME	NICKNAME		URAN	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		X 12030 ANTONIO,	92	STATE, ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/2) G	94-042	29	EXTENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS.	FIRST	CTORI	A	Receipt #	Amount \$
1 5	NICKNAME	HE	RRERI	4 SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS		1 JON (CIRCLE IIO, TX-	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 845-39	Twi	EXTENSION		
9 REPORT TYPE	January 15 July 15		y before election	Runoff Exceeded Modified Reporting Limit	treasurer (Officehol	after campaign appointment der Only) oort (Attach C/OH - FR)
10 PERIOD COVERED	Month O	Day Year / 01 / 2		HROUGH 06	1400200	2024
11 ELECTION	Month Day 05/06	Year 🔲	Primary	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any	stee #.	3 MISD	13 OFFICE SOUGHT (If kn		ISD
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPE	NDITURES MAY HAV	OR POLITICAL EXPENDITURE: TE BEEN MADE WITHOUT THE C PORT THIS INFORMATION ONLY	ANDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRE	200			
	SPECIFIC	COMMITTEE CAMPAI	IGN TREASURER	NAME		
		COMMITTEE CAMPA	IGN TREASURER	ADDRESS		
			TO BACE	= 2		

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	Karla Duran	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (O PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF THE PROPERTY OF THE PROPER	of LOANS) \$ 400,00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE	s -6
	4. TOTAL POLITICAL EXPENDITURES	s d
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	OF THE LAST DAY \$ 2,054.79
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	DANS AS OF THE S 244.44
re	quired to be reported by me under Title 15, Election Code.	la Dura
	Signa	ature of Candidate or Officeholder
	Please complete either option	n below:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by	_ this the day of
	which, witness my hand and seal of office.	
ignature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
ignature of officer administer	OR	The Granicar administering bath
2) Unsworn Declaratio	3000	A MINISTRUMENT INCIDENT
		alullinas
ty name is <u>FAVO</u>	and my date 2x 12-0392 SA	of birth is 3/14/1979
ty address is POBC		
harm	(street) TryAS 30	(state) (zip code) (country)
xecuted in	County, State ofTEXAS, on the 30day of	of WILE, 20 & T. (month) (year)
	Signature	of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FILER NAME KANDA DUMAN 20 Filer ID (Ethics Con		ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	s	s
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		s
4. SCHEDULE E: LOANS	1,77	s 266'64
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	s 17,80
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	AL CONTRIBUTIONS	s
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	S
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	s
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE	BUTIONS RETURNED	s . 11 4

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 FILER NAME Kayla Duran	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (IDE) Nelly Rojas Moveno Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Vilkic Will by State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

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 com	plete this form.	1 Total pages Schedule E
FILER NAME	Karla Duran		3 Filer ID (Ethics Commission Filers
TOTAL OF UN	IITEMIZED LOANS		\$ 266.64
6/13/23	7 Name of lender out-of-state Karla Dur	9 Loan Amount (\$)	
s Is lender a financial Institution?	8 Lender address: City.	State: Zip Code 2 × 78250	10 Interest rate 11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fun account (See Instruc	ids were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City,	State; Zip Code	
		State; Zip Code 21 Employer (See Instructions)	
		21 Employer (See Instructions)	Loan Amount (\$)
Date of loan Is lender a financial Institution?	tion (See Instructions)	21 Employer (See Instructions)	Loan Amount (\$) Interest rate Maturity date
Date of loan Is lender a financial. Institution? Y N	tion (See Instructions) Name of lender out-of-state	21 Employer (See Instructions) e PAG (ID#)	Interestrate
Date of loan Is lender a financial Institution? Y N Principal occupate Description of Colli	Name of lender out-of-stat Lender address; City,	21 Employer (See Instructions) e PAC (ID#	Interest rate Maturity date Maturity date
Date of loan Is lender a financial Institution? Y N Principal occupate	Name of lender out-of-stat Lender address; City,	21 Employer (See Instructions) e PAC (D#) State; Zip Code Employer (See Instructions)	Interest rate Maturity date Maturity date
Date of loan Is lender a financial Institution? Y N Principal occupate Description of Coll. Inone GUARANTOR	Name of lender out-of-stat Lender address; City, on / Job title (See Instructions)	21 Employer (See Instructions) e PAC (D#) State; Zip Code Employer (See Instructions)	Interest rate Maturity date ds were deposited into political tions)

