

**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: 12				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms NICKNAME	FIRST Sarah LAST Sorensen	MI L SUFFIX	OFFICE USE ONLY Date Received 04-01-21A11:36 RCVD Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 215 Carolina St	APT / SUITE #; San Antonio	CITY; TX		STATE; TX	ZIP CODE 78210	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (518)	PHONE NUMBER 469-6884	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms NICKNAME	FIRST Rachel LAST Sorensen	MI L SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 439 Queen Anne Ct		APT / SUITE #; San Antonio	CITY; TX	STATE; TX	ZIP CODE 78209	
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 243-6622	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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 2	Day 2	Year 2021	THROUGH	Month 3	Day 31	Year 2021
11 ELECTION	ELECTION DATE Month 5 / Day 1 / Year 2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) SAISD Board of Trustees, District 1				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME San Antonio Alliance of Teachers and Support Personnel PAC					
		COMMITTEE ADDRESS 120 Adams St San Antonio, TX 78210					
		COMMITTEE CAMPAIGN TREASURER NAME David Garza					
		COMMITTEE CAMPAIGN TREASURER ADDRESS 120 Adams St San Antonio, TX 78210					
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ms 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,606.43
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 431.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 712.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

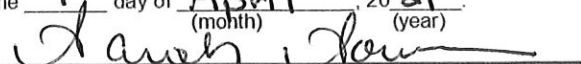
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sarah Sorensen, and my date of birth is 3/2/1978.
My address is 215 Carolina St, San Antonio, TX, 78210, US.
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 1 day of April, 2021.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Ms Sarah L. Sorensen		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,150.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,456.43
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 431.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2
2 FILER NAME Ms Sarah L. Sorensen		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas Melnick	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 215 Carolina St San Antonio, TX 78210		
8 Principal occupation / Job title (See Instructions) Chief Sustainability Officer		9 Employer (See Instructions) City of San Antonio
Date 2/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katheryn Bravenec	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 501 Shook Ave San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Collective Campaigns
Date 2/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Munoz	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 222 Inspiration Dr San Antonio, TX 78228		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 2/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Mireles	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 329 Mary Louise Dr San Antonio, TX 78201		
Principal occupation / Job title (See Instructions) Retired Educator		Employer (See Instructions) N/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 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 A1: 2
2 FILER NAME Ms Sarah L. Sorensen		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Johnson	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 210 Callaghan Ave San Antonio, TX 78210		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 3/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Glenney	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 314 Callaghan Ave San Antonio, TX 78210		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 3/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Munoz	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 222 Inspiration Dr San Antonio, TX 78228		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 3/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Finley	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 614 Cedar St San Antonio, TX 78210		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University- San Antonio

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5	
2 FILER NAME Ms Sarah L. Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 2/19/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 48.14	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code 120 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 252.80	In-kind contribution description Field Direction
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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)			

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5	
2 FILER NAME Ms Sarah L. Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 2/22/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (IU#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 417.90	9 In-kind contribution description Field Direction
7 Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 2/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (IU#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 10.30	In-kind contribution description Phone Banking expenses
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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)			

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5	
2 FILER NAME Ms Sarah L. Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 2/26/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 2,489.75	9 In-kind contribution description Campaign signs
7 Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 2/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 500.00	In-kind contribution description Field Direction
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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)			

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3/9/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 698.21	9 In-kind contribution description Campaign literature
7 Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 2,000.00	In-kind contribution description Field Direction
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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)			

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3/15/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 80.00	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 3/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 1,959.33	In-kind contribution description Field Direction
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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)			

--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F-1: 2	2 FILER NAME Ms Sarah L. Sorensen	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/21	5 Payee name ActBlue	
6 Amount (\$) 4.50	7 Payee address; PO Box 441146	City; State; Zip Code Somerville, MA 02144-0031
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Service fee for donation website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/5/21	Payee name Self Branded SA	
Amount (\$) 200.00	Payee address; P.O. BOX #769795	City; State; Zip Code San Antonio, TX 78245
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.	<input type="checkbox"/> 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 3/12/21	Payee name Self Branded SA	
Amount (\$) 200.00	Payee address; P.O. BOX #769795	City; State; Zip Code San Antonio, TX 78245
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.	<input type="checkbox"/> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F-1: 2	2 FILER NAME Ms Sarah L. Sorensen	3 Filer ID (Ethics Commission Filers)
4 Date 3/20/21	5 Payee name HEB	
6 Amount (\$) 3.34	7 Payee address; City; State; Zip Code 516 S Flores St San Antonio, TX 78204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Bottled water for canvass volunteers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/20/21	Payee name Taco Cabana		
Amount (\$) 23.21	Payee address; City; State; Zip Code 2908 Broadway San Antonio, TX 78209		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Tacos for canvass volunteers	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.	<input type="checkbox"/> 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		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.	<input type="checkbox"/> 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