#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS / MR CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Carol Mrs. NAME LAST NICKNAME Harle JAN 2 2 2019 APT / SUITE #: CITY: STATE; ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX: **OFFICEHOLDER MAILING ADDRESS** Shavano Park, Texas 78231 423 Cliffside **Business & Finance** Change of Address **EXTENSION** PHONE NUMBER AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 954-4206 (210)**PHONE** Receipt # Amount \$ MI FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER Date Processed** NAME SUFFIX **NICKNAME** LAST Date Imaged ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: CITY; CAMPAIGN TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** AREA CODE CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day alter campaign Runall x January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded \$500 limit Final Report (Attach C/OH - FR) July 15 8th day before election Day Year Month 10 PERIOD Month Day Year COVERED THROUGH July 1, 2018 through December 31, 2018 **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Year Month Dav Description X General Special 06 17 05 / 13 OFFICE SOUGHT (if known) OFFICE HELD (il any) 12 OFFICE Single Member District #6 **NISD Trustee GO TO PAGE 2**

14 C/OH NAME Card	ol Berg Harle		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM 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			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	S.00		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00		
EXPENDITURE TOTALS	3. TOTAL UNLES	\$.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S.00 OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	* THE \$.00			
18 AFFIDAVIT					
MARY GARCIA  MARY Public, State of Texas  Comm. Expires 10-16-2021  Notary ID 13131631-5  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					
	42				
AFFIX NOTARY STAN					
Sworn to and subso	cribed before me,	by the said Carol Berg Harle	this the 22		
day of Januar	y 2019,	to certify which, witness my hand and seal of office	e.		
Signature of officer	Gerrico administering oath	Printed name of Officer administering oath	Secretary Title of officer administering oath		

<u> </u>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.	First (D (Clines countings on Figure)	a lotal pages filed.
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Gerald	B.	Date Received
	NICKNAME LAST	suffixDe	puty Superintendar
	Lopez		
CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	7835 Emerald Elm San Antonio,	CITY; STATE; ZIP CODE  TX 78251	JAN <b>2 2 2019</b>
Change of Address			usiness & Finance
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 210 ) 247-8356	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	MI	Receipt # Amount \$
TREASURER NAME	Mr Attredo		Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	Vominques		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE), APT / S		ZIP CODE
ADDRESS	7902 Emer	II Elm	San Antonia Little
(Residence or Business)	1902 - Mel	ala Ciri E	57 37 01101111 114/10
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (26) 643-210	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runolf	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
0 PERIOD	Month Day Year	Month	Day Year
COVERED		THROUGH	
	July 1, 2018 through	gh December 31, 2018	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05 / 09 / 15 X General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	N
NISD Trustee	Single-Member District #2	Single Ma	ember Visited #21 Scot
	go то	PAGE 2	

14 C/OH NAME Gerald B. Lopez		15	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND KNOWLEDGE OR CO	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				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$.00			
A035 =		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00			
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	4. TOTAL	POLITICAL EXPENDITURES	\$.00			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DON'T PERIOD	PAY \$.00			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI AY OF THE REPORTING PERIOD	\$.00			
18 AFFIDAVIT						
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.  Notary ID 13131631-5  Signature of Candidate or Office moder						
AFFIX NOTARY STAM						
Sworn to and subsci		by the said Gerald B. Lopez to certify which, witness my hand and seal of office.	, this the _ <del></del>			
Mary Signature of officer a	Garcia	May Garcia  Printed name of officer administering oath	Secretary Title of officer administering oath			
Signature of officer a	ប្រភពពេសមាពាឫ Uatifi	Tilling hame of billed administrating bank	or one or assume or any			

