		***************************************	***************************************			***************************************	***************************************			
The C/OH Instruction	Guide explains hov	v to comple	ete this form.	1 Filer ID	(Ethics Com	mission Filers)	2 To	tal pages fil	ed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	Jo	FIRST seph			мі Н.		OFFICE	USE ONLY	7
,	NICKNAME	М	LAST edina	* # * * \$ \$ G & & & & & & & & & & & & & & & & &		suffix Dep u		eceived Super	intend	dant
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 11719 Rous San Antonio	seau		CITY;	STATE; 2	ZIP CODE	JA	N 2 6 2	022	
Change of Address		***************************************								
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)		-6165		EXTENSION	Bus	ine	ss &	or Pale Postri Finan	
6 CAMPAIGN TREASURER	MS / MRS / MR	ha	FIRST	Kath	2001	VI I	Receipt	ocessed	Amount \$	
NAME	NICKNAME		LAST	() Y.	, , , , , , , , , , , , , , , , , , ,	SUFFIX	Date Pr	ocessea		
		(lina				Date In	naged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX	PLEASE); APT / S	SUITE #;	CITY;			STATE;	ZIP CODE	
(Residence or Business)	1 407 b	erte	H. Dr	San	Auto	gine	TV	_	1872	7
8 CAMPAIGN TREASURER PHONE	AREA CODE		NUMBER		EXTENSION		12			<u></u>
ITTONL	(210)	215	5-278	0						
9 REPORT TYPE	January 15		30th day before e	election	Runoff			15th day aft treasurer ap (Officeholder		
	July 15		8th day before ele	ection	Exceede Reportin	ed Modified ig Limit			(Attach C/OH - F	FR)
10 PERIOD COVERED	Month	Day	Year			Month	Day	Year		
	7,	/ (,	121	THROU	GH	12/	31	12	ĺ	
11 ELECTION	ELECTION DA	TE			ELE	CTION TYPE		***************************************		
	Month Day	Year	Primary	Runofi		Other Description				
	/ /		General	Specia	al					***************************************
12 OFFICE	OFFICE HELD (if any)	***************************************		13 (OFFICE SOUG	SHT (if known)		***************************************		
***************************************	NISI	s Tr	estee							
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES	EMOLDER. 77	HESE EXPENDITURES	e may have reem	i made vatu	niit tue cand	INATEIR OF	OPERABUAL	WIND WHOLES OF	ar an I
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE							***************************************	
Additional Pages	GENERAL	COMMITTE	E ADDRESS							
	SPECIFIC	COMMITTE	E CAMPAIGN TRE	ASURER NAME						
		COMMITTE	E CAMPAIGN TRE	ASURER ADDR	ESS					
			GO ТО	PAGE 2						

15 C/OH NAME Joseph H. Medina				16 F	iler ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	PLEDGES		CAL CONTRIBUTIONS (OTHER TRANTEES OF LOANS, OR CTRONICALLY)	THAN	\$	0.00
		OLITICAL CONTR HAN PLEDGES, LO	IBUTIONS ANS, OR GUARANTEES OF LO	ANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UN	ITEMIZED POLITIC	AL EXPENDITURE.		\$	0.00
en e	4. TOTAL PO	OLITICAL EXPENI	DITURES		\$	0.00
CONTRIBUTION BALANCE		LITICAL CONTRIBU	TIONS MAINTAINED AS OF THE	E LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT O	OF ALL OUTSTANDING LOANS A	AS OF THE	\$	0.00
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed	uired to be reported by	Please comp	Signature of Signa	At Candidate	e or Officeholder	
Signature of officer administer	ing cath	Drinted name of off	icer administering oath		T'A C - CC	
		Printed hame of oil		Sylvania (f. 1882)	Title of officer a	administering oath
(2) Unsworn Declaration	n		OR	la) 27 (2006)	en i propinski produktiva.	
My name is	9 Roussed (street) County, State	TV	and my date of bird (city)	th is	/11/79 78251, L (zip code) , 20 Z.Z.	. (country)
				onth)	(year)	
			Signature of Ca	indidate/Off	iceholder (Declar	ant)

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 suff Deputy Superintendant NICKNAME 4 CANDIDATE / STATE; ZIP CODE OFFICEHOLDER 1835 Emerald Elm SA. Tx 78257 JAN 1 9 2022 MAILING **ADDRESS** Change of Address AREA CODE Business for Fair Plance 5 CANDIDATE/ PHONE NUMBER EXTENSION OFFICEHOLDER (210)**PHONE** Receipt # Amount \$ MS / MRS / MR CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STATE; ZIP CODE CAMPAIGN **TREASURER** Tx Emerald Elm 78251 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION **TREASURER PHONE** 9 REPORT TYPE 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED 2021 1/2021 THROUGH ELECTION DATE 11 ELECTION ELECTION TYPE Primary Runoff Month Day Description 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 14 NOTICE FROM 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. **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**

15 C/OH NAME		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			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0			
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	THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
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 administer	ing oath Printed name of officer administering oath	Title of officer administering oath			
(0) 11	OR				
My name is	Ald Blopez, and my date of birth is Street (street), Son Atlens, 7 (city) (street)	10-110-1968 4. 78851. Beyor. state) (zip code) (country)			
Executed in 100 A	County, State of CAS, on the 19 day of Counth	(year) ate/Officeholder (Declarant)			

