

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mrs.

FIRST

Sayda

MI

V

NICKNAME

LAST

SUFFIX

Sayda Mitchell-Morales Morales

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

10434 Green Lake Drive, San Antonio, TX 78223

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(646)

725-0867

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr.

FIRST

Samuel

MI

T

NICKNAME

LAST

SUFFIX

Sam Mitchell-Morales Mitchell

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:

CITY:

STATE:

ZIP CODE

10434 Green Lake Drive, San Antonio, TX 78223

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(508)

951-3780

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

09

27

24

THROUGH

Month

Day

Year

10

26

24

11 ELECTION

ELECTION DATE

Month

Day

Year

11

05

24

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

ECISD School Board Trustee

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Sayda V. Morales

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1693

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 36.88

4. TOTAL POLITICAL EXPENDITURES

\$ 3693.32

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 5067.66

OUTSTANDING
LOAN TOTALS

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, U.S.A.
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 28th day of October, 2024.
(month) (year)

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	\$ 1693
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3656.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:

3

2 FILER NAME

Sayda V. Morales

3 Filer ID (Ethics Commission Filers)

4 Date

09/27/24

5 Full name of contributor

Charter Schools Now PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

3005 S Lamar Blvd., Ste. D109 #250, Austin, TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/28/24

Full name of contributor

Rebecca Greenblatt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

108 Ardsley Dr, