CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages file	ed: 12
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Ms	FIRST Sarah		MI L	OFFICE	USE ONLY
NAME	NICKNAME	LASI Sorensen		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	AUDRESS / PO BOX; 215 Carolina	_	сну; state; an Antonio ТХ		. 04-01-21	A11:36 RCVD
5 CANDIDATE/ OFFICEHOLDER PHONE	акеа соце (518) 46	рноме мимвек 9-6884	EXTEN	SION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MS	Rachel		мі L	Date Processed	
NAME	NICKNAME	Sorensen		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADURESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				ZIH CODE	
ADDRESS (Residence or Business)	439 Queen Anne Ct San Antonio TX 78209				78209	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 243-6622					
9 REPORT TYPE	January 15 X 30th day before election Runoff 15th day after campalgn treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR)				pointment r Only)	
48 DEDICE		Name of the last o	R	eporting Limit	None Week	
10 PERIOD COVERED	2	Day Year 2 / 2021	THROUGH	Month 3	10ay Year / 202	
11 ELECTION	ELECTION DATE Month Day Year Primary Runott Description 5 / 1 / 2021 X General Special					
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHI (if known) SAISD Board of Trustees, District 1				I	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADI	E WITHOUT THE CANI	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(O)	COMMITTEE TYPE	San Antonio Allian	ce of Teachers	and Support	Personnel PAC	
Additional Pages	X GENERAL	committee address 120 Adams St Sar	n Antonio, TX 78	8210		
	SPECIFIC	COMMITTEE CAMPAIGN TRI David Garza			And the second s	
		COMMITTEE CAMPAIGN IN	REASURER ADDRESS			
		120 Adams St Sar	n Antonio, TX 7	8210		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ms Sarah L. Sor	ensen	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 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 LAS OF REPORTING PERIOD	* 712.27			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
		~ 0			
	(law (Xou.			
	Signature of Ca	ndidate or Officeholder			
	Please complete either option below	<i>r</i> :			
(1) Affidavit					
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by this the	, day of,			
20, to certify	20, to certify which, witness my hand and seal of office.				
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarat	ion				
My name is Sara					
My address is <u>Al5</u>	Carolina St San Antonio.				
9		state) (zip code) (country)			
Executed in betav	County, State of Texas, on the day of Ao (moht)	(year) 20 (year)			
	March	data (Official and Official and			
	Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethic			nmiss	ion Hilers)
Ms	Sarah I	Sorensen			
		LE SUBTOTALS FSCHEDULE			SUBTOTAL AMOUNT
1.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	1,150.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	8,456.43
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	4. SCHEDULE E: LOANS			\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	431.05
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	NORAL SORROR REPLACEMENT & POLICE CONTROL & POLAL PROPERTY AND SORROR SORROR AND SORROR
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	
10.	10. 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	TIONS RETURNED	\$:

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.				3 Filer ID (Ethics Commission Filers)
4 Date 2/4/21	5 Full name of contributor Douglas Melnick	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) 100.00
61 TI 6 1	6 Contributor address;	City;	State; Zip Code	
	215 Carolina St	San Anton	io, TX 78210	
8 Principal occu Chief Susta	upation / Job title (See Instructions) inability Officer		9 Employer (See Instruc City of San Antonio	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/25/21	Katheryn Bravenec			
2120121	Contributor address;	City;	State; Zip Code	50.00
	501 Shook Ave	San Anton	io, TX 78212	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
Organizer Collective Campa		gns		
Date	Full name of contributor Charles Munoz	out-of-state PAC	(ID#)	Amount of contribution (\$)
2/26/21	Contributor address;	City;	State; Zip Code	100.00
	222 Inspiration Dr	San Anton	io, TX 78228	
Principal occu	pation / Job title (See Instructions) red		Employer (See Instruc N/A	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
0/06/04	Margaret Mireles			
2/26/21	Contributor address;	City;	State; Zip Code	100.00
	329 Mary Louise Dr	San Antonio	, TX 78201	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Retired Edu	ucator		N/A	
***************************************		was a second and 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				3 Filer ID (Ethics Commission Filers)
Ms Sarah L. S	Sorensen			
4 Date	5 Full name of contributor James Johnson		E (ID#:)	7 Amount of contribution (\$)
2/27/21	6 Contributor address; City; State; Zip Code 210 Callaghan Ave San Antonio, TX 78210			50.00
8 Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) N/A				tions)
Date	Full name of contributor Karen Glenney	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/2/21		City; San Anto	State; Zip Code	100.00
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) N/A			Istions)	
Date	Full name of contributor Charles Munoz		C (ID#:)	Amount of contribution (\$)
3/2/21	Contributor address;	City;	State; Zip Code	150.00
	222 Inspiration Dr		1110, 17, 10220	
Principal occup Not Emplo	pation / Job title (See Instructions) yed		Employer (See Instruc N/A	ctions)
Date	Full name of contributor James Finley	out-of-state PA	C (IU#:)	Amount of contribution (\$)
3/13/21	Contributor address;	City;	State; Zip Code	500.00
	614 Cedar St	San Antor	nio, TX 78210	2
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc Texas A&M Unive	etions) ersity- 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.

SCHEDULE A2

Th	e Instruction Guide explains h	now to complete this form	1.	1 Total pages Schedule A2: 5	
2 FILER NAME Ms Sarah L	Sorensen			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND	POLITICAL CONTRIE	BUTIONS	\$ 0	
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of Contribution \$ AC 48.14	9 In-kind contribution description	
2/19/21	7 Contributor address; 120 Adams St	City; State; San Antonio, TX 78	Zip Code 3210		Advertising I I de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JU	DICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDI	CIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICI	AL)	15 Law fim	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor [out-of-state PAC (ID#:	ersonnel P	Amount of Contribution \$	In-kind contribution description
2/12/21	Contributor address;	City; State;	Zip Code	252.80	Field Direction
	121 Adams St	San Antonio, TX 78	210	Check if travel outsi	lide of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JU	DICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUD	ICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	s employer/law firm (FOR JUDICI	AL)	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.					

SCHEDULE A2

he Instruction Guide explains h	now to complete this form	1.	1 Total pages Schedule	e A2: 5
IE			3 Filer ID (Ethics Com	mission Filers)
. Sorensen				
F UNITEMIZED IN-KIND	POLITICAL CONTRIE	BUTIONS	\$ 0	
5 Date 6 Full name of contributor out-ot-state PAC (ID#:)			8 Amount of	9 In-kind contribution
San Antonio Alliance of Te	eachers and Support P	ersonnel P	AC Contribution \$	description
			417.90	Field Direction
121 Adams St	San Antonio, TX 78	210	Check if travel outside	e of Texas. Complete Schedule T.
cupation / Job title (FOR NON-JUI	DICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL	L)(See Instructions)
s principal occupation (FOR JUDIO	CIAL)	13 Contribu	utor's job title (FOR JUD	DICIAL)(See Instructions)
s employer/law firm (FOR JUDICIA	AL)	15 Law fim	n of contributor's spouse	e (if any) (FOR JUDICIAL)
r is a child, law firm of parent(s) (if	any) (FOR JUDICIAL)	and the second second second		
		Personnel P	Amount of Contribution \$	In-kind contribution description
				Phone Banking expense
		210	Check if travel outside	e of Texas. Complete Schedule T.
cupation / Job title (FOR NON-JU	DICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	L)(See Instructions)
s principal occupation (FOR JUDI	CIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
s employer/law firm (FOR JUDICI	AL)	Law fim	n of contributor's spouse	e (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (i	f any) (FOR JUDICIAL)			
ATTACH A	DDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED	
	ATTACHA 6 Full name of contributor San Antonio Alliance of Te 7 Contributor address; 121 Adams St cupation / Job title (FOR NON-JUL) S principal occupation (FOR JUDIC) S employer/law firm (FOR JUDIC) Full name of contributor San Antonio Alliance of Te Contributor address; 121 Adams St cupation / Job title (FOR NON-JU) Seprincipal occupation (FOR JUDIC) Supply of the form of parent(s) (in the form of p	Sorensen OF UNITEMIZED IN-KIND POLITICAL CONTRIB San Antonio Alliance of Teachers and Support P 7 Contributor address; City; State; 121 Adams St San Antonio, TX 78 Cupation / Job title (FOR NON-JUDICIAL) OF IS a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor out-of-state PAC (IU#: San Antonio Alliance of Teachers and Support F Contributor address; City; State; 121 Adams St San Antonio, TX 78 Cupation / Job title (FOR NON-JUDICIAL) (See Instructions) OF Is principal occupation (FOR JUDICIAL) OF IS a child, law firm of parent(s) (if any) (FOR JUDICIAL) OF IS a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF	Sorensen OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6	Sorensen 3 Filer ID (Ethics Communication 4 F

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1.	1 Total pages Schedule A2: 5	
	2 FILER NAME Ms Sarah L. Sorensen				mmission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			BUTIONS	\$ 0	
5 Date 6 Full name of contributor			Contribution 9	9 In-kind contribution description	
2/26/21	7 Contributor address;	City; State;	Zip Code	2,489.75	Campaign signs
	121 Adams St	San Antonio, TX 78			de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-Ju	JDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUD	ICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law fim	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor San Antonio Alliance of T	out-of-state PAC (ID#:	ersonnel P	Amount of Contribution \$	In-kind contribution description
2/28/21	Can Antonio Amarico di 1			500.00	Field Direction
	Contributor address; 121 Adams St	City; State; San Antonio, TX 78	Zip Code 210	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-J	UDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUD	DICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	s employer/law firm (FOR JUDIC	CIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
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	ATTACH	ADDITIONAL COPIES OF			g requirements.

