

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

2

| | | | | | | | |
|--|---|---|--|--|--|------------------|-------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MS | FIRST Sarah | MI L | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Sorensen | SUFFIX | Date Received Recieved via email 5/9/24 at 9:42 p.m. | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; 215 Carolina St San Antonio TX 78210 | | APT / SUITE #; | CITY; | STATE; | ZIP CODE | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (518) | PHONE NUMBER 469-6884 | EXTENSION | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MS | FIRST Rachel | MI L | Date Hand-delivered or Date Postmarked | | | |
| | NICKNAME | LAST Sorensen | SUFFIX | Receipt # | Amount \$ | | |
| | | | | Date Processed | | | |
| | | | | Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 439 Queen Anne Ct San Antonio TX 78209 | | APT / SUITE #; | CITY; | STATE; | ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (210) | PHONE NUMBER 243-6622 | EXTENSION | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | |
| | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month 1 | Day 15 | Year 23 | THROUGH | Month 6 | Day 30 | Year 23 |
| 11 ELECTION | ELECTION DATE Month / Day / Year | | ELECTION TYPE | | | | |
| | / / | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | |
| | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | |
| 12 OFFICE | OFFICE HELD (if any) Board Trustee | | | 13 OFFICE SOUGHT (if known) | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'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 TYPE | COMMITTEE NAME | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | |
| Additional Pages | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |


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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---|---|---|
| 15 C/OH NAME Sarah L Sorensen | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 421.65 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

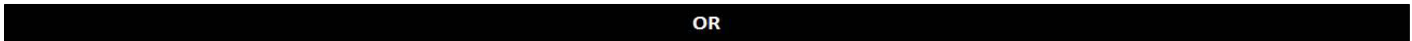
Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

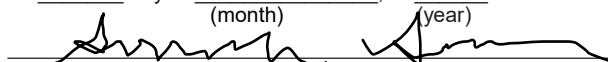


(2) Unsworn Declaration

My name is Sarah Sorensen, and my date of birth is 03/02/1978.

My address is 215 Carolina St, San Antonio, TX, 78210, USA.
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 9 day of May, 2024.
(month) (year)


 Signature of Candidate/Officeholder (Declarant)