

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ms Sarah L
Sorensen

OFFICE USE ONLY

Filer ID #

Date Received

02-02-21 A 11:50 IN

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

215 Carolina St San Antonio TX
78210

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(518) 469-6884

5 OFFICE
HELD
(if any)

6 OFFICE
SOUGHT
(if known)

SAISD Board of Trustees, District 1

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ms Rachel L Sorensen

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

439 Queen Anne Ct San Antonio TX 78209

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 243-6622

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government 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

2/2/2021

Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

**11 CANDIDATE
NAME**

Sarah Sorensen

**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.

2021

Year of election(s) or election cycle to
which declaration applies

Sarah Sorensen

Signature of Candidate

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 REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE SAN ANTONIO ISD GENERAL ELECTION BALLOT

TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)

SAISD Board Trustee, District 1

INDICATE TERM

☒ FULL

☐ UNEXPIRED

FULL NAME (First, Middle, Last)

Sarah Lois Sorensen

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT¹

Sarah L Sorensen

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)

215 Carolina St

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)

CITY

San Antonio

STATE

TX

ZIP

78210

CITY

STATE

ZIP

PUBLIC EMAIL ADDRESS (If available)

Sarah4saissd1@gmail.com

OCCUPATION (Do not leave blank)

Case Investigator

DATE OF BIRTH

03/02/1978

VOTER REGISTRATION VOID NUMBER (Optional)²

TELEPHONE CONTACT INFORMATION (Optional)

Home:

Work:

Cell: 518-469-6884

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

IN STATE

6 year(s)

10 month(s)

IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED³

6 year(s)

10 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 a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) Sarah Sorensen, who being by me here and now duly sworn, upon oath says:

"I, (name) Sarah Sorensen of Bexar County, Texas, being a candidate for the office of SMD 1, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

X

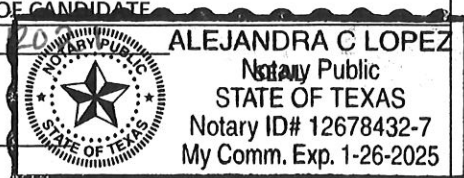
Sarah Sorensen

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 11:51 am, this the 2nd day of February, 2024

Alejandra C Lopez
Signature of Officer Administering Oath⁴

Notary
Title of Officer Administering Oath



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
(See Section 1.007)

2/2/2024
Date Received

[Signature]
Signature of Secretary

Voter Registration Status Verified ☒