# **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: 34   |  |
|--|---|--|---|--|
| 3 CANDIDATE /<br>OFFICEHOLDER  | MS / MRS / MR FIRST  MS Sarah                                     | мі<br><b>L</b>                               | OFFICE USE ONLY   |  |
| NAME   | nickname last<br>Sorensen   | SUFFIX                                       | Date Received   |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS  | ADDRESS / PO BOX; APT / SUITE #; 215 Carolina ST San Antonio T    | CITY; STATE; ZIP CODE                        |   |  |
| Change of Address  |   |  |   |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | ( 518 ) PHONE NUMBER 469-6884                                     | EXTENSION                                    | Date Hand-delivered or Date Postmarked                            |  |
| 6 CAMPAIGN<br>TREASURER  | MS / MRS / MR FIRST  MS Rachel                                    | МІ   | Receipt # Amount \$   |  |
| NAME   |   | OUEDV  | Date Processed  |  |
|  | NICKNAME LAST  Sorensen   | SUFFIX                                       | Date Imaged   |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | street address (no po box please); APT 439 Queen Anne Court San A |  | STATE; ZIP CODE   |  |
| 8 CAMPAIGN   | AREA CODE PHONE NUMBER  | EXTENSION                                    |   |  |
| TREASURER<br>PHONE   | (210) 243-6622  | EXTENSION                                    |   |  |
| 9 REPORT TYPE  | January 15 30th day befo  | ore election Runoff                          | 15th day after campaign treasurer appointment (Officeholder Only) |  |
|  | July 15 8th day before  | e election Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR)                                   |  |
| 10 PERIOD  | Month Day Year  | Month  | Day Year  |  |
| COVERED  | 1 / 1 / 25  | THROUGH 3                                    | / 24 / 25   |  |
| 11 ELECTION  | ELECTION DATE   | ELECTION TYPE                                |   |  |
|  | Month Day Year Prima  | ary Runoff Other Description                 |   |  |
|  | 5 / 3 / 25 Gene   | eral Special                                 |   |  |
| 12 OFFICE  | OFFICE HELD (if any) Board Trustee                                | 13 OFFICE SOUGHT (if known Board Trustee     | )   |  |
| 14 NOTICE FROM POLITICAL  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KI CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH E |   |  |   |  |
| COMMITTEE(S)   | COMMITTEE TYPE   COMMITTEE NAME   San Antonio Alliance            | of Teachers and Support Personne             | el PAC  |  |
| Additional Pages   | GENERAL COMMITTEE ADDRESS 120 Adams ST Sa                         | n Antonio TX 78210                           |   |  |
|  | SPECIFIC COMMITTEE CAMPAIGN David Garza                           | TREASURER NAME                               |   |  |
|  | committee campaign 120 Adams ST                                   | TREASURER ADDRESS San Antonio TX 78210       |   |  |
| GO TO PAGE 2   |   |  |   |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME<br>Sarah L Sorensen     |  | 16 Filer I     | D (Ethics Co     | mmission Filers)     |  |  |
|--------------------------------------|--|----------------|------------------|----------------------|--|--|
| 17 CONTRIBUTION<br>TOTALS            | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) |                | \$               | 206.00               |  |  |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |                | \$ 6             | ,381.00              |  |  |
| EXPENDITURE<br>TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   |                | \$               | 60.11                |  |  |
|                                      | 4. TOTAL POLITICAL EXPENDITURES  |                | \$ 3             | ,078.57              |  |  |
| CONTRIBUTION<br>BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD  | ST DAY         | \$ 3             | ,302.43              |  |  |
| OUTSTANDING<br>LOAN TOTALS           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | = THE          | \$               |                      |  |  |
| 18 SIGNATURE I s                     | wear, or affirm, under penalty of perjury, that the accompanying report is true  | e and corr     | rect and inclu   | udes all information |  |  |
| ree                                  | quired to be reported by me under Title 15, Election Code.   | 1              |                  |                      |  |  |
|                                      | Jones  | ~              |                  |                      |  |  |
|                                      | Signature of Ca  | ndidate o      | r Officeholds    | <br>er               |  |  |
|                                      |  |                |                  |                      |  |  |
|                                      |  |                |                  |                      |  |  |
| Please complete either option below: |  |                |                  |                      |  |  |
|                                      |  |                |                  |                      |  |  |
|                                      |  |                |                  |                      |  |  |
| (1) Affidavit                        |  |                |                  |                      |  |  |
| (1)/111100111                        |  |                |                  |                      |  |  |
| NOTARY STAMP/SEA                     |  |                |                  |                      |  |  |
|                                      |  |                | day of           |                      |  |  |
|                                      | before me by this the  |                | day of           | ,                    |  |  |
| 20, to certify                       | which, witness my hand and seal of office.   |                |                  |                      |  |  |
| Signature of officer administe       | ring oath Printed name of officer administering oath   |                | Title of officer | administering oath   |  |  |
|                                      | OR   |                |                  |                      |  |  |
| (2) Unsworn Declarati                | on   |                |                  |                      |  |  |
| My name is Sarah Sor                 | ensen and my data of hirth is  | 03/02/         | 1978             |                      |  |  |
| My address is 215 Caro               | <b>-</b>   | ГХ             | 78210            | US                   |  |  |
| ,                                    |  | ,<br>state) (2 | zip code)        | (country)            |  |  |
| Executed in Bexar                    | County, State of Texas , on the 3 day of April   | 2)             | _, 20_25         |                      |  |  |
|                                      | Lend (month  | <u>'</u>       | (year)           |                      |  |  |
|                                      | Signature of Candid  | date/Office    | holder (Decla    | arant)               |  |  |

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

|     | Sarah L Sorensen  20 Filer ID (Ethics Co  |                |    | on Filers)         |
|-----|---|----------------|----|--------------------|
|     | DULE SUBTOTALS<br>OF SCHEDULE   |                |    | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                   |                | \$ | 6,175.00           |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                     |                | \$ |                    |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS   |                | \$ |                    |
| 4.  | . SCHEDULE E: LOANS   |                |    |                    |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO                      | NTRIBUTIONS    | \$ | 3,018.46           |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |                | \$ |                    |
| 7.  | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS       |                |    |                    |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                   |                | \$ |                    |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI                       | NDS            | \$ |                    |
| 10. | C). SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH |                |    |                    |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS        |                |    |                    |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT<br>TO FILER        | FIONS RETURNED | \$ |                    |

#### 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 fo | rm.                       | 1 Total pages Schedule A1: 26         |  |  |
|------------------------------------|--|---------------------------|---------------------------------------|--|--|
| <sup>2</sup> FILER NAME Sarah L So | rensen   |                           | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date                             | •  | #:)                       | 7 Amount of contribution (\$)         |  |  |
|                                    | San Antonio Alliance of Teachers and Suppo         | ort Personnel PAC         |                                       |  |  |
| 02/13/2025                         | 6 Contributor address; City;                       | State; Zip Code           | 3,000.00                              |  |  |
|                                    | 120 Adams St San                                   | Antonio TX 78210          | •                                     |  |  |
| 8 Principal occu                   | pation / Job title (See Instructions)              | Employer (See Instruction | ons)                                  |  |  |
| Date                               |  | #:)                       | Amount of contribution (\$)           |  |  |
| 02/21/2025                         | Michelle Potter                                    |                           | 400 00                                |  |  |
| 02/2 1/2025                        | Contributor address; City;                         | State; Zip Code           | 100.00                                |  |  |
|                                    | 5923 Woodridge Rock San Anton                      | io TX 78249               |                                       |  |  |
| Principal occup                    | ation / Job title (See Instructions)               | Employer (See Instruction | ons)                                  |  |  |
| Date                               | Full name of contributor out-of-state PAC (ID      | #:)                       | Amount of contribution (\$)           |  |  |
| 00/00/000                          | James Finley                                       |                           | 050.00                                |  |  |
| 02/23/2025                         | Contributor address; City;                         | State; Zip Code           | 250.00                                |  |  |
|                                    | 614 Cedar Street San Antonio                       | TX 78210                  |                                       |  |  |
| Principal occup                    | ation / Job title (See Instructions)               | Employer (See Instruction | ons)                                  |  |  |
| Date                               | Full name of contributor out-of-state PAC (ID      | #:)                       | Amount of contribution (\$)           |  |  |
|                                    | Katy Bravenec                                      |                           |                                       |  |  |
| 02/23/2025                         | Contributor address; City;                         | State; Zip Code           | 250.00                                |  |  |
| 501 Shook Ave SAN ANTONIO TX 7821  |  |                           |                                       |  |  |
| Principal occup                    | ation / Job title (See Instructions)               | Employer (See Instruction | ons)                                  |  |  |
|                                    |  |                           |                                       |  |  |
|                                    |  |                           |                                       |  |  |
|                                    |  |                           |                                       |  |  |
|                                    |  |                           |                                       |  |  |
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#### SCHEDULE A1

