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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MR / MRS / MS: Ms
FIRST: Letricia
MI: D
NICKNAME
LAST: Ozuna
SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1534 McKinley
APT / SUITE #:
CITY: San Antonio
STATE: Tx
ZIP CODE: 78210

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (210)
PHONE NUMBER: 704 7554
EXTENSION

6 CAMPAIGN TREASURER NAME

MR / MRS / MS: Mrs
FIRST: Sharon
MI:
NICKNAME
LAST: Longoria
SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 4226 Vantage View
APT / SUITE #:
CITY: San Antonio
STATE: Tx
ZIP CODE: 78228

8 CAMPAIGN TREASURER PHONE

AREA CODE: (210)
PHONE NUMBER: 682 9959
EXTENSION

9 REPORT TYPE

☐ January 15
☐ 30th day before election
☐ Runoff
☐ Officeholder only: Treasurer appointment
☐ July 15
☒ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (when C/OH - TR)

10 PERIOD COVERED

	Month	Day	Year		Month	Day	Year
	4	3	2025	THROUGH	4	25	2025

11 ELECTION

ELECTION DATE: Month 5, Day 3, Year 2025

ELECTION TYPE:
☐ Primary ☐ Runoff ☐ Other: Primary date
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Trustee SMISD

13 OFFICE SOUGHT (if known): Trustee SMISD

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

☐ Additional Pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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	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)	$ 4000
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 6843.43
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10,248.18
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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 Leticia Ozuna and my date of birth is 11/8/66

My address is 1534 McKinley (street) San Antonio (city) TX (state) 78210 (zip code) USA (country)

Executed in Bexar County, State of Texas, on the 25 day of April (month), 2025 (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Leticia Ozuna	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4000
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	$ 6843.42
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
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	$ 36.31
12.	☑	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ .42

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: 4

2 FILER NAME: Leticia Ozuna

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
4/4 2025	Renee Gonzalez 7500 Callaghan	50.00	CPA	
4/4 2025	Debra Ann Guerrero 3615 Skylark	250.00	Sr Vice Pres	NRP Group
4/3 2025	Andrew Ozuna 5230 New Castle SA Tx	100.00	Sr Vice Pres	Broadway Bank
4/4 2025	Roberto Gonzalez 11215 Morning Ct SA Tx	500.00	Owner	GGG Engineers

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: 4

2 FILER NAME: Leticia Ochoa

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/3/2025	Ramon - Davila Chancellwood SA TX	25.00

8 Principal occupation / Job title (See Instructions): Analyst

9 Employer (See Instructions): USAA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/7/2025	Jeanne Russell 639 Mission SA TX	500.00

Principal occupation / Job title (See Instructions): Exec Director

Employer (See Instructions): CAST

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/8/2025	Leo Gomez 9406 Hazelton Ln SA Tx	250.00

Principal occupation / Job title (See Instructions): Economic Devlpmt

Employer (See Instructions): Brooks DA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/3/2025	Daniel Ortiz 103 Millstadt St SA TX	500.00

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions): Ortiz / McKnight

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 A: 4

2 FILER NAME: Leticia Ozuna

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/11/2005	David Starr 7334 Blanco Ste 200 SA TX	1000.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Owner	Glermont LLC.	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/10	Mario Barrera 135 W Grammercy Pl SA, TX 78212	2508
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
AHorney	Norton Rose Fulbright	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/19/2005	Richard Galindo 3334 Ritchie Dr SA TX	250
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Auditor	Garza/Gonzalez CPA	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/19/2005	Aaron Sanford 6919 Rocky Top Cir Dallas	75.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Exec Advisor	Jacobs Engineering	

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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: 4

2 FILER NAME: Leticia Ozuna

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/8/2025	Ramon Cantu 2110 Bermuda Dr #9 Laredo TX 78045	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Owner	Chato/Cantu

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 9(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gifts/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 (under a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3

2 FILER NAME: Leticia Ozuna

3 Filer ID (Ethics Commission Filers)

4 Date: 4/4/25

5 Payee name: Alamo Mailing

6 Amount ($): 938.29

7 Payee address: 13114 Lookout Run City: San Antonio State: Tx Zip Code: 78233

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description: Mailer

(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit CAOH

Candidate / Officeholder name: Leticia Ozuna Office sought: SAISD Trustee SMD3 Office held:

Date: 4/4

Payee name: Prestige Printing

Amount ($): 184.03

Payee address: 8 Burrwood Ln City: San Antonio State: Tx Zip Code: 78216

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: Mailers

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit CAOH

Candidate / Officeholder name: Leticia Ozuna Office sought: SAISD Trustee SMD3 Office held:

