CANDIDA	FORM C/OH COVER SHEET PG 1  2 Total pages filed:					
The C/OH Instruction						
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/Mr Mrs. Kare	FíRST N	· MI	OFFICE USE ONLY		
I NOIVILL	NICKNAME	LAST Freeman	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  9522 Maytum Circle, Helotes, TX 78023					
Change of Address				F		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 210 )	PHONE NUMBER 413-5736	EXTENSION		d or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST Julia	МІ	Receipt #	Amount \$	
NAME	NICKNAME	NICKNAME LAST SUFFIX			Date Processed	
		lonescu	· <del>· ·</del> ·	Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS	9010 Swinburne Ct, San Antonio, TX 78240					
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 210 )	PHONE NUMBER 414-9694	EXTENSION			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
-	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	-	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day					
00 12, 122	01	/ 01 /2023	/ 30 / 202	3		
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	<u></u>		
	Month Day	Year Primary	Runoff Other Description			
	/ /	General	Special	-		
12 OFFICE	OFFICE HELD (If any)  Northside ISD Trustee  13 OFFICE 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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF 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 TREASURER NAME					
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO F	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Karen F		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 LAST OF REPORTING PERIOD	T DAY \$ 0,00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0,00			
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.  Signature of Candidate or Officeholder  Please complete either option below:  (1) Affidavit					
NOTARY STAMP/SEA	Alice Abo	day of			
Sworn to and subscribed 20, to certify	which, witness my hand and seal of office.	, day of,			
Signature of officer administ		Title of officer administering oath			
	QR				
(2) Unsworn Declarat					
My name isKarer	Freeman, and my date of birth is	July 10, 1956			
My address is 952		X <u>78023 USA</u> .			
Executed in Bexar	(city) (s (city) (s County, State of Texas , on the 17 day of 17 (month Karen Free	otate) (zip code) (country) , 20 <mark>_23</mark> oman (year)			
	Signature of Candic	late/Officeholder (Declarant)			