

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 (Must be unique Filer)

2. Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MR / MRS / MS FIRST LAST SURNAME
 ADDRESS (PO BOX) APT. / SUITE # CITY STATE ZIP CODE
 1534 McKinley St, Ta 78210

OFFICE USE ONLY

Date Received
 Received via email on 5/15/24 at 4:32pm

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

MR / MRS / MS FIRST LAST SURNAME
 ADDRESS (PO BOX) APT. / SUITE # CITY STATE ZIP CODE
 4226 Vantage View, SA, Tx 78225

Date Hand-Delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER SUFFIX
 (512) 508 1243

Facsimile # Amount \$

6 CAMPAIGN TREASURER NAME

MR / MRS / MS FIRST LAST SURNAME
 SHARAN LAMGORTA

Date Processed

Date Mailed

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS AND PO BOX (PLEASE) APT. / SUITE # CITY STATE ZIP CODE
 4226 Vantage View, SA, Tx 78225

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER SUFFIX
 (210) 325 2209

9 REPORT TYPE

January 15 30th day before election Final 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 60th day before election Extended/Modified Reporting Limit Final Report (Also C/OH-PR)

10 PERIOD COVERED

Month Day Year Month Day Year
 7 / 16 / 2022 THROUGH 1 / 15 / 2023

11 ELECTION

ELECTION DATE: Month Day Year
 ELECTION TYPE: Primary Recall Other (Describe)
 General Special

12 OFFICE

OFFICE FIELD (State) OFFICE COUNTY (if other)
 SAISD Trustee

14 NOTICE FROM POLITICAL COMMITTEE(S)
 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 BE BY EMMY NAME WITHOUT THE CANDIDATE / OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE AND OFFICEHOLDER ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE: GENERAL SPECIAL
 COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15. C/OH NAME		16. Reg ID (Erika Commission Files)	
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)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
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 13, 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_____, in and 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 _____

(2) Unsworn Declaration

My name is Leticia Ocasio and my date of birth is 11/8/1966
 My address is 1538 McKinley SA Tx 78210 USA
(street) (city) (state) (zip code) (country)
 Declared in Brewer County, State of Tx, on the 15 day of May, 2024
(year)

 Signature of Candidate/Officeholder (Declared)