CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MS Sarah	мі L	OFFICE USE ONLY		
NAME	NICKNAME LAST Sorensen	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 215 Carolina St San Antonio TX	Recieved via email 5/9/24 at 9:42 p.m.			
Change of Address	APEA CODE	EVTENDION			
5 CANDIDATE/ OFFICEHOLDER PHONE	(518) AREA CODE PHONE NUMBER 469-6884	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MS Rachel	MI L	Receipt # Amount \$ Date Processed		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	Sorensen		Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE		
TREASURER ADDRESS	439 Queen Anne Ct San Anton	io TX 78209			
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(210) 243-6622				
9 REPORT TYPE	January 15 30th day before election Runoff Runoff 15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	7 / 1 / 22	THROUGH 12	/ 31 / 22		
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special —				
12 OFFICE	OFFICE HELD (if any) Board Trustee	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

Filer ID (Ethic	cs Commission Filers)
\$	0.00
\$	0.00
\$	0.00
\$	0.00
AY \$	421.65
E \$	0.00
-	4F

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

Signature of Candidate or Officeholder

Please cor	mplete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by	this the	day of,
20, to certify which, witness my hand and seal of office	e.	
Signature of officer administering oath Printed name of	of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR	
My name is Sarah Sorensen	, and my date of birth is $\frac{03}{1}$	02/1978
My address is 215 Carolina St	San Antonio TX	78210 USA
(street)	, on the 9 day of May (month) Signature of Candidate/C	(zip code) (country) , 20 24 year) Officeholder (Declarant)
Forms provided by Texas Ethics Commission www	w ethics state tx us	Revised 1/1/2024