		1 Filer ID (Ethics Commission Filers)	2 Total pages tiled:
The C/OH Instruction G	uide explains how to complete this form.		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mr. Joseph	м <b>Н.</b>	OFFICE USE ONLY  Date Received
NAME	NICKNAME LAST	SUPPAR	uty Superintendar
	Medina	Бер	aty Superintendan
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 11719 Rousseau San Antonio, T	X 78251	JAN <b>2 2</b> 2019
Change of Address		Du	hinosa <sup>Q</sup> Financa
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 210 ) 784-6165	EXTENSION	Siness & Finance Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	M)	Receipt # Amount \$
TREASURER NAME	Mary	Kathryn	Date Processed
	NICKNAME LAST Luna	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 407 Bertetti Dr. San Antonio, T		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 210 ) 215-2780	EXTENSION	
9 REPORT TYPE	x January 15 30th day before	election Runolf	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before el	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH rough December 31, 2018	
11 ELECTION	ELECTION DATE	ELECTION TYP	
ľ	Month Day Year Primary	Runoff Other Description	
	05 / 09 / 15 X General	Special	
12 OFFICE	OFFICE HELD (il any)	13 OFFICE SOUGHT (il kno	wn)
NISD Trustee	Single-Member District #1		
	GO ТО	PAGE 2	

			St. (D. (Ettier Compinsion Filers)		
14 C/OH NAME Josep	h H. Medina		Filer ID (Ethics Commission Filers)		
16 NOTICE FROM 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 GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
Acquional rages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$.00		
	2. TOTAL	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. \$.00  4. TOTAL POLITICAL EXPENDITURES \$.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$.00				
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.  Notary ID 13131631-5  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					
AFFIX NOTARY STA		t t. II. Madino	ahin ahno 22		
Sworn to and subs		, by the said <u>Joseph H. Medina</u> , to certify which, witness my hand and seal of office.			
Mauy Signature of officer	Gawa administering oath	May Farcia Printed name of officer administering oath	Secretary  Title of officer administering oath		
Olginatore or officer					

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 Mrs. Karen	MI	OFFICE USE ONLY
NAME		Control Daniel	Date Received
	NICKNAME LAST	Behar	y Superintendant
	Freeman		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	9522 Maytum Circle, Helotes, T.	X 78023	JAN <b>2 2 2019</b>
Change of Address		Busi	ness & Finance
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 210 ) 413-5736	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME			Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY: STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e	ection Runotf	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	/ /	THROUGH	/ /
	July 1, 2018 throug	h December 31, 2018	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05 / 6 / 17 X General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
NISD Trustee	Single-Member District #7		
	GO ТО	PAGE 2	

14 C/OH NAME Karen Freeman		1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM 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			
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	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		ř			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$.00		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. \$.00				
:	4. TOTAL	POLITICAL EXPENDITURES	\$.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$.00				
18 AFFIDAVIT					
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.  Notary Public, State of Texas Comm. Expires 10-16-2021 Notary ID 13131631-5  Signature of Candidate or Officeholder					
AFFIX NOTARY STAN	MP/SEALABOVE				
Sworn to and subsc	cribed before me,	by the said Karen Freeman	, this the		
day of Januar	y 20 19	to certify which, witness my hand and seal of office.			
Signature of officer		to certify which, witness my hand and seal of office.  May Garcia  Printed name of officer administering cath	Secretary Title of officer administering eath		
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 NAME	MS/MRS/MR FIRST  Mrs. Katic  NICKNAME LAST  Reed	N. su <b>Dep</b>	office USE ONLY  Date Received  uty Superintendar
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: 7317 Ashton Place, San Antonio.	CITY; STATE, ZIP CODE, TX 78229	JAN <b>2</b> 2 2019
Change of Address			singes O Finance
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 210 ) 308-5555	EXTENSION <b>DU</b>	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST		Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	SUITE #; CITY; STATE:  EXTENSION	ZIP CODE
9 REPORT TYPE	x January 15 30th day before	C	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  July 1, 2018 thi	THROUGH rough December 31, 2018	Day Year
11 ELECTION	ELECTION DATE  Month Day Year Primary  05 6 17 X General	ELECTION TYPE Aunoli Other Description	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known	1)
NISD Trustee	Single Member District #5		
	go то	PAGE 2	