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| The  | Instruction Guide explains how to complet | te this form.           | 1 Total pages Schedule A1:            |  |  |  |
|--|---|-------------------------|---------------------------------------|--|--|--|
| 2 FILER NAME<br>Sarah L So   | rensen                                    |                         | 3 Filer ID (Ethics Commission Filers) |  |  |  |
| 4 Date   | 5 Full name of contributor out-of-sta     | ate PAC (ID#:)          | 7 Amount of contribution (\$)         |  |  |  |
| 03/01/2025   | 6 Contributor address; City;              |                         | 250.00                                |  |  |  |
|  | 124 N Laredo St                           | San Antonio TX 78207    |                                       |  |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)     | 9 Employer (See Instruc | tions)                                |  |  |  |
| Date   | Full name of contributor out-of-st        | ate PAC (ID#:)          | Amount of contribution (\$)           |  |  |  |
| 03/04/2025   |   | State: 7in Code         | 500.00                                |  |  |  |
|  | Contributor address; City;                | State; Zip Code         | 300.00                                |  |  |  |
|  | 233 Lotus Ave San Anto                    | 01110 17 70210          |                                       |  |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |                         |                                       |  |  |  |
| Date   | Full name of contributor out-of-st        | ate PAC (ID#:)          | Amount of contribution (\$)           |  |  |  |
| 02/44/2025   | Robinson Block                            |                         | 05.00                                 |  |  |  |
| 03/11/2025   | Contributor address; City;                | State; Zip Code         | 25.00                                 |  |  |  |
|  | 4315 Darter St Housto                     | on TX 77009             |                                       |  |  |  |
| Principal occup  | eation / Job title (See Instructions)     | Employer (See Instruc   | tions)                                |  |  |  |
| Date   | Full name of contributor out-of-st        | ate PAC (ID#:)          | Amount of contribution (\$)           |  |  |  |
| 02/46/2025   | Yvette Benavides                          |                         | 400 00                                |  |  |  |
| 03/16/2025   | Contributor address; City;                | State; Zip Code         | 100.00                                |  |  |  |
|  | 1906 S Flores Street San Antonio TX 78204 |                         |                                       |  |  |  |
| Principal occup  | ation / Job title (See Instructions)      | Employer (See Instruc   | tions)                                |  |  |  |
|  |   |                         |                                       |  |  |  |
|  |   |                         |                                       |  |  |  |
|  |   |                         |                                       |  |  |  |
|  |   |                         |                                       |  |  |  |
|  |   |                         |                                       |  |  |  |
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| The   | Instruction Guide explains how to complete            | this form.                          | 1 Total pages Schedule A1:            |  |  |
|---|---|-------------------------------------|---------------------------------------|--|--|
| 2 FILER NAME<br>Sarah L So                    | rensen  |                                     | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date  | Kyle Moller   | e PAC (ID#:)                        | 7 Amount of contribution (\$)         |  |  |
| 03/17/2025                                    | 6 Contributor address; City;                          | State; Zip Code                     | 25.00                                 |  |  |
|   | 2018 Edgehill Dr San Anto                             | onio TX 78209                       |                                       |  |  |
| 8 Principal occu                              | pation / Job title (See Instructions)                 | 9 Employer (See Instruct            | tions)                                |  |  |
| Date  | Full name of contributor out-of-state                 | e PAC (ID#:)                        | Amount of contribution (\$)           |  |  |
| 03/18/2025                                    | Contributor address; City;                            | State; Zip Code                     | 5.00                                  |  |  |
|   | 6418 Eckhert Rd Apt 10105 San                         |                                     | 0.00                                  |  |  |
| Principal occup                               | pation / Job title (See Instructions)                 | Employer (See Instruct              | tions)                                |  |  |
| Date  |   | e PAC (ID#:)                        | Amount of contribution (\$)           |  |  |
| 03/20/2025                                    | Albert Clayton  |                                     | 50.00                                 |  |  |
|   | Contributor address; City;  2220 West Kings hwy San A | State; Zip Code<br>Intonio TX 78201 | 30.00                                 |  |  |
| Principal occup                               | pation / Job title (See Instructions)                 | Employer (See Instruct              | tions)                                |  |  |
| Date  |   | e PAC (ID#:)                        | Amount of contribution (\$)           |  |  |
| 03/20/2025                                    | Julian Blanco-Cerda  Contributor address; City;       | State; Zip Code                     | 7.50                                  |  |  |
| 824 West Euclid Avenue 1 San Antonio TX 78212 |   |                                     |                                       |  |  |
| Principal occup                               | pation / Job title (See Instructions)                 | Employer (See Instruct              | tions)                                |  |  |
|   |   |                                     |                                       |  |  |

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| '                          | ,  | 1 0                     | •                                     |
|----------------------------|--|-------------------------|---------------------------------------|
| The                        | Instruction Guide explains how to complete this            | form.                   | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Sarah L Sc | rensen   |                         | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | Nikki Shaheed  | (ID#:)                  | 7 Amount of contribution (\$)         |
| 03/20/2025                 | 6 Contributor address; City;                               | State; Zip Code         | 2.50                                  |
|                            | 14214 Turtle Rock St. SAN ANTONI                           | O TX 78232-4434         |                                       |
| 8 Principal occu           | pation / Job title (See Instructions)                      | 9 Employer (See Instruc | tions)                                |
| Date                       | Full name of contributor out-of-state PAC  Jason Brooks    | (ID#:)                  | Amount of contribution (\$)           |
| 03/20/2025                 | Contributor address; City;                                 | State; Zip Code         | 7.50                                  |
|                            | 12207 Rice Crest San Antonio TX                            | X 78249-2290            |                                       |
| Principal occup            | vation / Job title (See Instructions)                      | Employer (See Instruct  | tions)                                |
| Date                       | Full name of contributor out-of-state PAC  Brandon Jankins | (ID#:)                  | Amount of contribution (\$)           |
| 03/20/2025                 | Contributor address; City; 14414 Biltmore Glen Live Oa     | State; Zip Code         | 7.50                                  |
| Principal occup            | pation / Job title (See Instructions)                      | Employer (See Instruc   | tions)                                |
| Date                       | Full name of contributor out-of-state PAC  Geoffrey Okolo  | (ID#:)                  | Amount of contribution (\$)           |
| 03/20/2025                 | Contributor address; City;                                 | State; Zip Code         | 6.25                                  |
|                            | 4302 Griffin Park Drive San Antoni                         | o TX 78251              |                                       |
| Principal occup            | pation / Job title (See Instructions)                      | Employer (See Instruc   | tions)                                |
|                            |  |                         |                                       |

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|----------------------------|--|---------------------------|---------------------------------------|
| The                        | Instruction Guide explains how to complete this f                  | orm.                      | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Sarah L So | rensen   |                           | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | Full name of contributor out-of-state PAC (ID#:)      Rhett Parr   |                           | 7 Amount of contribution (\$)         |
| 03/21/2025                 | 6 Contributor address; City; 13000 Vista Del Norte Apt 336 San Ant | State; Zip Code           | 7.50                                  |
| 8 Principal occu           | pation / Job title (See Instructions)                              |                           | ons)                                  |
| Date                       | Full name of contributor out-of-state PAC (I                       | ID#:)                     | Amount of contribution (\$)           |
| 03/21/2025                 | Contributor address; City; 19479 Babcock Rd San Antor              | State; Zip Code           | 7.50                                  |
| Principal occup            | ation / Job title (See Instructions)                               | Employer (See Instruction | ons)                                  |
| Date                       | Full name of contributor out-of-state PAC (I                       | ID#:)                     | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City;  118 Arlington Court San Antonio        | State; Zip Code           | 50.00                                 |
| Principal occup            | ation / Job title (See Instructions)                               | Employer (See Instructi   | ons)                                  |
| Date                       | Full name of contributor out-of-state PAC (I                       | ID#:)                     | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; 6207 Deerskin St San Antonio            | State; Zip Code  TX 78238 | 2.50                                  |
| Principal occup            | eation / Job title (See Instructions)                              | Employer (See Instructi   | ons)                                  |
|                            |  |                           |                                       |

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| The                                   | Instruction Guide explains how to complete this fo                                | orm.                     | 1 Total pages Schedule A1:<br>26      |
| <sup>2</sup> FILER NAME<br>Sarah L So | rensen  |                          | 3 Filer ID (Ethics Commission Filers) |
| <b>4</b> Date                         | Christina Villarreal  | D#:)                     | 7 Amount of contribution (\$)         |
| 03/22/2025                            | 6 Contributor address; City; 229 Empress Brilliant San Antonio                    | State; Zip Code          | 12.50                                 |
| 8 Principal occu                      | pation / Job title (See Instructions)   | Employer (See Instruct   | ions)                                 |
| Date                                  | Full name of contributor out-of-state PAC (II  Michelle Gonzalez                  | D#:)                     | Amount of contribution (\$)           |
| 03/22/2025                            | Contributor address; City; 6207 Deerskin St San Antonio                           | State; Zip Code TX 78238 | 1.25                                  |
| Principal occup                       | ation / Job title (See Instructions)  | Employer (See Instructi  | ons)                                  |
| Date                                  | Joe Webb  | D#:)                     | Amount of contribution (\$)           |
| 03/22/2025                            | Contributor address; City; State; Zip Code  228 w Norwood Ct San Antonio TX 78212 |                          | 1.25                                  |
| Principal occup                       | ation / Job title (See Instructions)  | Employer (See Instructi  | ions)                                 |
| Date                                  | Full name of contributor out-of-state PAC (II  Hayden Watkins                     | D#:)                     | Amount of contribution (\$)           |
| 03/22/2025                            | Contributor address; City;  3288 corporal Johnson Rd unit 2023 San An             | State; Zip Code          | 2.50                                  |
| Principal occup                       | nation / Job title (See Instructions)   | Employer (See Instructi  | ions)                                 |
|                                       |   |                          |                                       |

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| •                          | 11   |                 |                         | •                                     |
|----------------------------|--|-----------------|-------------------------|---------------------------------------|
| The                        | Instruction Guide explains how to co   | mplete this     | form.                   | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Sarah L So | rensen   |                 |                         | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | Anita Villarreal   |                 | : (ID#:)                | 7 Amount of contribution (\$)         |
| 03/22/2025                 | 6 Contributor address; Contributor Address Con | City;           | State; Zip Code         | 2.50                                  |
| 8 Principal occu           | oation / Job title (See Instructions)  |                 | 9 Employer (See Instruc | tions)                                |
| Date                       | Full name of contributor   | ut-of-state PAC | : (ID#:)                | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; C   | City;           | State; Zip Code         | 200.00                                |
|                            | 311 Carnahan St Sar  | n Antor         | nio TX 78209            |                                       |
| Principal occup            | ation / Job title (See Instructions)   |                 | Employer (See Instruc   | tions)                                |
| Date                       | Full name of contributor ou  | ut-of-state PAC | (ID#:)                  | Amount of contribution (\$)           |
| 03/22/2025                 |  |                 |                         | 2.50                                  |
|                            | 215 Carolina St San  | Antoni          | o TX 78210              | 2.50                                  |
| Principal occup            | nation / Job title (See Instructions)  |                 | Employer (See Instruc   | tions)                                |
| Date                       |  | ut-of-state PAC | : (ID#:)                | Amount of contribution (\$)           |
| 03/22/2025                 | Noah Escamilla  Contributor address; C   | city;           | State; Zip Code         | 7.50                                  |
|                            | 31660 Etched Cy B  | ulverd          | e TX 78316              |                                       |
| Principal occup            | ation / Job title (See Instructions)   |                 | Employer (See Instruc   | tions)                                |
|                            |  |                 |                         |                                       |
|                            |  |                 |                         |                                       |
|                            |  |                 |                         |                                       |

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| •                          | 71  | . 5                     | •                                     |
|----------------------------|---|-------------------------|---------------------------------------|
| The                        | Instruction Guide explains how to comple        | ete this form.          | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Sarah L So | rensen  |                         | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | Katherine Garcia                                | state PAC (ID#:)        | 7 Amount of contribution (\$)         |
| 03/22/2025                 | 6 Contributor address; City;                    | State; Zip Code         | 6.25                                  |
|                            | 10802 Green Hollow San                          | antonio TX 78223        | 00                                    |
| 8 Principal occu           | oation / Job title (See Instructions)           | 9 Employer (See Instruc | tions)                                |
| Date                       |   | state PAC (ID#:)        | Amount of contribution (\$)           |
| 03/22/2025                 | Sara Masoud                                     |                         | 12.50                                 |
|                            | Contributor address; City;                      |                         | 12.50                                 |
|                            | 1938 W Magnolia Ave Sar                         |                         |                                       |
| Principal occup            | ation / Job title (See Instructions)            | Employer (See Instruc   | itions)                               |
| Date                       | Full name of contributor out-of-s               | state PAC (ID#:)        | Amount of contribution (\$)           |
| 03/22/2025                 | Michelle Gonzalez                               |                         | 1 05                                  |
| 00/22/2020                 | Contributor address; City;                      | State; Zip Code         | 1.25                                  |
|                            | 6207 Deerskin St San Ar                         | ntonio TX 78238         |                                       |
| Principal occup            | ation / Job title (See Instructions)            | Employer (See Instruc   | tions)                                |
| Date                       |   | state PAC (ID#:)        | Amount of contribution (\$)           |
| 03/22/2025                 | Maria Nayeli Aleman  Contributor address; City; | State; Zip Code         | 2.50                                  |
|                            | 1630 West Huisache Avenue                       | San Antonio TX 78201    | 2.00                                  |
| Principal occup            | ation / Job title (See Instructions)            | Employer (See Instruc   | tions)                                |
|                            |   |                         |                                       |
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#### SCHEDULE A1

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| The                                   | Instruction Guide explains how to complet         | te this form.                 | 1 Total pages Schedule A1:            |
|---------------------------------------|---|-------------------------------|---------------------------------------|
| <sup>2</sup> FILER NAME<br>Sarah L So | rensen  |                               | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                                | Sarah C Zimmerman                                 | ate PAC (ID#:)                | 7 Amount of contribution (\$)         |
| 03/22/2025                            | 6 Contributor address; City;                      | State; Zip Code               | 2.50                                  |
|                                       | 954 Brighton Avenue San Anto                      | onio TX 78211-1740            |                                       |
| 8 Principal occu                      | pation / Job title (See Instructions)             | 9 Employer (See Instruc       | ctions)                               |
| Date                                  | Full name of contributor out-of-st                | ate PAC (ID#:)                | Amount of contribution (\$)           |
| 03/22/2025                            | Justice Lovin                                     |                               | 05.00                                 |
| 03/22/2023                            | Contributor address; City;                        | State; Zip Code               | 25.00                                 |
|                                       | 624 W Magnolia Ave San A                          | Antonio TX 78212              |                                       |
| Principal occup                       | ation / Job title (See Instructions)              | Employer (See Instruc         | tions)                                |
| Date                                  | Full name of contributor out-of-st                | ate PAC (ID#:)                | Amount of contribution (\$)           |
| 03/22/2025                            | Bryan Ramirez                                     |                               | 0.50                                  |
| 03/22/2023                            | Contributor address; City; 218 Cliffwood San Anto | State; Zip Code onio TX 78213 | 2.50                                  |
| Principal occup                       | pation / Job title (See Instructions)             | Employer (See Instruc         | tions)                                |
|                                       |   |                               |                                       |
| Date                                  | Full name of contributor out-of-st  Mia Loseff    | ate PAC (ID#:)                | Amount of contribution (\$)           |
| 03/22/2025                            | Contributor address; City;                        | State; Zip Code               | 25.00                                 |
|                                       | 226 Army Blvd San An                              |                               | 25.00                                 |
| Principal occup                       | pation / Job title (See Instructions)             | Employer (See Instruc         | etions)                               |
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| The  | Instruction Guide explains how to co   | form.                      | 1 Total pages Schedule A1: |                                       |
| <sup>2</sup> FILER NAME Sarah L So               | rensen   |                            |                            | 3 Filer ID (Ethics Commission Filers) |
| 4 Date   | Ian Thacker  |                            | (ID#:)                     | 7 Amount of contribution (\$)         |
| 03/22/2025                                       | 6 Contributor address; 812 Burleson St San   | City;                      | State; Zip Code            | 12.50                                 |
| 8 Principal occu                                 | pation / Job title (See Instructions)  |                            | 9 Employer (See Instruc    | tions)                                |
| Date   | Full name of contributor o   | out-of-state PAC           | (ID#:)                     | Amount of contribution (\$)           |
| 03/22/2025                                       | Contributor address;   | City;                      | State; Zip Code            | 15.00                                 |
| Principal occup                                  | 1042 saldana San A   | Antonic                    | Employer (See Instruc      | tions)                                |
| Date   | Full name of contributor o   | out-of-state PAC           | (ID#:)                     | Amount of contribution (\$)           |
| 03/22/2025                                       | Contributor address; Contribut | c <sub>ity;</sub><br>Anton | State; Zip Code            | 25.00                                 |
| Principal occup                                  | ation / Job title (See Instructions)   |                            | Employer (See Instruc      | tions)                                |
| Date   | Full name of contributor o   | out-of-state PAC           | (ID#:)                     | Amount of contribution (\$)           |
| 03/22/2025                                       |  | <br>City;                  | State; Zip Code            | 3.75                                  |
| 8631 Fairhaven St. Apt10321 San Antonio TX 78229 |  |                            |                            |                                       |
| Principal occup                                  | ation / Job title (See Instructions)   |                            | Employer (See Instruc      | tions)                                |
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#### SCHEDULE A1

| title (See Instructions)                              | out-of-state P/<br>City;   | State; Zip Code  NIO TX 78212  9 Employer (See Instr   | 1 Total pages Schedule A1: 26  3 Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$)   1.25   |
|---|--|--|--|
| utor address;  / wildwood S  title (See Instructions) | City;  | State; Zip Code  | 7 Amount of contribution (\$) 1.25   |
| utor address;  / wildwood S  title (See Instructions) | City;  | State; Zip Code  | 1.25   |
| wildwood S title (See Instructions)                   |  | nio TX 78212   |  |
| me of contributor                                     |  | 9 Employer (See Instr  |  |
|   |  |  | ructions)  |
| J Escobedo  | out-of-state P/  | AC (ID#:   | _) Amount of contribution (\$)   |
| utor address;   | City;  | State; Zip Code  | 50.00  |
|   |  | Employer (See Instr  | ructions)  |
|   | out-of-state P/  | AC (ID#:   | _) Amount of contribution (\$)   |
| utor address;   | city;<br>San Antol   | State; Zip Code  | 12.50  |
| itle (See Instructions)                               |  | Employer (See Instr  | <br>ructions)  |
|   | out-of-state P/  | AC (ID#:   | _) Amount of contribution (\$)   |
| utor address;   | <sub>City;</sub><br>.ntonio T  | State; Zip Code  | 12.50  |
|   |  | Employer (See Instr  | ructions)  |
| ti   1  | me of contributor n DeCurtins utor address; D Tabak Trail Stitle (See Instructions) me of contributor Moreno | me of contributor out-of-state P/ n DeCurtins utor address; City; D Tabak Trail San Anton title (See Instructions)  me of contributor out-of-state P/ Moreno outor address; City; Bank San Antonio T | me of contributor  DeCurtins  utor address;  City;  State;  Zip Code  Tabak Trail San Antonio TX 78254  title (See Instructions)  Employer (See Instructions)  me of contributor  out-of-state PAC (ID#: |

