

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) NA	2 Total pages filed. 7
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) / MR (MRS)	FIRST SHARON	MI
	NICKNAME	LAST CHUMLEY	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE	5315 HOLLYHOCK RD SAN ANTONIO, TX 78240	
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	887-8243	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MR)	FIRST CULLEN	MI E
	NICKNAME	LAST SILVA	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE		
(Residence or Business)	10502 LETUS OAK SAN ANTONIO TX 78223		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	775-1008	
9 REPORT TYPE	<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) <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)		
10 PERIOD COVERED	Month Day Year Month Day Year 03/23/2021 THROUGH 04/21/2021		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05/01/2021	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special SCHOOL BOARD TRUSTEE NISD	
12 OFFICE	OFFICE HELD (if any) NA	13 OFFICE SOUGHT (if known) TRUSTEE	
14 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.		
<input type="checkbox"/> Additional Pages NA	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	NA	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		NA	
	COMMITTEE CAMPAIGN TREASURER NAME		NA
	COMMITTEE CAMPAIGN TREASURER ADDRESS		NA

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME SHARON CHUMLEY		16 Filer ID (Ethics Commission Filers) NA
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ NA
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ NA
	4. TOTAL POLITICAL EXPENDITURES	\$ \$596.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$225.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ NA

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.

Sharon A. Chumley, EdD
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 SHARON CHUMLEY and my date of birth is 03-15-1942
 My address is 5315 HOLLYHOCK RD. SAN ANTONIO TX 78240 USA
(street) (city) (state) (zip code) (country)
 Executed in BEXAR County, State of TEXAS on the 22nd day of APRIL, 2021.
(month) (year)
Sharon A. Chumley, EdD
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME SHARON CHUMLEY		20 Filer ID (Ethics Commission Filers) NA
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 225.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ NA
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ NA
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ NA
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ NA
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ NA
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 577.72
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ NA
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ NA
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ NA
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ NA

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 SARON CHUMLEY		3 Filer ID (Ethics Commission Filers) NA
4 Date 03/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NA) ZANE R CHUMLEY, MBA	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code PO BOX 691695 SAN ANTONIO TX 78249		
8 Principal occupation / Job title (See Instructions) BUSINESS ANALYST		9 Employer (See Instructions) HEALTH CARE SERVICES
Date 04/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NA) LAUREN BRYER	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 12234 ABBY PARK SAN ANTONIO TX 78249		
Principal occupation / Job title (See Instructions) INSURANCE SERVICE NAVIGATOR		Employer (See Instructions)
Date 04/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NA) DAVID MADONE	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 325 BARRETT CANYON CITY CO 81212		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF
Date 04/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NA) LISA V. FUENTES	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code COLONIES NORTH SAN ANTONIO TX 78230		
Principal occupation / Job title (See Instructions) ART INSTRUCTOR		Employer (See Instructions) NORTHSIDE ISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 SHARON CHUMLEY		3 Filer ID (Ethics Commission Filers) NA
4 Date 04/21 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NA) MARTY HEALING	7 Amount of contribution (\$) \$ 40.00
6 Contributor address; City; State; Zip Code 11278 WOODRIDGE SAN TX 78249 FOREST ANTONIO		
8 Principal occupation / Job title (See Instructions) HEALTH CARE PROFESSIONAL		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME: SHARON CAUMLEY	3 Filer ID (Ethics Commission Filers): NA
4 Date: 03/31/2021 THRU 04/21/2021	5 Payee name: FIRST MARK CREDIT UNION SAN ANTONIO TX	
6 Amount (\$): \$11.41	7 Payee address; City: HUEBNER BRANCH SAN ANTONIO TX	State: Zip Code: TX 78240
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): FEE S	(b) Description: DONOR BOX FEE FOR DONATIONS FROM WEB PAGE
	(c) <input checked="" 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: SHARON CAUMLEY	Office sought: TRUSTEE Office held:
Date: 03/31/2021	Payee name: FIRST MARK CREDIT UNION SAN ANTONIO TX	
Amount (\$): \$7.00	Payee address; City: HUEBNER BRANCH SAN ANTONIO TX	State: Zip Code: TX 78240
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): FEE S	Description: MONTHLY FEE FOR CAMPAIGN ACCOUNT
	(c) <input checked="" 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: SHARON CAUMLEY	Office sought: TRUSTEE Office held:
Date:	Payee name:	
Amount (\$):	Payee address; City:	State: Zip Code:
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:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME SHARON CHUMLEY	3 Filer ID (Ethics Commission Filers) NA
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 03/26/21	6 Payee name FAST SIGNS	
7 Amount (\$) \$249.72	8 Payee address; City; State; Zip Code 8714 FREDERICKSBURG RD SAN ANTONIO TX 78240	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CARMAGNETS BANNERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/ Officeholder name SHARON CHUMLEY Office sought TRUSTEE Office held	
Date 04/05/2021	Payee name AD PAGES OF SAN ANTONIO TX	
Amount (\$) \$330.00	Payee address; City; State; Zip Code SAN ANTONIO • DALLAS/FT WORTH • AUSTIN • ST LOUIS	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 1/4 page color distribution MED CENTER SAN ANTONIO
	(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 SHARON CHUMLEY Office sought TRUSTEE Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED