

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 10		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Sayda V	<b>OFFICE USE ONLY</b>  Date Received <b>RECEIVED</b>  <b>JAN 16 2024</b>  BUSINESS OFFICES EAST CENTRAL ISD  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged			
	NICKNAME LAST SUFFIX Sayda Mitchell-Morales Morales				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10434 Green Lake Drive, San Antonio, TX 78223				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 646 ) 725-0867				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Samuel T				
	NICKNAME LAST SUFFIX Sam Mitchell-Morales Mitchell				
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10434 Green Lake Drive, San Antonio, TX 78223				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 508 ) 951-3780				
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 08 / 25 / 23      THROUGH      12 / 31 / 24				
<b>11</b> ELECTION	ELECTION DATE Month Day Year 11 / 05 / 24		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	<b>12</b> OFFICE OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) ECISD School Board			
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<b>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.</b>				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sayda V. Morales		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2409
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 273
	4. TOTAL POLITICAL EXPENDITURES	\$971
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1438
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

*Sayda V. Morales*

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 Sayda Morales, and my date of birth is 02/28/93.

My address is 10434 Green Lake Drive, San Antonio, TX, 78223 USA.  
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 16th day of January, 20 24.  
(month) (year)

*Sayda V. Morales*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Sayda V. Morales

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2409
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$971
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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: <b>6</b>
2 FILER NAME Sayda Morales		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dave Levin</b>	7 Amount of contribution (\$) <b>250</b>
6 Contributor address; City; State; Zip Code <b>250 W 90th St #12A New York, NY 10024-1169</b>		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) KIPP
Date 10/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Abigail Klem</b>	Amount of contribution (\$) <b>250</b>
Contributor address; City; State; Zip Code <b>11 W 10th St New York, NY 10011</b>		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Klem Strategic Consulting
Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amanda Gauthier</b>	Amount of contribution (\$) <b>25</b>
Contributor address; City; State; Zip Code <b>63 Ayers Rd Monson, MA 01057</b>		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Springfield Public Schools
Date 12/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Casey Karel</b>	Amount of contribution (\$) <b>25</b>
Contributor address; City; State; Zip Code <b>247 Burnt Pine Drive Naples, FL 34119</b>		
Principal occupation / Job title (See Instructions) Development		Employer (See Instructions) KIPP NYC

**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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Sayda Morales		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Ledley	7 Amount of contribution (\$) 250
	6 Contributor address; City; State; Zip Code 129 Charles Street Boston, MA 02114	
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Liminality Capital LP
Date 12/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gay Judson	Amount of contribution (\$) 25
	Contributor address; City; State; Zip Code 1507 Spanish Oaks San Antonio, TX 78213	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Levin	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 120 East 87th St Manhattan, NY 1 0128	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy H Hutcheson	Amount of contribution (\$) 25
	Contributor address; City; State; Zip Code 225 East 95th St New York, NY 10128	
Principal occupation / Job title (See Instructions) Science Teacher		Employer (See Instructions) Rye Country Day School

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# SCHEDULE A1

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2 FILER NAME Sayda Morales		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Reilly	7 Amount of contribution (\$) 25
	6 Contributor address; City; State; Zip Code 490 North Road Troy, NY 12180	
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Dynamic Applications, Inc.
Date 12/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Douth	Amount of contribution (\$) 50
	Contributor address; City; State; Zip Code PO Box 685 Woods Hole, MA 02543	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Museum
Date 12/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maryellen Butke	Amount of contribution (\$) 25
	Contributor address; City; State; Zip Code 174 Andrew Comstock Rd Warwick, RI 02886	
Principal occupation / Job title (See Instructions) Network Building Lead		Employer (See Instructions) Organizer Zero c/o New Venture Fund
Date 12/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phyllis Johnson	Amount of contribution (\$) 25
	Contributor address; City; State; Zip Code 220 West 93rd Street Manhattan, NY 10025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Sayda Morales		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafael Mayer	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code 39 Bender Way Pound Ridge, NY 10576		
8 Principal occupation / Job title (See Instructions) Research		9 Employer (See Instructions) Rafael Mayer
Date 10/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Barth	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 885 West End Avenue New York, NY 10025		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Robertson Foundation
Date 10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman Atkins	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 25 Broadway, 3rd Floor Manhattan, NY 10004		
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Array Education
Date 12/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Williams	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 5119 Seneca Dallas, TX 75209		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Sayda Morales		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney Tilson	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code 1165 Fifth Avenue New York, NY 10029		
8 Principal occupation / Job title (See Instructions) Investment Newsletter Publisher		9 Employer (See Instructions) Empire Financial Research
Date 9/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay Brock	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 548 Market St, PMB 66984, San Francisco, CA 94104		
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) No Red Ink
Date 9/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Aguilar	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 410 Administration Dr Lexington, KY 40506-0032		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) University of Kentucky
Date 9/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savannah McDonough	Amount of contribution (\$) 34
Contributor address; City; State; Zip Code 239 Stark St, San Antonio, TX 78204		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) KIPP Texas Public Schools

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# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Sayda Morales		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Hall-Palerm	7 Amount of contribution (\$) 100
	6 Contributor address; City; State; Zip Code 633 Indiana Ave NW, Washington, DC 20004	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) DC Public Defender Service
Date 10/04/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loxley Bennett	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 4494 Palmer Rd N, Bethesda, MD 20814	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Walter Reed Medical Center
Date 10/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Greenblatt	Amount of contribution (\$) 50
	Contributor address; City; State; Zip Code 750 E Adams St, Syracuse, NY 13210	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) SUNY Upstate Medical University
Date 10/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Blair	Amount of contribution (\$) 25
	Contributor address; City; State; Zip Code Coronado Dr, Los Alamos, NM 87544	
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Los Alamos National Laboratory

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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 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Sayda V. Morales	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/16/24	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) 698	<b>7</b> Payee address; City; State; Zip Code 3227 SE Military Dr, San Antonio, TX 78223	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other - Organizational Expense	<b>(b)</b> Description Candidate did not have a working computer and purchased an iPad to connect with voters online and stay organized during campaign.
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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