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| The                        | Instruction Guide explains how to complete th                | is form.                | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Sarah L So | rensen   |                         | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | Full name of contributor out-of-state PAC (ID#:)  Hamza Sait |                         | 7 Amount of contribution (\$)         |
| 03/22/2025                 | 6 Contributor address; City; 123 Pinecrest Blvd San Antol    | State; Zip Code         | 12.50                                 |
| 8 Principal occu           | pation / Job title (See Instructions)                        | 9 Employer (See Instruc | itions)                               |
| Date                       | Full name of contributor out-of-state F                      | PAC (ID#:)              | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; 6207 Deerskin St San Anton        | State; Zip Code         | 1.25                                  |
| Principal occup            | ation / Job title (See Instructions)                         | Employer (See Instruc   | tions)                                |
| Date                       | Octavio Santiago   | AC (ID#:)               | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; 2318 Jupiter Street San Anto      | State; Zip Code         | 3.75                                  |
| Principal occup            | ation / Job title (See Instructions)                         | Employer (See Instruc   | tions)                                |
| Date                       | Full name of contributor out-of-state F                      | PAC (ID#:)              | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City;  228 w Norwood Ct San Ante        | State; Zip Code         | 1.25                                  |
| Principal occup            | ation / Job title (See Instructions)                         | Employer (See Instruc   | tions)                                |
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| The                                  | Instruction Guide explains how to complete this            | 1 Total pages Schedule A1:<br>26 |                                       |  |
| 2 FILER NAME<br>Sarah L So           | rensen   |                                  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date                               | 5 Full name of contributor out-of-state PAC ( Doug Melnick | ID#:)                            | 7 Amount of contribution (\$)         |  |
| 03/22/2025                           | 6 Contributor address; City;                               | State; Zip Code                  | 25.00                                 |  |
|                                      | 215 Carolina Street San Antoni                             | o TX 78210                       |                                       |  |
| 8 Principal occu                     | pation / Job title (See Instructions)                      | 9 Employer (See Instruct         | ions)                                 |  |
| Date                                 | Full name of contributor out-of-state PAC (                | ID#:)                            | Amount of contribution (\$)           |  |
| 03/22/2025                           | Contributor address; City;                                 | State; Zip Code                  | 25.00                                 |  |
|                                      | 716 Kayton Ave San Antonio                                 | o TX 78210                       |                                       |  |
| Principal occup                      | ation / Job title (See Instructions)                       | Employer (See Instruct           | ions)                                 |  |
| Date                                 |  | ID#:)                            | Amount of contribution (\$)           |  |
| 03/22/2025                           | Sarah Donaldson  |                                  | 12.50                                 |  |
|                                      | Contributor address; City; 615 Naylor Street San Antonio   | State; Zip Code  o TX 78210      | 12.50                                 |  |
| Principal occup                      | pation / Job title (See Instructions)                      | Employer (See Instruct           | ions)                                 |  |
| Date                                 | Full name of contributor out-of-state PAC (                | ID#:)                            | Amount of contribution (\$)           |  |
| 03/22/2025                           | Mary Beth Duplant  Contributor address; City;              | State; Zip Code                  | 3.75                                  |  |
| 512 Craddock Ave San Marcos TX 78666 |  |                                  |                                       |  |
| Principal occup                      | ation / Job title (See Instructions)                       | Employer (See Instruct           | ions)                                 |  |
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| The                                   | Instruction Guide explains how to complet            | 1 Total pages Schedule A1:<br>26   |                                       |
| <sup>2</sup> FILER NAME<br>Sarah L So | rensen   |                                    | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                                | 5 Full name of contributor out-of-sta  Bryan Ramirez | ate PAC (ID#:)                     | 7 Amount of contribution (\$)         |
| 03/22/2025                            | 6 Contributor address; City; 218 Cliffwood San Anto  | State; Zip Code                    | 2.50                                  |
| 8 Principal occu                      | pation / Job title (See Instructions)                | 9 Employer (See Instruc            | <br>tions)                            |
| Date                                  | Full name of contributor out-of-sta                  | ate PAC (ID#:)                     | Amount of contribution (\$)           |
| 03/22/2025                            | Contributor address; City;                           | •                                  | 3.75                                  |
| Principal occup                       | ation / Job title (See Instructions)                 | Employer (See Instruc              | tions)                                |
| Date                                  | Full name of contributor out-of-sta                  | ate PAC (ID#:)                     | Amount of contribution (\$)           |
| 03/22/2025                            | Contributor address; City;  222 Windsor Drive San A  | State; Zip Code<br>ntonio TX 78228 | 2.50                                  |
| Principal occup                       | ation / Job title (See Instructions)                 | Employer (See Instruc              | tions)                                |
| Date                                  | Full name of contributor out-of-sta                  | ate PAC (ID#:)                     | Amount of contribution (\$)           |
| 03/22/2025                            | Contributor address; City;  222 Windsor Drive San A  | State; Zip Code                    | 1.25                                  |
| Principal occup                       | nation / Job title (See Instructions)                | Employer (See Instruc              | tions)                                |
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| The                        | Instruction Guide explains how to  | o complete this | s form.                       | Total pages Schedule A1:     26       |
| 2 FILER NAME<br>Sarah L Sc | rensen   |                 |                               | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | Full name of contributor out-of-state PAC (ID#:)  Bryan Ramirez              |                 | 7 Amount of contribution (\$) |                                       |
| 03/22/2025                 | 6 Contributor address; 218 Cliffwood Sai                                     | City;           | State; Zip Code<br>o TX 78213 | 2.50                                  |
| 8 Principal occu           | pation / Job title (See Instructions)  |                 | 9 Employer (See Instruc       | tions)                                |
| Date                       | Full name of contributor MARGARITA MAN                                       | out-of-state PA | C (ID#:)                      | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; State; Zip Code  10818 GULFDALE SAN ANTONIO TX 78 |                 | 3.75                          |                                       |
| Principal occup            | pation / Job title (See Instructions)  |                 | Employer (See Instruct        | tions)                                |
| Date                       | Full name of contributor Felix Morales                                       | out-of-state PA | C (ID#:)                      | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address;   | City;           | State; Zip Code               | 2.50                                  |
|                            | 222 Windsor Drive  | San Anto        | nio TX 78228                  |                                       |
| Principal occup            | pation / Job title (See Instructions)  |                 | Employer (See Instruc         | tions)                                |
| Date                       | Full name of contributor   | out-of-state PA | C (ID#:)                      | Amount of contribution (\$)           |
| 03/22/2025                 | Felix Morales  Contributor address;  | City;           | State; Zip Code               | 1.25                                  |
|                            | 222 Windsor Drive  | San Anto        | nio TX 78228                  | _                                     |
| Principal occup            | pation / Job title (See Instructions)  |                 | Employer (See Instruc         | tions)                                |
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| The  | Instruction Guide explains how to complete this                      | form.                    | 1 Total pages Schedule A1:<br>26      |  |
| 2 FILER NAME<br>Sarah L So   | rensen   |                          | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date   | 5 Full name of contributor out-of-state PAC (ID#:) Michelle Gonzalez |                          | 7 Amount of contribution (\$)         |  |
| 03/22/2025   | 6 Contributor address; City; 6207 Deerskin St San Antonio            | State; Zip Code          | 1.25                                  |  |
| 8 Principal occu   | pation / Job title (See Instructions)                                | 9 Employer (See Instruc  | tions)                                |  |
| Date   | Full name of contributor out-of-state PAC  Miranda Yzaguirre         | (ID#:)                   | Amount of contribution (\$)           |  |
| 03/22/2025   | Contributor address; City; 1507 Mission Rd Apt 5107 San Anto         | State; Zip Code          | 2.50                                  |  |
| Principal occup  | ation / Job title (See Instructions)                                 | Employer (See Instruct   | tions)                                |  |
| Date   | Full name of contributor out-of-state PAC  Ashik Siddique            | (ID#:)                   | Amount of contribution (\$)           |  |
| 03/22/2025   | Contributor address; City; 703 N 5th Ave Wilmington                  | State; Zip Code NC 28401 | 25.00                                 |  |
| Principal occup  | pation / Job title (See Instructions)                                | Employer (See Instruc    | tions)                                |  |
| Date   | Full name of contributor out-of-state PAC  Kaeden Boudreaux          | (ID#:)                   | Amount of contribution (\$)           |  |
| 03/22/2025   | Contributor address; City; 11959 Longfellow Ranch San Anto           | State; Zip Code          | 7.50                                  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                          |                                       |  |
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| The                        | Instruction Guide explains how to comp  | 1 Total pages Schedule A1:<br>26 |                                       |
| 2 FILER NAME<br>Sarah L So | rensen  |                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | 5 Full name of contributor out-o  | f-state PAC (ID#:)               | 7 Amount of contribution (\$)         |
| 03/22/2025                 | 6 Contributor address; City   | •                                | 2.50                                  |
|                            | 7823 Coral Elm Dr San   | Antonio 1X 78251                 |                                       |
| 8 Principal occu           | oation / Job title (See Instructions)   | 9 Employer (See Instruc          | ctions)                               |
| Date                       |   | f-state PAC (ID#:)               | Amount of contribution (\$)           |
| 03/22/2025                 | CHRISTOPHER MORALES   |                                  | 2.50                                  |
| 00,12,2020                 | Contributor address; City   | •                                | 2.50                                  |
|                            | 26015 Dakota Chief San  | Antonio TX 78261                 |                                       |
| Principal occup            | ation / Job title (See Instructions)  | itions)                          |                                       |
| Date                       |   |                                  | Amount of contribution (\$)           |
| 03/22/2025                 | Geronimo Guerra   |                                  | 12.50                                 |
|                            | Contributor address; City; State; Zip Code  2739 w mistletoe San Antonio TX 78228 |                                  | 12.50                                 |
| Principal occup            | nation / Job title (See Instructions)   | Employer (See Instruc            | etions)                               |
| Date                       | Full name of contributor out-o  | f-state PAC (ID#:)               | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City;  | ; State; Zip Code                | 7.50                                  |
|                            | 303 Anton Dr San An   | tonio TX 78223                   | 7.50                                  |
| Principal occup            | ation / Job title (See Instructions)  | otions)                          |                                       |
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| The                        | Instruction Guide explains how to complete this f                 | form.                       | 1 Total pages Schedule A1:<br>26      |
| 2 FILER NAME<br>Sarah L So | rensen  |                             | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | 5 Full name of contributor out-of-state PAC (ID#:)  MARGARITA MAN |                             | 7 Amount of contribution (\$)         |
| 03/22/2025                 | 6 Contributor address; City; 10818 GULFDALE SAN AN                | State; Zip Code             | 1.25                                  |
| 8 Principal occu           | pation / Job title (See Instructions)                             | Employer (See Instructi     | ons)                                  |
| Date                       | Full name of contributor out-of-state PAC (                       | ID#:)                       | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; 6503 Arrid Pass San Antonio            | State; Zip Code  D TX 78238 | 100.00                                |
| Principal occup            | ation / Job title (See Instructions)                              | Employer (See Instructi     | ons)                                  |
| Date                       | Marina De La Rosa   | ID#:)                       | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; 9259 Ridge Branch St San Antor         | State; Zip Code             | 2.50                                  |
| Principal occup            | ation / Job title (See Instructions)                              | Employer (See Instructi     | ions)                                 |
| Date                       | Full name of contributor out-of-state PAC (                       | ID#:)                       | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; 812 Burleson St San Antonio            | State; Zip Code  D TX 78202 | 2.50                                  |
| Principal occup            | ation / Job title (See Instructions)                              | Employer (See Instructi     | ions)                                 |
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| The  | Instruction Guide explains how to complete this form.              | 1 Total pages Schedule A1:<br>26      |  |  |
| <sup>2</sup> FILER NAME<br>Sarah L So  | rensen   | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date   | 5 Full name of contributor out-of-state PAC (ID#:                  | <b>7</b> Amount of contribution (\$)  |  |  |
| 03/22/2025   | 6 Contributor address; City; State; Zip Coc                        | 2.50                                  |  |  |
|  | 2411 Woodlake Parkway 9104 Converse TX 7                           |                                       |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Employer (See             | e Instructions)                       |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                    | Amount of contribution (\$)           |  |  |
| 20/20/202  | Mary Beth Duplant  |                                       |  |  |
| 03/22/2025   | Contributor address; City; State; Zip Cod                          | 2.50                                  |  |  |
|  | 512 Craddock Ave San Marcos TX 78                                  | 3666                                  |  |  |
| Principal occup  | ation / Job title (See Instructions) Employer (See                 | e Instructions)                       |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                    | , uneant or continuation (¢)          |  |  |
| 03/22/2025   | Contributor address; City; State; Zip Coc                          | 2.50                                  |  |  |
|  | 512 Craddock Ave San Marcos TX 78                                  | 3666                                  |  |  |
| Principal occup  | eation / Job title (See Instructions)  Employer (See               | e Instructions)                       |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                    | Amount of contribution (\$)           |  |  |
| 03/22/2025   | Gina Cramer  Contributor address; City; State; Zip Cod             | 250.00                                |  |  |
|  | 2234 Fresno San Antonio TX 7820                                    |                                       |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                                       |  |  |
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| The  | Instruction Guide explains how to complete this f               | form.                       | 1 Total pages Schedule A1:<br>26      |
| 2 FILER NAME<br>Sarah L So                           | rensen  |                             | 3 Filer ID (Ethics Commission Filers) |
| 4 Date   | 5 Full name of contributor out-of-state PAC ( Michelle Gonzalez | ID#:)                       | 7 Amount of contribution (\$)         |
| 03/22/2025   | 6 Contributor address; City; 6207 Deerskin St San Antonio       | 1.25                        |                                       |
| 8 Principal occu                                     |   | Employer (See Instruct      | ions)                                 |
| Date   | Full name of contributor out-of-state PAC (                     | ID#:)                       | Amount of contribution (\$)           |
| 03/22/2025   | Contributor address; City;  338 w wildwood San Antonio          | State; Zip Code  D TX 78212 | 1.25                                  |
| Principal occup                                      | ation / Job title (See Instructions)                            | Employer (See Instruct      | ions)                                 |
| Date Full name of contributor out-of-state PAC (ID#: |   | ID#:)                       | Amount of contribution (\$)           |
| 03/22/2025   | Contributor address; City;  228 W Norwood Ct San Antor          | State; Zip Code             | 3.75                                  |
| Principal occup                                      | ation / Job title (See Instructions)                            | Employer (See Instruct      | ions)                                 |
| Date   | Full name of contributor out-of-state PAC (                     | ID#:)                       | Amount of contribution (\$)           |
| 03/22/2025   | Contributor address; City;  512 Craddock Ave San Marc           | State; Zip Code             | 1.25                                  |
| Principal occup                                      | ation / Job title (See Instructions)                            | Employer (See Instruct      | ions)                                 |
|  | <u>'</u>  |                             |                                       |

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## SCHEDULE A1

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| The   | Instruction Guide explains how to                                   | complete this    | form.                         | 1 Total pages Schedule A1:<br>26      |
|---|---|------------------|-------------------------------|---------------------------------------|
| <sup>2</sup> FILER NAME<br>Sarah L So                       | rensen  |                  |                               | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | Full name of contributor out-of-state PAC (ID#:)  Marina De La Rosa |                  | 7 Amount of contribution (\$) |                                       |
| 03/22/2025  | 6 Contributor address; 9259 Ridge Branch St                         | City;            | State; Zip Code               | 2.50                                  |
| 8 Principal occu  | pation / Job title (See Instructions)                               |                  | 9 Employer (See Instruc       | <br>vtions)                           |
| Date  | Full name of contributor  alexus garcia                             | out-of-state PAC | C (ID#:)                      | Amount of contribution (\$)           |
| 03/22/2025  | Contributor address;  228 W Norwood Ct S                            | City;            | State; Zip Code               | 20.00                                 |
| Principal occup   | pation / Job title (See Instructions)                               |                  | Employer (See Instruc         | tions)                                |
| Date Full name of contributor out-of-sta  William DeCurtins |   | out-of-state PAC | C (ID#:)                      | Amount of contribution (\$)           |
| 03/22/2025  | Contributor address; 13119 Tabak Trail Sa                           | City;            | State; Zip Code               | 37.50                                 |
| Principal occup   | pation / Job title (See Instructions)                               |                  | Employer (See Instruc         | tions)                                |
| Date  | Full name of contributor  Jose Cavazos                              | out-of-state PAC | C (ID#:)                      | Amount of contribution (\$)           |
| 03/22/2025  | Contributor address;  | City;            | State; Zip Code               | 3.75                                  |
| Principal occup   | 8631 Fairhaven St. Apt10 pation / Job title (See Instructions)      | 321 San A        | Employer (See Instruc         | itions)                               |
|   |   |                  |                               |                                       |