SCHEDULE A2

<i>7</i> .						
Th	e Instruction Guide explains	how to complete this form	1.	1 Total pages Schedule A2: 5		
2 FILER NAME Ms Sarah L S				3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ O			
5 Date	Date 6 Full name of contributor out-of-state PAC (ID#:) San Antonio Alliance of Teachers and Support Personnel PA			8 Amount of Contribution \$	9 In-kind contribution description	
3/9/21	San Antonio Alliance of 1	and Support		698.21	Campaign literature	
	7 Contributor address;		Zip Code		Campaign meratare	
	121 Adams St	San Antonio, TX 782	210	Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-Ju	JDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUD	ICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDIC	IAL)	15 Law fim	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor San Antonio Alliance of 7	achers and Support F	ersonnel P	Amount of Contribution \$	In-kind contribution description	
3/11/21	Contributor address;	City; State; San Antonio, TX 782	Zip Code	2,000.00	Field Direction	
	121 Adams St	San Antonio, 17 702	. 10	Check if travel outs	ide of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-J	UDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	s principal occupation (FOR JUD	DICIAL)	Contrib	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	s employer/law firm (FOR JUDIO	CIAL)	Law fin	n of contributor's spou	use (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.						

SCHEDULE A2

Th	e Instruction Guide explains how to o	complete this form.	1 Total pages Schedu	1 Total pages Schedule A2: 5		
2 FILER NAME Ms Sarah L S			3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	- UNITEMIZED IN-KIND POLIT	ICAL CONTRIBUTIONS	\$ 0			
5 Date	_	tate PAC (ID#:	8 Amount of Contribution \$	9 In-kind contribution description		
3/15/21	San Antonio Alliance of Teachers	s and Support Personnel F	•	Advadtatas		
3/13/21	7 Contributor address; City;	State; Zip Code	80.00	Advertising		
	121 Adams St San	Antonio, TX 78210	Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)	(See Instructions) 11 Employ	yer (FOR NON-JUDICIA	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contril	butor's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor	state PAC (ID#:	Amount of Contribution \$	In-kind contribution description		
3/16/21	Contributor address; City;		1,959.33	Field Direction		
		Antonio, TX 78210	Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL)	(See Instructions) Emplo	yer (FOR NON-JUDICI	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contri	Contributor's job title (FOR JUDICIAL)(See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law fi	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gltt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/hundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ms Sarah L. Sorensen	0)	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/21	5 Payee name ActBlue		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
4.50	PO Box 441146	Somerville	e, MA 02144-0031
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundraising	Service fee for	r donation website
	(c) Check if travel outside of Lexas. Complete Schedule I.	Check if Aust	lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/5/21	Self Branded SA		
Amount (\$)	Payee address;	City;	State; ∠ip Code
200.00	P.O. BOX #769795	San Anto	onio, TX 78245
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	T-shirts	
	Check iftravel outside of lexas. Complete Schedule I.	Check if Aust	tin, 1X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/12/21	Self Branded SA		
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	P.O. BOX #769795	San Anto	onio, TX 78245
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	T-shirts	
	Check if travel outside of lexas. Complete Schedule I.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED
			Daving d 0/47/

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Relinbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Glit/Awards/Memorials Expense Printli	Inaverious Contract Labor Other (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	FILER NAME Ms Sarah L. Sorensen	3 Filer ID (Ethics Commission Filers)
4 Date 3/20/21	5 Payee name HEB	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
3.34	516 S Flores St	San Antonio, TX 78204
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description
PURPOSE OF EXPENDITURE	Food/Beverage	Bottled water for canvass volunteers
	(c) Check if travel outside of Texas. Complete Schedule I	I. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/20/21	Taco Cabana	
Amount (\$)	Payee address;	City; State; ∠ip Code
23.21	2908 Broadway	San Antonio, TX 78209
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food/Beverage	Tacos for canvass volunteers
	Check iftravel outside of lexas. Complete Schedule I	I. Check if Austin, 1X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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
	Check if travel outside of lexas. Complete Schedule I	I. 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 TI	HIS SCHEDULE AS NEEDED
		Devised 9/47/20