

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Karen B. Freeman</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 1041.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2279.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1041.40 1241.40 KF
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4465.41

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.

Karen Freeman

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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Karen B. Freeman and my date of birth is 7/10/56
 My address is 9522 Myrtam Circle McLotus TX 78023 Boxer
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____, (month) (year)

Karen Freeman
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Karen Freeman

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>104,40</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>279.37</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 2
2 FILER NAME Karen B. Freeman		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2021	5 Full name of contributor out-of-state PAC (ID# _____) Deb Caldwell	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 13623 Topaz Lake, Helotes TX 78023		
8 Principal occupation / Job title (See Instructions) Governmental Relations and Grants Development		9 Employer (See Instructions) NEISD
Date 03/25/2021	Full name of contributor out-of-state PAC (ID# _____) M'Lissa Chumbley	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 6718 Forest Haven St San Antonio TX 78240		
Principal occupation / Job title (See Instructions) Insurance Claims		Employer (See Instructions) USAA
Date 03/30/2021	Full name of contributor out-of-state PAC (ID# _____) Carolyn Wernli	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 37 Campden Circle San Antonio TX 78218		
Principal occupation / Job title (See Instructions) Retired Educator		Employer (See Instructions) N/A
Date 04/16/2021	Full name of contributor out-of-state PAC (ID# _____) John M. Folks	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 38 Spring Lake Dr San Antonio TX 78248		
Principal occupation / Job title (See Instructions) Retired Educator/Superintendent		Employer (See Instructions) N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Linda ^{KF} G. Mora Karen B. Freeman		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda G. Mora	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1338 Canyon Brk San Antonio TX 78248		
8 Principal occupation / Job title (See Instructions) Educator - Retired		9 Employer (See Instructions) N/A
Date 4/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Blount	Amount of contribution (\$) 95.70
Contributor address; City; State; Zip Code 13450 Sunnynew Trail San Antonio TX 78253		KF 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Mitre Corp
Date 4/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Lammers	Amount of contribution (\$) 95.70
Contributor address; City; State; Zip Code 579 Corona Ave San Antonio TX 78209		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Alamo Architects
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>2</u>	2 FILER NAME <u>Karen B Freeman</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/15/2021</u>	5 Payee name <u>Thompson Print & Mailing Solutions</u>	
6 Amount (\$) <u>2547.97</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code <u>5818 Rocky Point Dr. San Antonio TX 78249</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Postcards, Printing, Mailing, Postage</u>	(b) Description <u>As before</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Karen B. Freeman</u>	Office sought <u>NOISD Trustee SMD#7</u>
	Office held <u>(Same) Trustee</u>	
Date <u>4/15/2021</u>	Payee name <u>Constant Contact</u>	
Amount (\$) <u>41.62</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <u>Constantcontact.com 866-618-5420</u>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Newsletter by email</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Karen B. Freeman</u>	Office sought <u>NOISD Trustee SMD#7</u>
	Office held <u>(Same)</u>	
Date <u>4/18/21</u>	Payee name <u>Prestige Printings</u>	
Amount (\$) <u>162.38</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <u>8 Burwood Lane San Antonio TX 78916</u>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Printing</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Karen B. Freeman</u>	Office sought <u>NOISD Trustee SMD#7</u>
	Office held <u>(Same)</u>	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Travel Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

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1 Total pages Schedule G: <u>2</u>	2 FILER NAME <u>Karen B. Freeman</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>4/10/21</u>	5 Payee name <u>Home Depot</u>
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6 Amount (\$) <u>28.10</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>9115 N Loop 1604 W. San Antonio TX 78249</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>(As Before)</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Karen B. Freeman</u>	Office sought <u>MISD Trustee 840th</u>	Office held <u>Same</u>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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