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Co	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
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. 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 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	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 Superintendant **OFFICEHOLDER** NAME NICKNAME SUFFIX JAN 1 9 2022 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE CITY; OFFICEHOLDER **MAILING ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ EXTENSION OFFICEHOLDER PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER **EXTENSION** TREASURER PHONE REPORT TYPE 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day **COVERED** THROUGH 202 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Description General Special OFFICE HELD (if any) 12 OFFICE 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 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate 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 administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is $\frac{M'L'}{6718}$	ssa M Chumbley, and my date of birth is Forest Haven San Antonio,	Feb. 18, 1958 X 78240, U.S.A.
Executed in <u>Bex</u> o	T lad T	(country)
	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. 3 CANDIDATE / MS / MRS (MR) OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME Superintendant 4 CANDIDATE / ADDRESS PO BOX; STATE; **OFFICEHOLDER** Survyview Failr **MAILING** 13450 JAN 2 6 2022 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked NESS & FINANCE **OFFICEHOLDER** Busi 334-1320 (210)PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST **TREASURER** NAME Date Processed NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN ZIP CODE **TREASURER** 78253 **ADDRESS** (Residence or Business) AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER** PHONE 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 Month Day **COVERED** THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description Day Year Special General 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	out Blount T	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)	\$ Ø			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø			
	4. TOTAL POLITICAL EXPENDITURES	\$ Ø			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$			
OUTSTANDING LOAN TOTALS	6. 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 uired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	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 v	vhich, witness my hand and seal of office.				
Signature of officer administer	ing 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 so surviving This, say they	1/31/1959 TY 78257			
(street) (city) (state) (zip code) (country) Executed in County, State of 7 (month) , 20 (year) .					
Signature of Candidate/Officeholder (Declarant)					

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed: 3	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Corinne	MI C	OFFIC	EUSEONLY	
INAME	NICKNAME	LAST Saldana	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state; zip code to, TX 78240			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	9HONE NUMBER 379-6107	EXTENSION	Date Hand-delivere	ed or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST William	мі L	Receipt #	Amount \$	
NAME		•••••	***************************************	Date Processed		
	T.R.	St. Charles	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	5 Victory Gre	(NO PO BOX PLEASE); APT / S Ben San Antonio		STATE;	ZIP CODE	
,						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(210)	867-5235				
9 REPORT TYPE	January 15	30th day before e	election Runoff		after campaign appointment ler Only)	
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	ar	
	4	/ 22 / 21	THROUGH 5	/ 21 / 21		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other			
	5 / 1	21 General	Description Special			
	0 / 1 /	21				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1		
			NISD Board of	•		
14 NOTICE FROM	THIS DOV IS FOR NOTICE	OF DOLUME				
POLITICAL COMMITTEE(S)	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	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						
		GO 10	FAGE Z			

15 C/OH NAME Corinne C. Saldana		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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00		
1	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 ir	ncludes all information		
	Signature of Ca	ndidate or Officeho	lder		
	Please complete either option below	/ :			
(1) Affidavit					
NOTARY STAMP/SEA					
Sworn to and subscribed		d f			
	which, witness my hand and seal of office.	day of _	,		
Signature of officer administe		Title of office	cer administering oath		
(2) Unsworn Declaration					
My name is Corinne (C Saldana	00/30/10/18			
My address is 6302 Pe	, arra my date or or arrive	X 78240	US		
, addi 000 /3		state) (zip code)	(country)		
Executed in Bexar	County, State of Texas, on the 23 day of May (month)	, 2021	<u> </u>		
	Course	Paldan	a		
	Signature of Candid	date/Officeholder (De	eclarant)		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
	NAME 2 Filer ID (Ethics Commission Filers)						
Cor	nne C. Saldana						
3 SIG	ATURE						
des	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that nating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any aign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder						
4 FIL	RWHO IS NOTAN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••						
A.	CAMPAIGN FUNDS						
CI	ck only one:						
A CONTRACTOR AND	I do not have unexpended contributions or unexpended interest or income earned from political contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
B.	ASSETS						
Cł	ck only one:						
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
The state of the s	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
	Signature of Candidate						
	EHOLDER nplete this section <i>only</i> if you are an officeholder ••						
<i>V</i>	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder						

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 Superintendant NICKNAME STATE: ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** JAN 2 6 2022 MAILING **ADDRESS** Change of Address CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE **CAMPAIGN** TREASURER **ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Dav Year COVERED 12/31/21 THROUGH ELECTION TYPE 11 ELECTION **ELECTION DATE** Primary Other Runoff Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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 TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

15 C/OH NAME		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. 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 quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
		The state of the s
	Please complete either option below	, a ,
(4) 8 66 3 4		
(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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath
(2) Unavious Dealess (1)	OR	
(2) Unsworn Declaratio	. 11	
My name is	, and my date of birth is	12-04-1959
My address is	(street) (city) 7833 (st	cate) (zip code) (country)
Executed in	County, State of, on the day of	. 20
	(and temporal	
	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. CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Mrs Karen NAME su**Deputy Superintendant** NICKNAME LAST 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE OFFICEHOLDER JAN 1 9 2022 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME LAST Date Imaged ONYSCI STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER ADDRESS** Sw in burne (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **TREASURER PHONE** 9 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Year **COVERED THROUGH** 11 ELECTION ELECTION DATE FLECTION TYPE Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 12 OFFICE 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 NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

15 C/OH NAME		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 KF
	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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 4079.35
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
	Signature of Can	didate or Officeholder
	Please complete either option below:	
(1) Affidavit		
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 administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
,/		/ 1
My name is <u>Hare</u>	n tracevicen, and my date of birth is _	7/10/56
My address is 958	22 May tum Circle, Hilotes, D	C. 78023
2	(street) (city) (sta	ate) (zip code) (country)
Executed in Seya	County, State of $///$, on the $///$ day of $//$, 20 <u></u>
į.	(month)	(year)
	Signature of Candida	te/Officeholder (Declarant)
	-ig.isia. o or ounded	(Boolaiditt)