CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT						ORM C/OH HEET PG 1	
The C/OH Instruction C	uide explains how	to complete this form.	1 File	r ID (Ethics Con	imission Filers)	2 Total pages fil	led:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST			МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST OZUNA	1		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY;		ZIP CODE	04-01-21P	04:40 RCVD
Change of Address				X 78	223		
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	704 - 75	554	EXTENSION			or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		******	мі	Receipt #	Amount \$
TREASURER NAME	NICKNAME	SHARDI	<u>ب</u>		SUFFIX	Date Processed	
		LONGORI	A		001111	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #;	CITY;		STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	j	4226 V	ANT	AGE	VIEW	SAN	BISBI
8 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION	1103	1 \	1000
TREASURER PHONE	(ZIO)	682-	999				4
9 REPORT TYPE	January 15	30th day before	election	Runoff		15th day aff treasurer ap (Officeholde	
*	July 15	8th day before e	lection		led Modified ng Limit		t (Altach C/OH - FR)
10 PERIOD COVERED	Month Z	Day Year / 3 / 7	тн	ROUGH	$\frac{Month}{3}$	$\frac{Day}{ZZ/Z}$	
11 ELECTION	ELECTION DA	TE		El	ECTION TYPE		
	Month Day	Year Primary		Runoff	Other Description		
	5/1/	21 General)	Special			
12 OFFICE	OFFICE HELD (if any)			SAISD		EE DISTI	RICT 3
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EE OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE	OR POLITICAL EX	PENDITURES MA	ADE BY POLITICAL CON	MITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTÉE(S)	COMMITTEE TYPE	COMMITTEE NAME				s Fires	
Additional Pages	GENERAL	COMMITTEE ADDRESS		COCC		3 1 1123	L P/W
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER N				
	activity	SARF	74	HART	E		
	10 20	COMMITTEE CAMPAIGN TR	REASURER NAC	ADDRESS	ash "	AVE On	+ 481
	GO TO PAGE 2 SANTANTONIO, TX 7812						
		9010	LAGE	4	- 1 (1 - 2)	1 17	1000

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			·			
15 C/OH NAME	LETICIA OZUNA	16 Filer	ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 9,000.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$			
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,976,28			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	E LAST DAY	\$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE	\$ 6,023.72			
Tourse recommendation of the commence of	wear, or affirm, under penalty of perjury, that the accompanying report quired to be reported by me under Title 15, Election Code.	is true and co	rrect and includes all information			
	Signature of Candidate or Officeholder					
	Please complete either option below:					
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by this	s 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 Declaration						
My name is LET	CIA OZUNA , and my date of b	irth is	18/66			
	4 Mckiniey SAN ANTO	NIO TX	78210 USA			
Executed in BEXA	Leti	TPRIC month)	(zip code) (country), 20{(year)}. eholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

-							
19	FILER NAME	mmission Filers)					
	LETICIA OZUNA						
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT				
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 9,						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	and the second control of the second control	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COL	\$2,976.28					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$				
10.	0. 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 TO FILER	IONS RETURNED	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.							
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME	IR OZUNA		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)				
2/12/21	RENE E. 60NZAU 6 Contributor address; City; Sta 7500 CAUA6HAN SAN	ate; Zip Code	\$ 500.00				
8 Principal occu	pation / Job title (See Instructions) 9 f	Employer (See Instruct	ions)				
ATTO	2NEM 65	ELF					
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)				
2/14/21	,	ate; Zip Code	\$5.00.00				
	3915 SKYLARK SANA	MIDNIOIT					
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)				
426/21		ate; Zip Code	\$1,000.00				
	#605101	0,12 11006					
		Employer (See Instruct EUF	ions)				
AIIC	RICE	CG					
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)				
3/01/21	And an order of the purpose of the production of	ate; Zip Code	\$1,000.00				
711 NAVARRO ST#300 SAN ANTONIO TX 78305							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
ATTORNEY							
A							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reque	If the requested information is not applicable, DO NOT include this page in the report.							
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2							
2 FILER NAME	ECIA OZUNA	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)						
3/10/21	6 Contributor address; City; State; Zip Code 112 Pecan St #1360 SAN ANTONIO,7	\$1,000.00						
	11218can St + 1360 SAN ANIONIO,	X						
	supation / Job title (See Instructions) 9 Employer (See Inst	ructions)						
ATTO	eney							
Date	Full name of contributor out-of-state PAC (ID#:	—) Amount of contribution (\$)						
	Contributor address; City; State; Zip Code							
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ructions)						
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)						
	Contributor address; City; State; Zip Code							
Principal occ	upation / Job title (See Instructions) Employer (See Inst	ructions)						
Date		_) Amount of contribution (\$)						
	Contributor address; City; State; Zip Code							
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

