APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

			Andrew Commission of the Commi							
	Sec	1 Total pages filed:								
2	CANDIDATE NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY							
		Leticie	Filer ID #							
		NICKNAME LAST SUFFIX	Date Received							
3		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	02-03	-21 P04:51						
	MAILING ADDRESS		02-03							
		1534 McKinley SA, TX	Date Hand-delivered or Postmarked							
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt#	Amount \$						
7	2	(Z10) 704 7554	Date Processed							
5	OFFICE HELD (if any)		Date Imaged	-						
6	OFFICE SOUGHT (if known)	District 3 SAISD School Bo	oas d							
7	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME	LAST	SUFFIX						
		Sharon Longo.	110							
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE;	ZIP CODE						
(residence or business)	4ZZC Vantage View SA, Tx 78ZZ8								
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION		000						
	PHONE	(210) 682 9959								
10	CANDIDATE SIGNATURE	as Governm	ent Code.							
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.									
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.									
		Signature of Candidate	2/3/2 Date Signed	021						

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME						
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING					
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••					
	 The modified reporting option is valid for one election cycle only. (An election cycle includes a primary election, a general election, and any related runoffs.) 					
	 Candidates for the office of state chair of a political party may NOT choose modified reporting. 					
	I do not intend to accept more than \$930 in political contributions or make more than \$930 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.					
	Year of election(s) or election cycle to Signature of Candidate which declaration applies					

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

ALL INFORMATION IS <u>REQUIRED</u> TO BE PE				IONAL		OFN	FD /		TION DALLOT
APPLICATION FOR A PLACE ON THE SAISD School Board GENERAL ELECTION BALLOT									
TO: City Secretary/Secretary of Board									
I request that my name be placed on the	e above-	-named o	official ballot as	a candidate	for the office	e indicated b	elov	w	ar ^{ee}
OFFICE SOUGHT (Include any place num								CATE TERM	V I
Trustee SAISD School Board Tr	ustee	District	3				FULL		
×.			UNEXPIRED						
FULL NAME (First, Middle, Last)				PRINT NA	ME AS YOU V	VANT IT TO			
	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹								
Leticia Diane Ozuna				Leticia C			100		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural PUBLIC MAILING ADDRESS (Campaign mailing address, if available and the property of the propert							dress, if available.)		
Route. If you do not have a residence at which you receive personal mail and l				1534 Mc	Kiriley				
1534 McKinley	ocation	OI TESIG	ince.)						
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cos ⁶ 6									
CITY	STATI	F	ZIP	CITY				STATE	ZIP
SAN ANTONIO	TX		78210	SAN AN				TX	78210
PUBLIC EMAIL ADDRESS (If available)	(OCCUPAT	TON (Do not lea	ON (Do not leave blank) DATE OF BIRTH					REGISTRATION VUID R (Optional) 2
LETTIE OZUMA OOMAH OOM		WOTE	40 ENOINE		44 /	08 / 196	66	116626	
LETTIE.OZUNA@GMAIL.COM			MS ENGINE		11 /			37 700000000000000000000000000000000000	
TELEPHONE CONTACT INFORMATION (O	Optiona	1)	LENGT	H OF CONTI					CATION SWORN FROM WHICH THE
nome.				INSTAI	-	"			HT IS ELECTED ³
Work: 5125081243				11 v	(-)				
0.40=0.4===.4				year (s)		-	11 year (s)		
_{Cell:} 2107047554				6 month(s)			month(s)		
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear									
that my nickname does not constitute					onomic, soci	al, or religio	us v	iew or aff	filiation. I have been
commonly known by this nickname for a	it least t	three yea	rs prior to this	election.					
Before me, the undersigned authority, o	n this d	av perso	nally appeared	(name) ^{Letici}	a Diane Ozuna				_, who being by me
here and now duly sworn, upon oath say			ian, appearen	()					_,
				_					
"I, (name) Leticia Diane Ozuna candidate for the office of SAISD School E	Soard Trus	stee	, of	Bexar	oou that I will	Launnartan	4 40		nty, Texas, being a Constitution and laws
of the United States and of the State of			izen of the Unit						
this state. I have not been finally convic									
official action. I have not been determine									
partially mentally incapacitated without	the righ	nt to vote	e. I am aware of	the nepotis	m law, Chapt	ter 573, Gov	ernn	nent Code	
I further swear that the foregoing staten	nents in	cluded ir	my application	are in all th	ingstrue and	d correct."			
I further swear that the foregoing statements included in my application are in all things true and correct."									
X Soto Co									
SIGNATURE OF CANDIDATE									
Sworn to and subscribed before me at _	4:4	Opm	, this the	3rd day	1/ 1	may n	Q	hanna	000000000000000000000000000000000000000
$\Delta I_{ii} = I \cap I$		•	. 1		•	r §	A.		RIANA/FATIMA DE LEC
Magna & Dele	en	-	N/	Nary	_	*	13		Notary Public, State of Texas My Commission expires
Signature of Officer Administering Oath			Title	f Officer All	ni ni stering O	ath \$	1		March 30, 2024 ID No. 12461894-0
TO BE COMPLETED BY CITY SECRETARY O	OR SECR	ETARVO	FBOARD:	Control Agr		<u>√</u> /8	000	000000	00000000000000000000000000000000000000
(See Section 1.007)	10	40	NH		M	III		•	
A	D	ate Rec	ived	70 28	Signature of	Secretary			
Voter Registration Status Verified		ō						0	