	N FIN	OFFICEHOLDER NANCE REPORT	FORM C/OH
15 C/OH NAME Laticia Ozuna		16 1	fee th characteristics Finance
TOTALS	1	TOTAL UNITEMIZED IDLITERAL CONTRIBUTIONS (OTHER THAN PLEOGRE LOANS OF GUMNANTEES OF LOANS ON CONTRIBUTIONS MARK ELECTRONICALLY)	4
	Z	TOTAL POLITICAL CONTRIBLTIONS INTHER THAN PLEDGES LIBANS OF SHARANTEES OF JOARSE	\$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIERD PRITICAL EXPENDITURE	\$
	-	TOTAL POLICICAL EINENDITURES	5 3,242.5
CONTRIBUTION BALANCE	BALANCE DISTRIBUTIONS MAINTAINED ASSOCIATE (ART DAY		5 756
COAN TOTALS	6.	TOTAL PRINCIPAL ABILIANT OF ALL CUTSTANDING LOANS AS OF THE	
Affidavit			
Affidavit			
NOTARY STAMP/SEAL		this thethis the	_ day of
NOTARY STAMP/SEAL	ich wine	res my handand seal of otto	
MOTARY STAMP/SEAL om to and subscribed be to certify wh	ich wine		
MOTARY STAMP/SEAL  om to and subscribed be locarify wh  man of officer administration  (Unsworn Declaration  )	com	Printed name of sitting administrating own	The of officer administrating not
OTH 10 and substituted be locatify who was in officer administration of the care in the ca	c O	Protest name of officer astromateling own	The of office administration of the C
MOTARY STAMPISEAL  OM 10 and substribed be locarify wh  stam of officer administration  Unswoon Declaration	com	Printed name of stransateing own  Oil  2.44 A. C. and roy date of setts a	The of office administration of the same o

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Hersed 8/17/2020

# 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 T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN \$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	NS) \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,242.50		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	TAST DAY \$ 75.69		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is uired to be reported by me under Title 15, Election Code.	true and correct and includes all information		
	Signature of Candidate or Officeholder			
	Please complete either option belo	ow:		
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed I	perfore me by this the	e day of		
	hich, witness my hand and seal of office.			
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath		
2) Unsworn Declaratio	OR n			
Лv name is				
My address is	, and my date of birth			
		(state) (zip code) (country)		
xecuted in	County, State of, on the day of	nth) , 20 (year)		
	Signature of Can	didate/Officeholder (Declarant)		

## SUBTOTALS - C/OH

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

	FILER NAME  cia Ozuna  20 Filer ID (Ethics Commission File)		n Filers)	
	CHEDULE SUBTOTALS AME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS			
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	3,242.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
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.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1 1/2	2 FILER NAME Leticia Ozuna		3 Filer ID (Ethics Commission Filers	
4 Date 7/6/2021	5 Payee name Ryan Garcia			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
2,140.00	PO Box 831615 San Antonio, TX 78283		2.p 0006	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Consultant	d.	
	(C) 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/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
7/23/2021	Frost Bank			
Amount (\$)	Payee address;	City;	State; Zip Code	
4.00	111 W Houston St		*	
	San Antonio, TX 78205			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Fees	Copy Charge		
OF EXPENDITURE		3 - 107		
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/27/2021	Herospace Digital Consulting			
Amount (\$)	Payee address;	City;	State; Zip Code	
	1840 Mulberry Dr San Antonio, TX 78201			
		T		
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website		
	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 NEED	DED	

## 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 Gitl/Awards/Memonals 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1. 2/2	2 FILER NAME Leticia Ozuna		3 Filer ID (Ethics Commission Filers)		
4 Date 11/09/2021	5 Payee name Frost Bank				
6 Amount (\$) 8.00	7 Payee address; 111 W Houston St San Antonio, TX 78205	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Bank Service (	e Charge/Fee		
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Austin			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/09/2021	Payee name Frost Bank				
Amount (\$) 8.00	Payee address; 111 W Houston St San Antonio, TX 78205	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description Bank Service (	e Charge/Fee		
	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	
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 Texas. Complete Schedule T.	Check if Austin,	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 NEED	DED		