### 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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY			
TV/TVIL	NICKNAME LAST Blount	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		San Andrio 78253				
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 210) 334-1320	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	WI	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date Processed			
	Sandovol		Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	•	STATE; ZIP CODE			
TREASURER ADDRESS	13450 Sunnyvier TI	Son Autoria	X 78553			
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
THOME	(7/0) 643-3300	•				
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	01/01/2022	THROUGH Ob/	/ 30 / 2022			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
1	Month Day Year Primary	Runoff Other Description				
1	General	Special				
·	, ,					
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)	)			
	NISO VISTIRT #4	Trustee				
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS		,			
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME				
ŕ						
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS				
	COTO	DACEO				
	GUTU	PAGE 2				

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	bat Blount, 51	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	(S) \$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O
	4. TOTAL POLITICAL EXPENDITURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE PORTING PERIOD	7.3
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	
	wear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all information
	Signature of	Candidate or Officeholder
	Please complete either option belo	ow:
(1) Affidavit		
NOTARY STAMP/SEA	-	
	before me by this the	e, 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
	OR	
(2) Unsworn Declaration	on .	
My name is	ent Blount, To, and my date of birth	is 1/3/159
My address is13	450 Surveyier Trails . San Antra.	Tx. 78253. USA.
Executed in	(street) County, State of Taxal , on the day of	(state) (zip code) (country)  (year)
	Signature of Can	// didate/Officeholder (Declarant)

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE/	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	NICKNAME Chu m	blex	STAL	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	ovest Have	:11Y; STAT V 78247	TE; ZIP CODE		
Change of Address	Jah A	PHONE NUMBER	EXTE	ENSION	Data Hand delivered	d or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	202 - 6677		Note	Date Hand-delivered	Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME					Date Processed	
	NICKNAME	LAST		SUFFIX .	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	ITE #; C	DITY;	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	FXTE	NSION		
TREASURER PHONE	( )	Phone Norden	EXIL.	NSION		
9 REPORT TYPE	January 15	30th day before ele	action	Runoff	15th day after treasurer ap (Officeholder	
	July 15	8th day before elect		Exceeded Modified Reporting Limit		t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	01,	101/2022	THROUGH	061	130/20	22
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day Year Primary Runoff Other Description					
	//	General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	CE SOUGHT (if known)		
	Northsi	d. Ton Trus	too	AC GOOGITT (II KIIOWII)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFIC CONSENT. CANDIDATE:	CE OF POLITICAL CONTRIBUTIONS AS CEHOLDER. THESE EXPENDITURES IS S AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR POLITIC MAY HAVE BEEN MAI ED TO REPORT THIS II	CAL EXPENDITURES MADE WITHOUT THE CANDI	DE BY POLITICAL COM	MITTEES TO SUPPORT DER'S KNOWLEDGE OR
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME		World Charles	ET RECEIVE NOTICE OF	SUCH EXPENDITURES.
		COMMITTEE ADDRESS				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
GO TO PAGE 2						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

Forms provided by Texas Ethics Commission

#### FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

	1	6 Filer ID (Ethics Commission Filers)
15 C/OH NAME		, i.e.
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ Ø
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ Ø
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	nd correct and includes all information
	Signature of Candi	idate or Officeholder
(1) Affidavit		
NOTARY STAMP/SEA	AL .	
Swom to and subscribed	before me bythis the	day of
20, to certif	y which, witness my hand and seal of office.	day or
Signature of officer administ	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR	and the state of t
(2) Unsworn Declarate	tion	
My name is	SFOYEST AUCH San AUTONIO (city) (state of Lay of July)	2/18/1958 2/78240, USA e) (zip code) (country)
	Signature of Candidate	Officeholder (Declarant)

www.ethics.state.tx.us

	8		CEHOLDER E REPORT			ORM C/OH HEET PG 1
7	he C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed;
	GANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MyS	Karen	<b>B</b>	OFFICE	USE ONLY
		NICKNAME	Freeman	SUFFIX		
	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	9522 M	APT/SUITE#; (laytom Circle	OITY; STATE; ZIP CODE		
	Change of Address	· .	Helotes 18	78023		
	CANDIDATE/ OFFICEHOLDER PHONE	$(g_{lO})$	PHONE NUMBER 413 5736	EXTENSION		or Date Postmarked
	CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	Receipt #	Amount \$
	NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
			FONDS 1	· · · · · · · · · · · · · · · · · · ·	pate mages	
	CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S		STATE;	ZIP CODE
(R	tesidence or Business)	9010	Swin burne	Ct San Antono	1K 182	40
	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9	REPORT TYPE	January 15	30th day before e	Martine of	15th day at treasurer a (Officeholds	
.		July 16	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10	PERIOD COVERED	Month Of	Day Year / 82 / 82	THROUGH %	Day You 30 K 28	
111	ELECTION	ELECTION DA		ELECTION TYPE		
		Month Day	Year Primary General	Runoff Other Description Special	·	
12	OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known	ń)	
14	NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER, <i>THESE EXPENDITURES</i> AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL EXPENDITURES AS S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
		COMMITTEE TYPE	COMMITTEE NAME			
	Additional Pages	GENERAL	COMMITTEE ADDRESS			
		SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
			COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	GO TO PAGE 2					