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

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

Event Expense

Loan Repayment/Reinfoursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (onter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 1340 Poydras St. Naw Zin Code 6 Amount (\$) 7 Payee address: New Dreams LA 8 (a) Category (See Categories listed at the top of this schedule) (b) Description online donate PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) City: State: Zip Code Pavee address: 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 Payee name Date Payee address; Amount (\$) City: State Zip Code 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

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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

SCHEDULE K

If the requested information is not applicable, DD INDT include this page in the report,

The I	instruction Guide explains how to complete this form.	1 Total pages Schedule S	1
2 FILER NAME	Karla Duran	3 File (D. (Discs Comm	more Plans)
	6 Name of person from whom amount is received FIRMAX FCX 6 Address of current from whom amount is received. Site.	Sante. Zip Code	. 11¢
01/01/24-	2 2 2 B 1 1 A . A . C .		
06/3424		ok il political contribution returned	t to files
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received: City:	State; Zip Code	
	Purpose for which amount is received Che	ck if political contribution returned	to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received: City:	State; Zip Code	
	Purpose for which amount is received	ck if political contribution returned	I to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State: Zip Code	
	Purpose for which amount is received Che	ck if political contribution returned	3 to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEL	DULE AS NEEDED	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Total pages filed: Filer ID (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. MI **FIRST** MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE/ OFFICEHOLDER Robert Mr. Date Received NAME SUFFIX LAST NICKNAME Jr. **Blount** Bobby ZIP CODE STATE; CITY; APT / SUITE #; ADDRESS / PO BOX; 4 CANDIDATE/ TX 78253 13450 Sunnyview Trails San Antonio OFFICEHOLDER MAILING ADDRESS Change of Address EXTENSION PHONE NUMBER AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ OFFICEHOLDER (210)334-1320 PHONE Receipt # Amount \$ MI **FIRST** MS / MRS / MR CAMPAIGN Sandra TREASURER Mrs. **Date Processed** NAME SUFFIX LAST NICKNAME Date Imaged Sandoval ZIP CODE STATE; CITY; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN 78253 San Antonio 13450 Sunnyview Trails TREASURER ADDRESS (Residence or Business) EXTENSION AREA CODE PHONE NUMBER CAMPAIGN TREASURER PHONE 210 643-3300 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Year Day Day Year Month COVERED 6 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Day Year Month Description Special General OFFICE HELD (if any) OFFICE SOUGHT (if known) 12 OFFICE Northside ISD District #4 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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) Robert Blount, Jr. 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS 0.00 TOTAL POLITICAL EXPENDITURES CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 257.00 \$ BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 15,817.50 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD **18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by _____ 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 Robert Blount, Jr. and my date of birth is 01/31/1959 My address is 13450 Sunnyview Trails San Antonio 78253 Bexar (street) 7 & * (city) (state) (zip code)

Executed in Bexar

(month)

Signature of Candidate/Officeholder (Declarant)

County, State of Texas

(country)

(year)

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI OFFICE USE ONLY Mrs. Corinne C
NAME	NICKNAME LAST SUFFIX Saldana
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE 6302 Pemwoods San Antonio, Texas 78240
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION
OFFICEHOLDER PHONE	(210) 6912400
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX
	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
(Residence or Business)	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year Month Day Year
COVERED	01 / 01 / 24 THROUGH 01 / 30 / 24
11 ELECTION	ELECTION DATE ELECTION TYPE
	Month Day Year Primary Runoff Other Description
	05 / 01 / 21 General Special
12 OFFICE	OFFICE HELD (if any) Northside ISD Board of Trustees 13 OFFICE SOUGHT (if known)
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT
POLITICAL COMMITTEE(S)	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(G)	COMMITTEE TYPE COMMITTEE NAME
Additional Pages	GENERAL COMMITTEE ADDRESS
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	GO TO PAGE 2

