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:} 13
CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE	USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received	mail 7/14/21
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	215 Caroling St	TE #; CITY; STATE; ZIP CODE	at 9:30 p.m.	
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBE (518) 469-688	and the second	36 - EEL	or Date Postmarked
CAMPAIGN TREASURER	MS/MRS/MR FIRST		Receipt # Date Processed	Amount \$
	NICKNAME LAST	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE		STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	439 Queen Am	e Ct San Antonia	, TX	78209
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE			
9 REPORT TYPE		day before election Runoff lay before election Exceeded Modified Reporting Limit	treasurer a (Officehold	fter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED		Month	Day Yea	
11 ELECTION	Wohan Day Iou	ELECTION TYF		93.02
12 OFFICE	OFFICE HELD (if any)		wn)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CON THE CANDIDATE / OFFICEHOLDER. THESE E	NTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA RS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	ANDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAL COMMITTEE NAL	ME Atonio Alliance of Teac DRESS AMS St San Anton MPAIGN TREASURER NAME	hers and Sp	pport Personn
		Garza	PS FRANCE COMPANY	alan selaka ngha)
		lams St San Anto		78210

		CEHOLDER CEREPORT			cov		ORM C/OH IEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Tot	al pages file	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI		OFFICE	JSE ONLY
NAME	NICKNAME	LAST Sorense	\sim	SUFFIX	Date Re	eceived	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STA	TE; ZIP CODE			
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EV.				
OFFICEHOLDER PHONE		FROME NOWDER	EXI	ENSION	Date Ha	and-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt	#	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Pro	ocessed	
					Date Im	aged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #,	CITY;		STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	FYT	ENSION			
TREASURER PHONE	()		LA				~
9 REPORT TYPE	January 15	30th day before e	election	Runoff		15th day afte treasurer app (Officeholder	pointment
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit			(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day	Year	
			THROUGH	I ,		1.	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE			
	Month Day	Year Primary	Runoff	Other Description			
		General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFF	TICE SOUGHT (if know	n)		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE: S AND OFFICEHOLDERS ARE REQUI	S MAV HAVE REEN M	ADE WITHOUT THE CAN	DIDATE'S OI	D ACCINCUAL	EDIS KNOW EDOE OD
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
		COMMITTEE ADDRESS	eachers	Association	20	PAC	
Additional Pages		8 71 NDr++	MoPo	c Express	way	Austin	TX 78750
	SPECIFIC	Portia Br			3		
		COMMITTEE CAMPAIGN TR			• • •		
	1	STIL North M	btgc cxy	pressing	Hushr	NTX -	78759

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 2

FORM C/OH

17 CONTRIBUTION TOTALS EXPENDITURE	PLEDGES, LO CONTRIBUTIO	ANS, OR GUARANTEES	RIBUTIONS (OTHER THAN	\$	
	1.	NO WADE ELECTRONIC		•	18910
		TICAL CONTRIBUTION PLEDGES, LOANS, OR (S GUARANTEES OF LOANS)	\$ 15.	922.09
TOTALS	3. TOTAL UNITEN		IDITURE.	\$	300 22
B OLEICE	4. TOTAL POLIT	TICAL EXPENDITURES	-12 Victor autom in mo	\$	200.20
CONTRIBUTION BALANCE	5. TOTAL POLITIC OF REPORTING		AINTAINED AS OF THE LAST	DAY \$ 식	22.15
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OL THE REPORTING PERIO	JTSTANDING LOANS AS OF T D	THE \$	
	vear, or affirm, under pena uired to be reported by me		accompanying report is true a code.	and correct and inc	Judes all information
			1 Danen.	dan	per yan Salteranaan Santa madaan
			Signature of Cand	didate or Officehold	Jer
	Ple Sign Control	ease complete e	ither option below:		
		magao			1600 BE Management and the second states of the second states of the second states of the second states of the second s
(1) Affidavit					
		1<00,161			
NOTARY STAMP/SEAL					
Sworn to and subscribed b	pefore me by		this the		
20, to certify w	WARK DODG - LUCA	d seal of office.	this the	day of	
Signature of officer administeri	ng oath Pr	rinted name of officer admin	nistering oath	Title of offic	er administering oath
		OR			
(2) Unsworn Declaratio	n Isaa waxa	500000			
My name is <u>Saral</u>	h Sorense	hand	_, and my date of birth is _	03/02/19	78
My address is 215	Caroling St	,	San Antonio, T	12. 75210	US
190 CICH B <u>B</u> LACHON PA	(street)	0.64 <u>2.0</u> 82.000	(city) (sta	ate) (zip code)	(country)
Executed in <u>Beyar</u>	County, State of	Texas, on th	ne 14 day of Jul (month)	(year)	15

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER N	ME	20 Filer ID (Ethics Con	mmission Filers)
21		LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	n an	\$ 250.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	gonegeory)	\$ 15672.09
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 306.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	812° P	\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$
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NONETARY POLITICAL CONTRIBUTION

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 5	Schedule A1:
2 FILER NAME		3 Filer ID (Ethi	cs Commission Filers)
Sarah	L Sorensem		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of c	ontribution (\$)
5/2/21	Charles Muhoz		
Jalai	6 Contributor address; City; State;	Zip Code	00
0	222 Inspiration Dr San Anton		
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)	-
Date	Full name of contributor out-of-state PAC (ID#:) Amount of c	contribution (\$)
5Icl.	Judy 6 Ranney		
518 ai	Contributor address; [*] City; State;	Zip Code	00.
	11806 Song St San Antonio, TX	78210	na na serie de la companya de la com La companya de la comp
Principal occup	그렇게 그 것 같은 것	yer (See Instructions)	
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Date	Full name of contributor and out-of-state PAC (ID#:) Amount of c	contribution (\$)
	Contributor address; City; State;	2224.997.1.0140.97	
6821	Contributor address; City; State;	Zip Code	00
	11806 Song St San Antonio, T		
Principal occu	Dation / Job title (See Instructions) Emplo	yer (See Instructions)	8
2	LARDGE E. OMEN-UNDERWED OFFENDER		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of c	contribution (\$)
	Contributor address; City; State;	Zip Code	
	HEDDLE B. PLEDGED CONTRIBUTIONS		
Principal occu	Deation / Job title (See Instructions)	yer (See Instructions)	5 (SUR 12:09
			220000
			SUBTOTAL
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2018.14	ATTACH ADDITIONAL COPIES OF THIS S If contributor is out-of-state PAC, please see Instruction guid		FORM C/OH
		is for additional reporting require	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Sched	lule A2: 5
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
Sarah L Sorensen		rused in the course of		
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS	\$ 15672	2.09
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution
4/23/21	SA AUIGNCE of TEAchers + Support Person 7 Contributor address; City; State;	Zip Code	16.50	Phonebank
ni angelone sent non produkt - na ay pola 🦗	120 Adams St San Antonio TX	78210	Check if travel outs	l ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)			AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			in le fort gandier be varere
Date	Full name of contributor Out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution \$	l In-kind contribution description
	SA Alliance of Teacherst S. poort Personne	1 Par	Contribution \$	1
4/20/21	Contributor address; City; State;	Zip Code	4002.02	Field Direction
	DO Adams St San Hatonio TX	78210	Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
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Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
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NON-MONETARY (IN-KIND) POLITIC	AL		
CONTRIBUTIONS			SCHEDULE A2
If the requested information is not applicable, DO NOT inclue	de this page	in the report.	
The Instruction Guide explains how to complete this for	m.	1 Total pages Sched	lule A2:
² FILER NAME Sarah L Sorensen		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 15,672	R.09
5 Date 6 Full name of contributor 🗌 out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
4 26/21 7 Contributor address; City; State;	Zip Code	291.50	Advertising
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	78210 11 Employe		 ide of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributorout-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
Hariane Statiliane Fractures Support Parsi Contributor address; City; State;	Zip Code	504.12	Campaign Liturature
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			I ide of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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1	IONETARY (IN-K RIBUTIONS	IND) POLITIC	AL		SCHEDULE A2
If the requ	ested information is not appl	icable, DO NOT inclu	de this page	in the report.	
ті	ne Instruction Guide explains h	now to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	E L Sorensen			3 Filer ID (Ethics Co	mmission Filers)
1	F UNITEMIZED IN-KIND	POLITICAL CONTRI	BUTIONS	\$ 15,67	2.09
5 Date	6 Full name of contributor	out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
514121	7 Contributor address;	City; State;	Zip Code	397.67	Phone banking
	120 Adams 87		× 78210		de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JU	DICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI)	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDI	CIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			se (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if	f any) (FOR JUDICIAL)			
Date	Full name of contributor [out-of-state PAC (ID#:)	Amount of	In-kind contribution
	SA Allone of Teache	15+Support Per	sonnel	Contribution \$	description
515/21	Contributor address;	City; State;	Zip Code	7826.43	Field Direction
	bo Adams St	San Antonio T	× 78210	Check if travel outsi	de of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JU	DICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDI	CIAL)	Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICI)	AL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
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1	MONETARY (IN-KIND) POLITICA RIBUTIONS	AL		SCHEDULE A2
If the requested information is not applicable, DO NOT include this page in the report.				
т	he Instruction Guide explains how to complete this forn	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 15,67	2.09
5 Date	6 Full name of contributor 🗌 out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
515/21	7 Contributor address; City; State; 8716 North MoPac Capressway A	Zip Code		Printing + Mailing postcards de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	FOR NON-JUDICI	AL)(See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor	14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 5 17 21 Principal oc	Full name of contributor out-of-state PAC (ID#:	Zip Code		In-kind contribution description Field Direction de of Texas. Complete Schedule T. AL)(See Instructions)
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Contributor	's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Тŀ	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME Sarah L Sorensen			3 Filer ID (Ethics Commission Filers)
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 15,672.09
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description
4/22/21	SA Alliance of Teachers + Support 7 Contributor address; City; State;	Zip Code	PAC 77.00 postage
	120 Adams St San Antonio TX	78210	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / 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)	L	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
Dringinglass			Check if travel outside of Texas. Complete Schedule T.
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Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE	F1
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If th stad info motion in .

It the requested info	ormation is not applicable, DO NOT include	e this page in the re	port.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing I Committee Legal Services Salarie	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	
1 Total pages Schedule F1: 3	2 FILER NAME Saran L Sorense	0	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name TACO Cabang		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
18.37	2908 Broadway	San Anton	0 TX 78209
8 0 (2015) (00) per (000) (01	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
EXPENDITURE	Food I beverage	Food fo	r volumeurs
Daya of Same	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date and action and	Payee name		-
4/29/21	Scratun Kitchen	Stange Zie Code	
Amount (\$)	Payee address;	City;	State; Zip Code
12550		<u>^</u>	19 Amount - extended (*
135.50	607 W Russell PI	Jan An	tonio Tx 78212
of & Durangopular Collabor	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	T	0	
EXPENDITURE	Food Beverage	Food for	campaign party
A 28	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	ener Mariania	Constraint and a second s
4129	USPS		g folganta (s)
Amount (\$)	Payee address;	City;	State; Zip Code
11.00	1140 S Laredo S	+ San A	ntonio TX 78204
S ETER WORK	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Solicitation / Fundraising	Postage	 Yotai pallyst pomoune = Yotai pallyst pomoune = Yotai pallyst pomoune =
and a second second Second second	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
1 1 4 4 1 6			SCHEDALE E

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Office held

Office sought

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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sarah L Sorense	\sim	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>	
4/29/21	Academy Sports + out	Amores	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
92.16	7903 1-35 San Anton:	0, TX 79	822-1
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-
PURPOSE OF EXPENDITURE	Robbing Event expense	Panchos	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/30/21	Target		
Amount (\$)	Payee address;	City;	State; Zip Code
20.71	1223 Austin Huy	San An	tonio TX 78209
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/beveracc	Food and drinks for poll volumeurs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/1/21	ACT BING		. 19
Amount (\$)	Payee address;	City;	State; Zip Code
8.27	PO Box 441144	Somervill	e MA 02144-003
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising	Service	tee for donation websit
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense

Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

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	Fees Off Food/Beverage Expense Poil Gift/Awards/Memorials Expense Print	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense nting Expense aries/Wages/Contract Labor	Solicitation/Fundraising 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 ho	w to complete this form.	
1 Total pages Schedule F1:		insen	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Target		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
10.83	1223 Austin H	wy San An	tonio TX 78224
8	(a) Category (See Categories listed at the top of this schee	dule) (b) Description	
PURPOSE OF EXPENDITURE	Solicitation (functraising	jerana Notec	cards
	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	-	
6/1/21	Act Blue		
Amount (\$)	Payee address;	City;	State; Zip Code
3.38	PO BOY 441140	Somerville	e mit 02144-008
DUDDOGE	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Fundraising	Service fee	for Jonation website
	Check if travel outside of Texas. Complete Schedu		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	,		и. В
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sched	lule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held