

# 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) *012* Total pages filed: *5:15*  
*Four (4)*

3 CANDIDATE / OFFICEHOLDER NAME		MS / (MRS) / MR	FIRST	MI	OFFICE USE ONLY		
		<i>Connie</i> LAST <i>Prado</i>			Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
<input type="checkbox"/> Change of Address		[REDACTED]					
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION			
		[REDACTED]					
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		<i>Connie</i> LAST <i>Prado</i>			Date Received		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		[REDACTED]					
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION			
		[REDACTED]					
9 REPORT TYPE		<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED		Month	Day	Year	Month	Day	Year
		<i>01 / 01 / 2022</i>			THROUGH	<i>06 / 30 / 2022</i>	
11 ELECTION		ELECTION DATE			ELECTION TYPE		
<i>N/A</i>		Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
		<i>Trustee, Dist 5, SSAISD</i>			<i>N/A</i>		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
<i>N/A</i>		<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

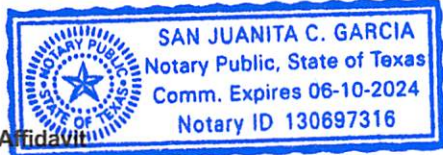
15 C/OH NAME <i>CONNIE PRADO</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>-0-</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>-0-</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>-0-</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>83.98</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>-0-</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>-0-</i>

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.

*Connie Prado*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Connie Prado this the 30<sup>th</sup> day of June

20 22, to certify which, witness my hand and seal of office.

San Juanita C. Garcia San Juanita C. Garcia Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

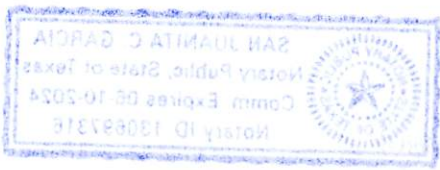
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

STATE OF TEXAS  
COUNTY OF [illegible]

NOTARY PUBLIC

[Handwritten signature]



[Faint, mostly illegible handwritten text]

[Faint, mostly illegible text]

# SUBTOTALS - C/OH

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

19 FILER NAME

*Connie Prado*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>83.98</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

# 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:	2 FILER NAME <i>Connie Prado</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/8/22</i>	5 Payee name <i>Office Depot</i>			
6 Amount (\$) <i>\$ 83.98</i>	7 Payee address;	City	State	Zip Code
	<i>23215 W. Military Dr.</i>			
	<i>SAN ANTONIO, TX</i>	<i>78224</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Other</i>		(b) Description (See instructions regarding type of information required.) <i>School Supplies</i>	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

2020-08-10 07:59:13

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

*Connie Prado*

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Connie Prado*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

*N/A*

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

*N/A*

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

*Connie Prado*

Signature of Officeholder