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|----------------------------|--|--------------------------|---------------------------------------|
| The                        | Instruction Guide explains how to complete this            | form.                    | 1 Total pages Schedule A1:<br>26      |
| 2 FILER NAME<br>Sarah L So | rensen   |                          | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | Desiree Mendoza  | (ID#:)                   | 7 Amount of contribution (\$)         |
| 03/22/2025                 | 6 Contributor address; City; 2411 Woodlake Parkway 9104 Co | State; Zip Code          | 2.50                                  |
| 8 Principal occu           | pation / Job title (See Instructions)                      | 9 Employer (See Instruct | tions)                                |
| Date                       | Full name of contributor out-of-state PAC                  | (ID#:)                   | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; 10818 GULFDALE SAN AN           | State; Zip Code          | 1.25                                  |
| Principal occup            | ation / Job title (See Instructions)                       | Employer (See Instruct   | iions)                                |
| Date                       | Bruna da Silva-Schmitt                                     | (ID#:)                   | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City; 946 West Magnolia Avenue San Ar | State; Zip Code          | 7.50                                  |
| Principal occup            | eation / Job title (See Instructions)                      | Employer (See Instruct   | tions)                                |
| Date                       | Full name of contributor out-of-state PAC                  | (ID#:)                   | Amount of contribution (\$)           |
| 03/22/2025                 | Contributor address; City;  1630 W. Huisache Avenue San A  | State; Zip Code          | 50.00                                 |
| Principal occup            | nation / Job title (See Instructions)                      | Employer (See Instruct   | tions)                                |
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| The  | Instruction Guide explains how to complete th                                  | is form.                      | 1 Total pages Schedule A1:<br>26      |  |  |
| <sup>2</sup> FILER NAME<br>Sarah L So  | rensen   |                               | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date   | 5 Full name of contributor out-of-state F                                      | 7 Amount of contribution (\$) |                                       |  |  |
| 03/22/2025   | 6 Contributor address; City; 226 Army Blvd San Anto                            | 3.75                          |                                       |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  | 9 Employer (See Instruc       | tions)                                |  |  |
| Date   | Full name of contributor out-of-state F  | PAC (ID#:)                    | Amount of contribution (\$)           |  |  |
| 03/22/2025   | 03/22/2025 Contributor address; City; State; Zip Code                          |                               | 12.50                                 |  |  |
| Principal occup  | 3288 corporal Johnson Rd unit 2023 Sar<br>ation / Job title (See Instructions) | Employer (See Instruc         | tions)                                |  |  |
| Date   | Full name of contributor out-of-state F  | PAC (ID#:)                    | Amount of contribution (\$)           |  |  |
| 03/22/2025   | Contributor address; City; 426 Hamilton Ave Trento                             | State; Zip Code               | 30.00                                 |  |  |
| Principal occup  | ation / Job title (See Instructions)   | Employer (See Instruc         | tions)                                |  |  |
| Date   | Full name of contributor out-of-state F  | PAC (ID#:)                    | Amount of contribution (\$)           |  |  |
| 03/22/2025   | Contributor address; City;  118 Arlington Court San Anto                       | State; Zip Code               | 125.00                                |  |  |
| Principal occup  | ation / Job title (See Instructions)   | Employer (See Instruc         | tions)                                |  |  |
|  |  |                               |                                       |  |  |
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|   | Tea miemaase, 2   |                       |                               |                                       |
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| The   | Instruction Guide explains how to com                           | nplete this           | form.                         | 1 Total pages Schedule A1:<br>26      |
| 2 FILER NAME<br>Sarah L So  | rensen  |                       |                               | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#:)  Sara Masoud |                       | 7 Amount of contribution (\$) |                                       |
| 03/22/2025  | 6 Contributor address; Ci                                       | ity;                  | State; Zip Code               | 2.50                                  |
|   | 1938 W Magnolia Ave S   | an An                 | tonio TX 78201                |                                       |
| 8 Principal occu  | pation / Job title (See Instructions)                           |                       | 9 Employer (See Instruc       | tions)                                |
| Date  |   | -of-state PAC         | C (ID#:)                      | Amount of contribution (\$)           |
| 03/22/2025  | Natalie Clifford  |                       |                               | 0.50                                  |
| 03/22/2023  | Contributor address;  | ity;                  | State; Zip Code               | 2.50                                  |
|   | 514 Westwood Drive Sa   |                       |                               |                                       |
| Principal occup   | ation / Job title (See Instructions)                            |                       | Employer (See Instruc         | tions)                                |
| Date  | Full name of contributor out                                    | -of-state PAC         | C (ID#:)                      | Amount of contribution (\$)           |
| 02/22/2025  | Randy Barrera   |                       | 40.50                         |                                       |
| 03/22/2025  | Contributor address; Ci   | ty;                   | State; Zip Code               | 12.50                                 |
|   | 235 Ashford Park Blv  | d Bud                 | a TX 78610                    |                                       |
| Principal occup   | pation / Job title (See Instructions)                           |                       | Employer (See Instruc         | tions)                                |
| Date  | Full name of contributor out                                    | -of-state PAC         | <br>                          | Amount of contribution (\$)           |
|   | Amador Salazar  |                       |                               |                                       |
| 03/22/2025  | Contributor address; Cit  | ty;                   | State; Zip Code               | 25.00                                 |
|   | 6503 Arrid Pass San   | Anton                 | io TX 78238                   | _0.00                                 |
| Principal occupation / Job title (See Instructions) Employer (See |   | Employer (See Instruc | tions)                        |                                       |
|   |   |                       |                               |                                       |
|   |   |                       |                               |                                       |
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| The  | Instruction Guide explains how to             | complete this         | s form.                 | 1 Total pages Schedule A1:<br>26      |  |
| <sup>2</sup> FILER NAME Sarah L So   | rensen  |                       |                         | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date   | Full name of contributor     Katarina Salazar | out-of-state PAG      | C (ID#:)                | 7 Amount of contribution (\$)         |  |
| 03/22/2025   | 6 Contributor address;                        | City;                 | State; Zip Code         | 7.50                                  |  |
|  | 235 Ashford Park Bo                           | ulevard E             | Buda TX 78610           |                                       |  |
| 8 Principal occu   | pation / Job title (See Instructions)         |                       | 9 Employer (See Instruc | ctions)                               |  |
| Date   | Full name of contributor                      | out-of-state PA       | C (ID#:)                | Amount of contribution (\$)           |  |
| 00/00/0005   | Maria Kennedy                                 |                       |                         | 05.00                                 |  |
| 03/22/2025   | Contributor address;                          | City;                 | State; Zip Code         | 25.00                                 |  |
|  | 461 E Magnolia Ave                            | San Anto              | nio TX 78212            |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See In                          |   | Employer (See Instruc | tions)                  |                                       |  |
| Date   | Full name of contributor                      | out-of-state PA       | C (ID#:)                | Amount of contribution (\$)           |  |
| 02/22/2025   | Derek Tulowitzky                              |                       |                         | 445.00                                |  |
| 03/22/2025   | Contributor address;                          | City;                 | State; Zip Code         | 115.00                                |  |
|  | 100 N Santa Rosa Apt 8                        | 307 San Ar            | itonio TX 78207         |                                       |  |
| Principal occup  | eation / Job title (See Instructions)         |                       | Employer (See Instruc   | tions)                                |  |
| Date   | Full name of contributor                      | out-of-state PA       | C (ID#:)                | Amount of contribution (\$)           |  |
| 03/23/2025   | Teresa Czarnecki                              |                       |                         | <b>5</b> 00                           |  |
| 00/20/2020   | Contributor address;                          | City;                 | State; Zip Code         | 5.00                                  |  |
|  | 200 Rudy St Hills                             | sporo 12              | X 76645                 |                                       |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instruc | tions)                  |                                       |  |
|  |   |                       |                         |                                       |  |
|  |   |                       |                         |                                       |  |
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| The Instruction Guide explains how to complete this form. |   |                         | <ul><li>1 Total pages Schedule A1:</li><li>26</li></ul> |
|---|---|-------------------------|---|
| 2 FILER NAME<br>Sarah L So                                | rensen  |                         | 3 Filer ID (Ethics Commission Filers)                   |
| <b>4</b> Date   | 5 Full name of contributor out-of-state PAC (ID#:)  Tori Ferrante |                         | 7 Amount of contribution (\$)                           |
| 03/23/2025  | 6 Contributor address; City;                                      | 12.50                   |   |
|   | 5918 Brahms Way San Ant   | ionio 1X 78252          |   |
| 8 Principal occu  | pation / Job title (See Instructions)                             | 9 Employer (See Instruc | tions)  |
| Date  |   | C (ID#:)                | Amount of contribution (\$)                             |
| 03/24/2025  | Vanessa Andrade   |                         | FO  |
| 03/24/2023  | Contributor address; City;  | State; Zip Code         | 50.00   |
|   | 10607 Rimcrest Drive San Anto                                     | nio TX 78217            |   |
| Principal occup   | pation / Job title (See Instructions)                             | Employer (See Instruc   | tions)  |
| Date  | Full name of contributor out-of-state PAG                         | C (ID#:)                | Amount of contribution (\$)                             |
|   | Contributor address; City;  | State; Zip Code         |   |
| Principal occup   | pation / Job title (See Instructions)                             | Employer (See Instruc   | tions)  |
| Date  | Full name of contributor out-of-state PA(                         | C (ID#:)                | Amount of contribution (\$)                             |
|   | Contributor address; City;  | State; Zip Code         |   |
| Principal occup   | pation / Job title (See Instructions)                             | Employer (See Instruc   | tions)  |
|   |   |                         |   |

