

# 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:<br><span style="font-size: 2em; margin-left: 20px;">3</span>  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br>FIRST<br><span style="font-size: 1.5em;">Carol</span><br>NICKNAME<br>LAST<br><span style="font-size: 1.5em;">Harle</span>   | MI<br>SUFFIX   | <b>OFFICE USE ONLY</b><br><hr/> Date Received<br><br><hr/> Date Hand-delivered or Date Postmarked<br><br><hr/> Receipt #      Amount \$<br><br><hr/> Date Processed<br><br><hr/> Date Imaged |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><span style="font-size: 1.2em;">423 Cliffside Dr.<br/>Shavano Park, TX 78231</span>  |  |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><span style="font-size: 1.2em;">(210) 954-4206</span>  |  |  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR<br>FIRST<br><span style="font-size: 1.5em;">Sylvia</span><br>NICKNAME<br>LAST<br><span style="font-size: 1.5em;">Vasquez</span>  | MI<br>SUFFIX   |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><span style="font-size: 1.5em;">#6 Kings Mill 78256</span>  |  |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><span style="font-size: 1.2em;">(210) 789-1001</span>  |  |  |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |  |
| <b>10 PERIOD COVERED</b>  | Month      Day      Year      THROUGH      Month      Day      Year<br><span style="font-size: 1.5em;">3 / 23 / 2021      4 / 23 / 2021</span>   |  |  |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br><span style="font-size: 1.5em;">5 / 1 / 2021</span>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><span style="font-size: 1.2em;">NISO<br/>Trustee District 6</span>   | <b>13 OFFICE SOUGHT (if known)</b><br><span style="font-size: 1.5em;">TRUSTEE</span>   |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> 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.  |  |  |
| <input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC                           | COMMITTEE TYPE      COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |  |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

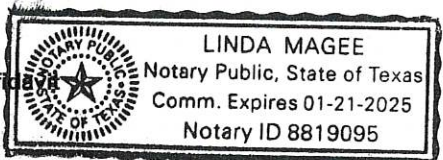
**15 C/OH NAME** CAROL HARLE **16 Filer ID (Ethics Commission Filers)**

|                                |  |      |
|--------------------------------|--|------|
| <b>17 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ 0 |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>  | \$ 0 |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</b>  | \$ 0 |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 0 |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>  | \$ 0 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 0 |

**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.

Carol Harle  
Signature of Candidate or Officeholder

**Please complete either option below:**



(1) Affirmation

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Carol Harle this the 21<sup>st</sup> day of April, 2021, to certify which, witness my hand and seal of office.

Linda Magee Linda Magee Exec. Asst.  
Signature of officer administering 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 \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME **CAROL HARLE** 20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ 0               |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ 0               |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0               |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$ 0               |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ 0               |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0               |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0               |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ 0               |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ 0               |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0               |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0               |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0               |