Forms provided by Texas Ethics Commission

www.ethlcs.state.tx.us

Revised 8/17/2020

	·	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
	15 C/OH NAME	April 1	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.	\$ 6.00
		4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	* \$ O. OO
	OUTSTANDING LOAN TOTALS	6, TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	· ·	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
		Signature of Candida	LM(eM) ate 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	ring oath Printed name of officer administering oath	Title of officer administering oath
		OR	
•	(2) Unsworn Declarati	on	
	My name is <u>Yaka</u>	and my date of birth is	1110156
	My address is	steet) (city) (state)	(zip code) (country)
	Executed in Roxax	County, State of X, , on the /5 day of (month)	20 7 7. (year)
		Signature of Candidate/	Officeholder (Declarant)
	Forms provided by Texas Et	hics Commission www.ethics.state.tx,us	Revised 8/17/2020

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages flied: The C/OH instruction Guide explains how to complete this form. MS/MRS/MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX CANDIDATE/ ADDRESS / PO BOX: STATE: ZIP ÇODE OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE/ Date Hand-delivered or Date Fostmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS /MRS)/MR CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO GOX PLEASE); STATE; ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION CAMPAIGN AREA CODE TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff ireasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Month COVERED 2022 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primery Rungff Uther Description Day Year Manth General Special 13 OFFICE SOUGHT (If known) 12 OFFICE This box is for notice of political contributions accepted or political expenditures. Made by political committees "o 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

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME		16 Filter ID (Ethics Commission Filters)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	DANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	E LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
	Please complete either option be	low:
Affidavit		
NOTARY STAMP/SEAL		
orn to and subscribed be	this in the state of the state	the day of
ature of officer administerin	A street up to or online grantification of one	Title of officer administering path
Unsworn Declaration	OR	
name is	AROL HARLE and my date of birth  3 CLIFFSIDE SNAVA  (street)  (street)  County, State of CARS on the 12 day of Shave	no Park TR 780 3 (state) (zip code) (country)
	mo	nth) tyear (Declarant)

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address		Rousseun St.	CITY; STA	TE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	784 -6165		ENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Ka Kryr		MI -	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Imaged	
		Luna				
7 CAMPAIGN TREASURER ADDRESS	407 1	(NO PO BOX PLEASE); APTISI Bertetti Dr		CITY;	STATE;	ZIP CODE
(Residence or Business)	Say	Antonio ,TX	(8221			
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	All registers when	ENSION		
PHONE	(200)	215-278	50			
9 REPORT TYPE	January 15	30th day before el	ection	Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before elec	ction	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	01 /	01/2022	THROUGH	06/	130 /26	Daa
11 ELECTION	ELECTION DA	ATE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	/	General	Special			
		(A)				
12 OFFICE	OFFICE HELD (If any)	/	<b>13</b> OFFI	CE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	S		
		GO TO I	PAGE 2			

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI 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.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ ₩
	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	ue and correct and includes all information
		2
	C/dit	H () *
	-/ gm,	Noden
	Signature of Ca	andidate or Officeholder
	Please complete either option below	٨٠٠
	i iosoo oompioto oisiloi opsion aoio.	**
(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.	
300,000		
Signature of officer administer	ing path Printed name of officer administering path	Title of officer administering onth
Signature of Smoot autimises.	ing oath Printed name of officer administering oath	Title of officer administering oath
4.000000000000000000000000000000000000	OR	
(2) Unsworn Declaration	on .	
•	11111	2/./20
My name is	and my date of birth is	1/11/12
My address is	719 Koussean San Atonso, I	X ,78LSI, USA.
Λ	(street) (city)	state) (zip code) (country)
Executed in Mexico	County, State of TK , on the 15 day of Du	ly , 20
	(mont)	
		7
	Signature of Candi	date/Officeholder (Declarant)

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages t	iled: 2	
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR Mrs. Col	rinne C	MI	OFFICE	E USE ONLY	
NAME	NICKNAME	LAST <b>Saldana</b>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE; ZIP CODE  San Antonio, TX 78240			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	( 210 )	PHONE NUMBER 379-6107	EXTENSION		d or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MIR	FIRST	MI	Receipt #	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
			SOTTA	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
<del>                                     </del>	ADEA CODE	DUOVID AURADED				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	•		
A DEPOST TARE						
9 REPORT TYPE	January 15	30th day before e	election Runoff		ifter campaign appointment er Only)	
	X July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	ort (Atlach C/OH - FR)	
10 PERIOD COVERED	Month 01	Day Year / 01 / 2022	Month THROUGH 06	Day Yea		
		<u> </u>		30 / 2	2022	
11 ELECTION	Month Day	BLECTION DATE  Month Day Year Primary Runoff Other Description  O5 / O1 / 2021 X General Special				
12 OFFICE	OFFICE HELD (if any) School Boa	rd Trustee, District 5	NISD 13 OFFICE SOUGHT (if known	)		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. <i>THESE EXPENDITURE</i> :	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CANE RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
		GO TO	PAGE 2			

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Cor	inne C. Saldana		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION	TOTAL UNITEMIZED POLITICAL	CONTRIBUTIONS (OTHER THAN	4 0
TOTALS	PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTE		\$ 0
	2. TOTAL POLITICAL CONTRIBL (OTHER THAN PLEDGES, LOANS		\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	T DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING I	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$ 0
	wear, or affirm, under penalty of perjury, that		and correct and includes all information
IQU	guired to be reported by me under Title 15, Elec	A	0
		Corine 8	Daldana
			ndidate or Officeholder
	Please comple	te either option below	••
	i idase vviiipio	te either obnon below	:
(1) Affidavit			
NOTARY STAMP/SEAL	-		
Comments and authorithed		H-to the	
	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
	0	R	
(2) Unsworn Declaration	on		
Corinr	ne C. Saldana		09/30/1948
My name is6302 P	emwoods	, and my date of birth is _ San Antonio	
My address is			
Bexar Executed in	(street) Texas County, State of	, on the day of	, 20_22
		(month)	n Saldaña
		Signature of Candida	ate/Officeholder (Declarant)