14 C/OH NAME Katie N. Reed			Filer ID (Ethics Commission Filers)			
16 NOTICE FROM 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				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	41			
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$.00			
and the second second second second	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED		\$.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$.00			
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$.00					
18 AFFIDAVIT						
MARY GARCIA  Notary Public, State of Texas  Comm. Expires 10-16-2021  Notary ID 13131631-5  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						
AFFIX NOTARY STAN			54			
Sworn to and subso		by the said Katie N. Reed to certify which, witness my hand and seal of office.	, this the 22			
mary	Garcia	mary Garcia	Secretary			
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath			

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mrs. M' Lissa  NICKNAME LAST  Chumbley	M. Dep	office use only utty Superintendar
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE 0, TX 78240	JAN <b>2 2 2019</b>
Change of Address		Bu	siness & Finance
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 210 ) 202-6677	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	C. N. P. S. P. S. P.		Date Processed
	NICKNAME LAST	SUFFIX	Dale Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	x January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  July 1, 2018 throu	THROUGH gh December 31, 2018	Day Year
11 ELECTION	Month Day Year Primary  05 09 15 X General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (il any)	13 OFFICE SOUGHT (if known	1)
NISD Trustee	Single-Member District #3		
	GO ТО	PAGE 2	

14 C/OH NAME M' L	4 C/OH NAME M' Lissa M. Chumbley  15 Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CAND KNOWLEDGE OR CO	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				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$.00					
	4. TOTAL	POLITICAL EXPENDITURES	\$.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$.00					
18 AFFIDAVIT  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						
SULAY PU	MARY G	ARCIA under Title 15, Election Code.	amation required to be reported by me			
	Notary Public, State of Texas Comm. Expires 10-16-2021 Notary ID 13131631-5 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subsci	ribed before me, l	by the said M' Lissa M. Chumbley	, this the			
day of Sanuay, 2019, to certify which, witness my hand and seal of office.						
Signature of officer administering oath  Mary Garcia  Secretary  Title of officer administering oath						

		4 Files ID (Fitting Commission Flore)	2. Total annua flad
The C/OH Instruction C	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  Mr. Robert  NICKNAME LAST  Blount	suffi <b>De</b>	OFFICE USE ONLY Date Received Puty Superintenda
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; Co	city; state; zip code tonio, TX 78253	JAN <b>2 2</b> 2019
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 210 ) 334-1320	EXTENSION BL	Isiness & Finance Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  NICKNAME LAST	MI	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St	JITE #; CITY; STATE;  EXTENSION	ZIP CODE
TREASURER PHONE PHONE REPORT TYPE	x January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD COVERED	Month Day Year  July 1, 2018 thro	Month THROUGH Dugh December 31, 2018	Final Report (Attach C/OH - FR)  Day Year
11 ELECTION	Month Day Year Primary  05 / 09 / 15 X General	Runoff Other Description	
2 OFFICE  NISD Trustee	OFFICE HELD (II any) Single-Member District #4	13 OFFICE SOUGHT (if known	0)
	go то	PAGE 2	-

14 C/OH NAME Robert Blount, Jr.		15 Fi	ler ID (Ethics Commission Filers)
16 NOTICE FROM 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	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$.00
	4. TOTAL POLITICAL EXPENDITURES		\$.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$.00		\$.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$.00
18 AFFIDAVIT			
MARY GARCIA  MARY GARCIA  Motary Public. State of Texas  Comm. Expires 10-16-2021  Notary ID 13131631-5  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			
Sworn to and subscribed before me, by the said Robert Blount, Jr, this the,			
day of January, 20 19, to certify which, witness my hand and seal of office.			
mary Garcia Secretary			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			