Date: 4/7

Payee name: Prestige Printing

Amount ($): 579.14

Payee address: 8 Burrwood Ln City: SA State: Tx Zip Code: 78216

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: Mailers

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit CAOH

Candidate / Officeholder name: Leticia Ozuna Office sought: SAISD Trustee SMD3 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; Accounting/Banking; Consulting Expense; Contributions/Donations Made By Candidate/Officeholder/Political Committee; Credit Card Payment; Event Expense; Food; 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 above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3

2 FILER NAME: Leticia Ochoa

3 Filer ID (Ethics Commission Filer)

4 Date: 4/7

5 Payee name: Prestige Printing

6 Amount ($): 46725

7 Payee address: 8 Burrwood Lane; City: SA; State: Tx; Zip Code: 78216

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description: Mailer

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name; Office sought; Office held

Date: 4/10

Payee name: Jennifer Longoria

Amount ($): 1642.09

Payee address: 403 Burrwood; City: SA; State: Tx; Zip Code: 78213

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting Expense

Description: Retainer

☐ 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: 4/17

Payee name: Prestige Printing

Amount ($): 57914

Payee address: 8 Burrwood Ln; City: SA; State: Tx; Zip Code: 78216

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: Mailer

☐ 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 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; Accounting/Banking; Consulting Expense; Contributions/Donations Made By Candidate/Officeholder/Political Committee; Credit Card Payment; Event Expense; Fees; Food/Beverage Expense; Gifts/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 above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3

2 FILER NAME: Letecia Ozuna

3 Filer ID (Ethics Commission Filer)

4 Date: 4/19

5 Payee name: Alamo Mailing

6 Amount ($): 938 29

7 Payee address: 13114 Lookout Run City: SA State: Tx Zip Code: 78233 SA, Tx

8 PURPOSE OF EXPENDITURE

(a) Category (see Categories listed at the top of this schedule): Printing Expense

(b) Description: Mailer

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit CH/OH

Candidate / Officeholder name: Letecia Ozuna

Office sought: SAISD Trustee SMD3

Office held:

Date: 4/18

Payee name: Prestige Printing

Amount ($): 576 97

Payee address: 8 Burrwood Lane City: SA State: Tx Zip Code: 78216

PURPOSE OF EXPENDITURE

Category (see Categories listed at the top of this schedule): Printing Expense

Description: Mailer

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit CH/OH

Candidate / Officeholder name: Letecia Ozuna

Office sought: SAISD Trustee SMD3

Office held:

Date: 4/18

Payee name: Alamo Mailing

Amount ($): 938 29

Payee address: 13114 Lookout Run City: San Antonio State: Tx Zip Code: 78233

PURPOSE OF EXPENDITURE

Category (see Categories listed at the top of this schedule): Printing Expense

Description: Mailer

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit CH/OH

Candidate / Officeholder name: Letecia Ozuna

Office sought: SAISD Trustee SMD3

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 1	2 FILER NAME: Leticia Ozuna	3 Filer ID (Ethics Commission Filers)

4 Date: 4/10	5 Payee name: Act Blue			
6 Amount ($): 9.48	7 Payee address: 366 Summer	City: Somerville	State: MA	Zip Code: 02144
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.): Service Fees	(b) Description (See instructions regarding type of information required.): Service Fees		
Date:	Payee name: Act Blue			
Amount ($): 5.09	Payee address: 366 Summer	City: Somerville	State: MA	Zip Code: 02144
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.): Service Fees	Description (See instructions regarding type of information required.): Service Fees		
Date: 4/19	Payee name: Act Blue			
Amount ($): 3.01	Payee address: 366 Summer	City: Somerville	State: MA	Zip Code: 02144
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.): Service Fees	Description (See instructions regarding type of information required.): Service Fees		
Date: 4/3	Payee name: Act Blue			
Amount ($): 18.73	Payee address: 366 Summer	City: Somerville	State: MA	Zip Code: 02144
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.): Service Fees	Description (See instructions regarding type of information required.): Service Fees		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K

2 FILER NAME: Letecia Ozuna

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received / Address of person from whom amount is received: City: State: Zip Code	6 Amount ($)
4/9/2025	Frost Bank 111 W Houston St Ste 100 San Tx 78205	0.42
	7 Purpose for which amount is received: interest ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received / Address of person from whom amount is received: City: State: Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received / Address of person from whom amount is received: City: State: Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received / Address of person from whom amount is received: City: State: Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

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