

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 Filer)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Karen</i>	MI	OFFICE USE ONLY								
	NICKNAME	LAST <i>Freeman</i>	SUFFIX	Date Received RECEIVED <i>DEC 18 2025</i>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE [REDACTED]			BY: _____								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE [REDACTED]	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Julia</i>	MI	Receipt # _____ Amount \$ _____								
	NICKNAME	LAST <i>Tonescu</i>	SUFFIX	Date Processed Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE [REDACTED]											
8 CAMPAIGN TREASURER PHONE	AREA CODE [REDACTED]	PHONE NUMBER	EXTENSION									
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	07 / 18 / 2025	Month Day Year	Month Day Year	12 / 31 / 2025								
11 ELECTION	ELECTION DATE Month Day Year / / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<p>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.</p> <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME											
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS											
<input type="checkbox"/> SPECIFIC	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)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <input type="text" value="0"/>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <input type="text" value="0"/>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <input type="text" value="0"/>
	4. TOTAL POLITICAL EXPENDITURES	\$ <input type="text" value="0"/>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <input type="text" value="0"/>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <input type="text" value="0"/>

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 Karen Freeman, and my date of birth is _____.

My address is _____, Helotes, TX, 78023, US 19
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of TX, on the 12 day of 12, 2025.
(month) (year)

Karen Freeman
Signature of Candidate/Officeholder (Declarant)