y					
Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAME	LETICIA OZUNA		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code	 		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description		
			Check if travel outside of Texas, Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	oyer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ten province and the second control of the s			
		de la companya de la			
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	ULE AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE E

ı	If the requested information is not applicable, DO NOT include this page in the report.					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule B:		
2 F	FILER NAME			3 Filer ID (Ethics C	Commission Filers)	
	L	ETILIA OZUNA				
4 -	TOTAL OF	UNITEMIZED PLEDGES		\$		
5 [Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description	
		7 Pledgor address; City; Sta	ate; Zip Code			
				Check if travel out	side of Texas. Complete Schedule T,	
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)		
1	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; Sta	ate; Zip Code		į	
				Check if traval out	I I.: side of Texas. Complete Schedule T.	
	Principal occur	pation / Job title (See Instructions)	Employer (See	<u></u>	side di Texas. Complete donedale 1.	
Principal occupation / 30b title (See instructions)						
ı	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; St	ate; Zip Code		1	
					ļ.	
			Employer (See		side of Texas. Complete Schedule T.	
'	Principal occu	pation / Job title (See Instructions)	Employer (See	msuuctions)		
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	I In-kind contribution I description	
		Pledgor address; City; State	; Zip Code		i	
					ł.	
	District a second	potion / Job title (Con Instructions)	Employer (See		side of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS SCHEDULE E

If the requested	If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:					
2 FILER NAME	ETICIA OZUNA		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	IITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender ut-of-state l	PAC (ID#:)	9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
□ Y □ N			11 Maturity date			
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)						
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political cions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)						
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate			
Institution?			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)				
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (entry not listed shove)

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME LETICIA OZUNA	3 Filer ID (Ethics Commission Filers)			
4 Date 2/9/2021	5 Payee name FROST BANK				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$8.00	P.O. BOX 1600 SAN A	NTON10, TX 78294			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ACCOUNTIN 6/BANKING	STRUICE			
91	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
2/25/21	USPS				
Amount (\$)	Payee address;	City; State; Zip Code			
\$59.00	3918 CLARK AVES	FAN ANTONIO, TX 78223			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	OFFICE / OVERHEAD	P.O. BOX			
EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/4/21	Bexar COUNTY ELE	CTIONS OPPICE			
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 30.00	1103 S. FRIO STE 101	O SAN ANTONIO, TX 78207			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	OTHER	ELECTION PATA			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:						
4 Data	5 Payee name					
4 Date 3/19/21 6 Amount (\$)	PRESTIGE PRINTING					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$ 2024.28	6 BURWOOD IN SANANTONIO, TX 78216					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE SIENS					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held					
Date	Payee name					
3/20/21	SIGN BUSTERS					
Amount (\$)	Payee address; City; State; Zip Code					
5 485	330 W. BAETZ SAN ANTONIO, TX 78221					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE	A DUERTISING EXPENSE SIGN INSTALLATION					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held					
Date	Payee name					
3/19/21	TEXAS DEMOCRATIC PARTY					
Amount (\$)	Payee address; City; State; Zip Code					
\$370.00	P.D. Box 15707 AUSTIN TX 78761					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE	OTHER EELECTION DATA					
	Check if travel outside of Texas, Complete Schedule T. Check if Austln, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

