

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 (also Candidate Filer)

2. Total pages filed

3. CANDIDATE / OFFICEHOLDER NAME	FIRST NAME / MI LAST	Leticia		MI			
	NICKNAME	Queen		CITY/ST			
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE		
	1534 McKinley SA TX 78210						
5. CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512) 508 1243						
6. CAMPAIGN TREASURER NAME	FIRST NAME / MI LAST	Sharon		MI			
	NICKNAME	Lansaria		CITY/ST			
7. CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS / PO BOX / PO BOX / PHONE	APT / SUITE #	CITY	STATE	ZIP CODE		
	4226 Venture View SA, TX 78228						
8. CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(214) 325 2209							
9. REPORT TYPE	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Recall	<input type="checkbox"/> 10th day after campaign finance appointment (Candidate Only)			
	<input type="checkbox"/> July 14	<input type="checkbox"/> 60th day before election	<input type="checkbox"/> Proscribed/Mutated Reporting Limit	<input type="checkbox"/> Final Report (MAY 1 C/OH - FTS)			
10. PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	7 / 14 / 2023			1 / 15 / 2024			
11. ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Recall	<input type="checkbox"/> Open Question	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
12. OFFICE	OFFICE TITLE (Print)			OFFICE ADDRESS (Optional)			
	SAISO 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 OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> General	COMMITTEE ADDRESS					
	<input type="checkbox"/> Specific	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

OFFICE USE ONLY

DATE RECEIVED

Received via email on 5/15/24 at 4:32pm

DATE HAND-CARRIED OR DATE TRANSMITTED

Receipt #

Amount \$

Date Processed

Date Forwarded

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15. C/OH NAME		16. Filer ID (EPA's Candidate File#)	
17. CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE BY INDIVIDUALS)	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 12, Chapter Code.

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-wit: _____, 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 Lehua Owen and my date of birth is 11/01/1966
 My address is 1539 Makani Way SA Tx 78210 USA
(street) (state) (city) (zip code) (country)
 Executed in Bear County, State of Tx on the 15 day of July 2024
(month) (year)

 Signature of Candidate/Officeholder (Declarant)