Forms provided by Texas Ethics Com

Reset Form

CS.S

Revised 1/1/2024

Reset Page

Forms provided by Texas Ethics Comm

FORM C/OH COVER SHEET PG 2

Revised 1/1/2024

15 C/OH NAME Corinne C. Saldana		16 Filer ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	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)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and inc	ludes all information
	Corinne C	. Salda	na
		andidate or Officehold	NAME OF TAXABLE PARTY.
	Please complete either option below	v:	
(1) Affidavit			
(i) Alliauvic			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by this the	day of	
20, to certify	which, witness my hand and seal of office.		
Signature of officer administer	ring oath Printed name of officer administering oath	Title of office	er administering oath
	OR		
(2) Unsworn Declarati	on		
My name is Corinne		09/30/1948	
My address is 6302 P	emwoods San Antonio T	X 78240	USA
Executed in Bexar	(street) County, State of Texas on the 15 day of June (month)	state) (zip code) 2 24 h) (year) 1 (year)	(country)
	Signature of Candid	date/Officeholder (Dec	clarant)

s.sta

Reset Page

Reset Form

The C/OH Instruction C	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission File	ers) 2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR	LAROL	MI		E USE ONLY
	NICKNAME	HARLE	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	423	CLIPPS	CITY; STATE; ZIP CODE		
Change of Address	Shavay	no tare, 11	7 10001		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	954- 42	EXTENSION .		ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MROUR	FIRST	MI	Receipt #	Amount \$
INAME	NICKNAME V	asquez	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SI		Oaks "	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		78015
TREASURER PHONE	(210)	789-10			
9 REPORT TYPE	January 15	30th day before el	election Runoff		after campaign appointment
	July 15	8th day before elec	Exceeded Modified Reporting Limit	. —	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH 66	th Day Yes	202
11 ELECTION	ELECTION DA		ELECTION TY	YPE	
	Month Day	Year Primary	Runoff Other Descriptio	on	
	/ /	General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kn	nown)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURE: 5 MAY HAVE BEEN MADE WITHOUT THE C RED TO REPORT THIS INFORMATION ONLY	CANDIDATE'S AD ACCIDENA	A DEDIC VINOUS FRAF AR
001411111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME			
C Additional Dance	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO I	PAGE 2		

15 C/OH NAME	rol	HARL	E	16 Filer	ID (Ethics Commission	on Filers)
17 CONTRIBUTION TOTALS	PLEDGI	UNITEMIZED POLITICAL CO ES, LOANS, OR GUARANTEI IBUTIONS MADE ELECTRON		1	\$ 0	
		POLITICAL CONTRIBUTION THAN PLEDGES, LOANS, C	ONS OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS	3. TOTAL U	UNITEMIZED POLITICAL EX	PENDITURE.		\$ 0	
	4. TOTAL	POLITICAL EXPENDITUR	ES		\$ 🔘	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS ORTING PERIOD	MAINTAINED AS OF THE LA	ST DAY	\$ 0	8
OUTSTANDING LOAN TOTALS	가입기하는 경기 등에 가입하는 것이 되었다.	PRINCIPAL AMOUNT OF ALL AY OF THE REPORTING PE	OUTSTANDING LOANS AS O	FTHE	\$ 0	
		er penalty of perjury, that th by me under Title 15, Electio	ne accompanying report is truin Code.	e and cor	rrect and includes al	I information
			Cara	2	11ac	0
		9	Signature of Ca	andidate d	or Officeholder	
		Please complete	either option below	v:		
			оорион жого.	•		
(4) 400 1 11						
(1) Affidavit						
NOTARY STAMP/SEAL	<u>.</u>					
			this the		day of	
20, to certify	which, witness my ha	and seal of office.				
Signature of officer administe	ring oath	Printed name of officer ad	dministering oath		Title of officer admini	stering oath
	01100-000000000	OR				
(2) Unsworn Declaration	on	•				
My name is	urol t	tarle	, and my date of birth is	12	L- 9- 19.	55
My address is	423	Cliffside	2 Shavan	OF	are Tr	7935
201	(stre	et)	(city)	state) ((zip code) (cour	ntry)
Executed in	County, St	tate of, or	n the day of month	Jy.	. 20 24 (year)	0
			Signature of Candid	date/Office	eholder (Declarant)	

SUBTOTALS - C/OH

19	FILERNAME 20 Filer ID (Ethics Continue)	20 Filer ID (Ethics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s 🖒	
4.	SCHEDULE E: LOANS	s 💍	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 🙆	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s 🙆	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s 6	
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	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s O	

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

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