# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	MS Sarah	L				
1.0 uvi	NICKNAME LAST	SUFFIX	Date Received			
	Sorensen		Received via email 7/15/2024 at			
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	11:05am				
OFFICEHOLDER MAILING	215 Carolina ST San	Antonio TX 78210				
ADDRESS						
Change of Address						
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
OFFICEHOLDER PHONE	(518) 469-6884					
	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST  MS Rachel	MI				
NAME			Date Processed			
	NICKNAME LAST	SUFFIX	Date Imaged			
	Sorensen					
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE			
ADDRESS	439 Queen Anne CT	San Antonio	TX 78209			
(Residence or Business)						
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	4240 3 242 0622					
THONE	(210) 243-6622					
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	1 / 15 / 24	THROUGH 6	/ 30 / 24			
11 ELECTION	ELECTION DATE	ELECTION TYPE	<u>'</u>			
	Month Day Year Primary	Runoff Other				
	Month Day Year General	Description				
	General					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)			
	Board Trustee					
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS					
POLITICAL COMMITTEE(S)	THE CANDIDATE A OFFICE HOLDER THESE EXPENDITURES MAY HAVE BEEN MADE WITH					
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME					
	COMMITTEE ADDRESS					
Additional Pages	GENERAL GOWNITTEE ADDRESS					
J	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME				
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS				
	GO TO	PAGE 2				

### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Sarah L Sorensen		1	<b>6</b> Filer	ID (Ethics	s Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	3.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	3.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	418.65
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	
18 SIGNATURE I s	swear, or	affirm, under penalty of perjury, that the accompanying report is true	and co	rrect and	includes all information

required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please o	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 c	office.
Signature of officer administering oath Printed nam	ne of officer administering oath Title of officer administering oath
	OR
(2) Unsworn Declaration  My name is Sarah Sorensen	, and my date of birth is <u>03/02/1978</u>
My address is 215 Carolina St	San Antonio , TX , 78210 , US
(street)  Executed in Bexar County, State of Texas	s, on the 15 day of July day of (city), (state) (zip code) (country), 2024 (year).  Signature of Candidate/Officeholder (Declarant)
forms provided by Texas Ethics Commission	www.ethics.state.tx.us Revised 1/1/202

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
<b>1</b> Total pages Schedule F1:	2 FILER NAME Sarah Sorensen	;	<b>3</b> Filer ID (Ethic	s Commission Filers)	
4 Date 03/31/2024	5 Payee name Firstmark Credit Union				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
3.00	2023 Gold Canyon Dr	San Antonio	TX	78232	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Paper statemer	nt fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	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			
	Check if travel outside of Texas. Complete Schedule T.	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 NEED	DED		