

# 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: <b>5</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mrs. <b>Sonia</b> L	<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="font-size: 1.5em; color: blue; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 10px 0;">JAN 06 2026</div> <div style="color: blue; font-weight: bold; margin: 10px 0;">BY:</div> <div style="font-size: 0.8em;">Date Received</div> <div style="font-size: 0.8em;">Date Hand-delivered or Date Postmarked</div> <div style="font-size: 0.8em;">Receipt #      Amount \$</div> <div style="font-size: 0.8em;">Date Processed</div> <div style="font-size: 0.8em;">Date Imaged</div>	
	NICKNAME LAST SUFFIX <b>Jasso</b>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 20px;"></div>			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b> AREA CODE PHONE NUMBER EXTENSION ( 210 ) <div style="background-color: black; width: 100px; height: 15px;"></div>			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Ms. <b>Maria del Rosario</b> MI		
	NICKNAME LAST SUFFIX <b>Rosie Castro</b>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 20px;"></div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( 210 ) <div style="background-color: black; width: 100px; height: 15px;"></div>		
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div><div style="width: 50%;"><input type="checkbox"/> 30th day before election</div><div style="width: 50%;"><input type="checkbox"/> Runoff</div><div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div><div style="width: 50%;"><input type="checkbox"/> July 15</div><div style="width: 50%;"><input type="checkbox"/> 8th day before election</div><div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div><div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div></div>		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year <b>7 / 1 / 25</b> THROUGH <b>12 / 31 / 25</b>		
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special    _____		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>NISD Trustee, Single Member District #2</b>		<b>13 OFFICE SOUGHT</b> (if known)
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

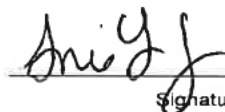
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sonia Jasso		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. 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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	30.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	195.74
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING 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.



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

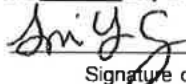
OR

**(2) Unsworn Declaration**

My name is Sonia Jasso, and my date of birth is [REDACTED]

My address is [REDACTED], San Antonio, TX, 78251, Bexar  
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 5 day of January, 2026  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30.00
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 FUNDS	\$ 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 CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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	2 FILER NAME Sonia Jasso	3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2025	5 Payee name Firstmark Credit Union	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 7218 Culebra Rd, San Antonio, TX 78251	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Bank
	(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		
Date 08/31/2025	Payee name Firstmark Credit Union	
Amount (\$) 5.00	Payee address; City; State; Zip Code 7218 Culebra Rd, San Antonio, TX 78251	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Bank
	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		
Date 09/30/2025	Payee name Firstmark Credit Union	
Amount (\$) 5.00	Payee address; City; State; Zip Code 7218 Culebra Rd, San Antonio, TX 78251	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Bank
	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		

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME Sonia Jasso		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/31/2025		<b>5</b> Payee name Firstmark Credit Union			
<b>6</b> Amount (\$) 5.00		<b>7</b> Payee address; City; State; Zip Code 7218 Culebra Rd, San Antonio, TX 78251			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fee		<b>(b)</b> Description Bank		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/30/2025		Payee name Firstmark Credit Union			
Amount (\$) 5.00		Payee address; City; State; Zip Code 7218 Culebra Rd, San Antonio, TX 78251			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Bank		
	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					
Date 12/31/2025		Payee name Firstmark Credit Union			
Amount (\$) 5.00		Payee address; City; State; Zip Code 7218 Culebra Rd, San Antonio, TX 78251			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Bank		
	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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					