To the second se		EXPENDITURE CA	ATEGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fer For y Gif al Committee Leg	od/Beverage Expense t/Awards/Memorials Expens gal Services	Office Over Polling Exp se Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
	Т	he Instruction Guide e	xplains how to c	omplete this form.		
1 Total pages Schedule F2:	2 FILERNAN	ICIA OZU	NA	2	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$						
5 Date	6 Payee nam	e				
7 Amount (\$)	8 Payee add	ress;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Polit	ical	Non-Pol	litical		
10	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c) Che	ck if travel outside of Texas. Con	mplete Schedule T.	Check if Au	stin, TX, officeholder living e	xpense
11 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder nam	ne C	ffice sought	Office he	d
Date	Payee nan	ne				
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Polit	ical	Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category (8	See Categories listed at the to	p of this schedule)	Description		
	Cł	neck if travel outside of Texas. Co	omplete Schedule T.	Check if A	ustin, TX, officeholder living	expense
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

ТІ	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
2 FILER NAME	LETICIA OZUNA	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code				
	7 Description of investment					
	8 Amount of investment (\$))				
Date	Name of person from whom investment is purchased					
	Address of person from whom investment is purchased; City	y; State; Zip Code				
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Consulting Expense Contributions/Donations Made By		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non Political			
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Description		
PURPOSE OF EXPENDITURE	¥,			
	(c) Check if travel outside of Texas. Complet	e Schedule T. Check if Au	ustin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of the	nis schedule) Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas, Comple	te Schedule T. Check if A	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
and the second section of the second second section of the section of the second section of the second section of the section of the second section of the se	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Credit Card Payment

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The instruction during explains now to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME LETILIA OZUNA		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE					
9.2	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held				
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	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/G	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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
Credit Card Payment

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

4 Date 5	FILER NAME (ETICIA OZUN	νĄ	3 Filer ID (Ethics	Commission Filers)
	During a service			
2 0	Business name			,
6 Amount (\$) 7	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex		ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILERNAME LETICIA OZUNA		3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	Sta	ate Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (S required.)	iee instructions regarding	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S	See Instructions regarding	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	St	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S	See instructions regarding	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	St	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding	type of information
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedu			dule K:	
2 FILER NAME	s Commission Filers)			
4 Date	5 Name of person from whom amount is received	×	8 Amount (\$)	
,	6 Address of person from whom amount is received; City; Sta	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received	and the second s	Amount (\$)	
	Address of person from whom amount is received; City; Sta	NAME OF THE PARTY		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide		ction Guide	explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME LETICIA OZUNA			A OZUNA	3 Filer ID (Ethics Commission Filers)		
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
6	Dates of travel	7 Name of	person(s) traveling			
		8 Departur	e city or name of departure location			
		9 Destinati	on city or name of destination location			
10	Means of transportation	on	11 Purpose of travel (including name of conference	e, seminar, or other event)		
	Name of Contributor /	Corporation	or Labor Organization / Pledgor / Payee			
	Contribution / Expend	iture reported	on:			
	Schedule A2	Sche	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
	Schedule F2	Sche	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
		Destinat	on city or name of destination location			
	Means of transportati	ion	Purpose of travel (including name of conference	e, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
	Contribution / Expend	liture reported	on:			
8	Schedule A2	Schedu	le B Schedule B(J) Schedule C2	Schedule D Schedule F1		
	Schedule F2	Schedu	le F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
	Dates of travel		person(s) traveling			
			e city or name of departure location			
		Destinat	on city or name of destination location			
	Means of transportat	ion	Purpose of travel (including name of conference	e, seminar, or other event)		
		A	TACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH NAME 2 Filer ID (Ethics Commission Filers)					
3	SIGNATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signature of Candidate / Officeholder				
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder.					
	Α.	CAMPAIGN FUNDS				
	Check	only one:				
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	B. ASSETS				
	Check only one:					
		I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
		Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Signature of Officeholder				