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## 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

| Credit Card Payment  | The Instruction Guide explains how to co                         | omplete this form. | , ,                        |                    |
|--|--|--------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 5                                 | 2 FILER NAME<br>Sarah L Sorensen                                 |                    | 3 Filer ID (Ethics         | Commission Filers) |
| 4 Date 02/21/2025  | 5 Payee name<br>Prestige Printing                                |                    |                            |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;              | State;                     | Zip Code           |
| 626.77   | 8 Burwood Lane San Antonio, TX 78216                             |                    |                            |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description    |                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Printing expense   | Door hangers       |                            |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi     | n, TX, officeholder living | expense            |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought      |                            | Office held        |
| Date   | Payee name   |                    |                            |                    |
| 02/28/2025   | Prestige Printing  |                    |                            |                    |
| Amount (\$)  | Payee address;   | City;              | State;                     | Zip Code           |
| 2,419.39   | 8 Burwood Lane San Antonio, TX 78216                             |                    |                            |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description        |                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Printing expense   | Yard signs         |                            |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austir    | n, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought      |                            | Office held        |
| Date   | Payee name   |                    |                            |                    |
| 03/01/2025   | Namecheap, Inc.  |                    |                            |                    |
| Amount (\$)  | Payee address;   | City;              | State;                     | Zip Code           |
| 11.46  | 4600 East Washington Street. Suite 30                            | 00. Phoenix, AZ    | 2 85034                    |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description        |                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Other  | Domain name r      | egistration                |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austir    | n, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought      |                            | Office held        |
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#### **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

| Credit Card Payment   | The Instruction Guide explains how to                            | complete this form. |                                       |
|---|--|---------------------|---------------------------------------|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>Sarah L Sorensen                                 |                     | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/01/2025   | 5 Payee name<br>Websavers Inc                                    |                     |                                       |
| 6 Amount (\$)   | 7 Payee address;   | City;               | State; Zip Code                       |
| 626.77  | 415 STN MAIN Dartmouth NS B2Y 0G0                                | Canada              |                                       |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                | Other  | Web hosting         |                                       |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust       | tin, TX, officeholder living expense  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought       | Office held                           |
| Date  | Payee name   |                     |                                       |
| 03/01/2025  | НЕВ  |                     |                                       |
| Amount (\$)   | Payee address;   | City;               | State; Zip Code                       |
| 17.91   | 4100 South New Braunfels Ave San Anton                           | io TX 78223         |                                       |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                | Food/Beverage Expense  | Breakfast for can   | npaign kick-off                       |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust       | rin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H                               | Office sought       | Office held                           |
| Date  | Payee name   |                     |                                       |
| 03/01/2025  | Las Tapatias De Jalisco  |                     |                                       |
| Amount (\$)   | Payee address;   | City;               | State; Zip Code                       |
| 122.75  | 1506 S St Mary's ST Sana Antonio T                               | X 78210             |                                       |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                | Food/Beverage Expense  | Breakfast for ca    | ampaign kick-off                      |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | in, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name                                    | Office sought       | Office held                           |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEI     | EDED                                  |

## SCHEDULE F1

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#### **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

| Credit Card Payment  | The Instruction Guide explains how to c                          | omplete this form.  |                              |                    |
|--|--|---------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1: 5                                 | 2 FILER NAME<br>Sarah L Sorensen                                 |                     | 3 Filer ID (Ethics (         | Commission Filers) |
| 4 Date 03/08/2025  | 5 Payee name<br>Taco Cabana                                      | -                   |                              |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                       | Zip Code           |
| 10.81  | 2908 Broadway, San Antonio, TX, US                               |                     |                              |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Food/Beverage Expense  | Food for volunte    | eers                         |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin     | , TX, officeholder living ex | xpense             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name                                    | Office sought       | 0                            | ffice held         |
| Date   | Payee name   |                     |                              |                    |
| 03/09/2025   | НЕВ  |                     |                              |                    |
| Amount (\$)  | Payee address;   | City;               | State;                       | Zip Code           |
| 5.36   | 516 S Flores San Antonio TX 78204                                |                     |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Food/Beverage Expense  | Bottled water for v | olunteers                    |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,    | , TX, officeholder living ex | xpense             |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeholder name                                    | Office sought       | 0                            | ffice held         |
| Date   | Payee name   |                     |                              |                    |
| 03/15/2025   | Taco Cabana  |                     |                              |                    |
| Amount (\$)  | Payee address;   | City;               | State;                       | Zip Code           |
| 32.45  | 2908 Broadway, San Antonio, TX, US                               |                     |                              |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Food/Beverage Expense  | Food for volunte    | eers                         |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,    | , TX, officeholder living ex | rpense             |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeholder name                                    | Office sought       | C                            | Office held        |
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## SCHEDULE F1

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#### **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

| Credit Card Payment   | The Instruction Guide explains how to                            | complete this form. |                            |                    |
|---|--|---------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>Sarah L Sorensen                                 |                     | 3 Filer ID (Ethics         | Commission Filers) |
| 4 Date 03/17/2025   | 5 Payee name<br>Prestige Printing                                |                     |                            |                    |
| 6 Amount (\$)   | 7 Payee address;   | City;               | State;                     | Zip Code           |
| 1,070.59  | 8 Burwood Lane San Antonio, Texas 782                            | 216                 |                            |                    |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | Printing Expense   | Door hangers        |                            |                    |
|   | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin     | n, TX, officeholder living | expense            |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought       |                            | Office held        |
| Date  | Payee name   |                     |                            |                    |
| 03/19/2025  | Self Branded   |                     |                            |                    |
| Amount (\$)   | Payee address;   | City;               | State;                     | Zip Code           |
| 356.50  | 2119 Nogalitos St Suite 102, San Antonio,                        | TX 78225            |                            |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                            |                    |
| PURPOSE<br>OF   | Printing Expense   | T-shirts            |                            |                    |
| EXPENDITURE   |  |                     |                            |                    |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin     | n, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H                               | Office sought       |                            | Office held        |
| Date  | Payee name   |                     |                            |                    |
| 03/23/2025  | Taco Cabana  |                     |                            |                    |
| Amount (\$)   | Payee address;   | City;               | State;                     | Zip Code           |
| 25.97   | 2908 Broadway, San Antonio, TX, US                               | 5                   |                            |                    |
|   | Category (See Categories listed at the top of this schedule)     | Description         |                            |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                | Food/Beverage Expense  | Food for volunte    | ers                        |                    |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin     | , TX, officeholder living  | expense            |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H                               | Office sought       |                            | Office held        |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE     | DED                        |                    |

## 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

| Oreal Carar ayment   | The Instruction Guide explains how to                            | complete this form.                        |                                   |                 |  |
|--|--|--|-----------------------------------|-----------------|--|
| 1 Total pages Schedule F1: 5                                 | 2 FILER NAME<br>Sarah L Sorensen                                 |  | 3 Filer ID (Ethics Com            | mission Filers) |  |
| 4 Date 03/24/2025  | 5 Payee name<br>ActBlue, LLC                                     |  |                                   |                 |  |
| 6 Amount (\$)  | 7 Payee address;   | City;                                      | State; Zi                         | p Code          |  |
| 60.11  | P.O. Box 441146 Somerville, MA 02144                             |  |                                   |                 |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description                            |                                   |                 |  |
| PURPOSE  | Fees   | Processing fees from 1/1/25 to 3/24/25 for |                                   |                 |  |
| OF<br>EXPENDITURE  |  | online fundrais                            |                                   |                 |  |
|  | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi                             | in, TX, officeholder living expen | se              |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought                              | Offic                             | e held          |  |
| Date   | Payee name   |  |                                   |                 |  |
| Amount (\$)  | Payee address;   | City;                                      | State; Zi                         | p Code          |  |
| PURPOSE  | Category (See Categories listed at the top of this schedule)     | Description                                |                                   |                 |  |
| OF<br>EXPENDITURE  |  |  |                                   |                 |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi                             | in, TX, officeholder living expen | se              |  |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought                              | Office                            | e held          |  |
| Date   | Payee name   |  |                                   |                 |  |
| Amount (\$)  | Payee address;   | City;                                      | State; Zi                         | p Code          |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description                                |                                   |                 |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi                             | in, TX, officeholder living expen | se              |  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought                              | Offic                             | e held          |  |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE                            | EDED                              |                 |  |