CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. OFFICE USE ONLY 3 CANDIDATE / MS / MRS / MR **OFFICEHOLDER** Date ReceivedSebastian..... Alicia.... NAME NICKNAME Received via email on 5/17/24 at 3:44pm ZIP CODE STATE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; OFFICEHOLDER MAILING. 3647 Tuscany Drive San Antonio Texas 78219 **ADDRESS** Change of Address Date Hand-delivered or Date Postmarked EXTENSION PHONE NUMBER 5 CANDIDATE/ AREA CODE (210 **OFFICEHOLDER** 440-2212 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER Keisha Bradford Date Processed NAME SUFFIX NICKNAME LAST Date Imaged ZIP CODE STATE CITY; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN TREASURER **ADDRESS** 9002 Walnut Springs Universal City Tx (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Year General 2023 13 OFFICE SOUGHT (if known) 12 OFFICE DIAG 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
TOTALS	OTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	OTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6/
EXPENDITURE 3. T	OTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$
4. T	OTAL POLITICAL EXPENDITURES	\$ 6
	OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS F REPORTING PERIOD	ST DAY \$
OUTSTANDING 6. T	OTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AST DAY OF THE REPORTING PERIOD	* THE \$
	Signature of Car	ndidate 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
(2) Unsworn Declaration My name is Author My address is County Executed in County County		109 1979 100 1979 (zip code) (country) (year)
	Signature of Candida	ate/Officeholder (Declarant)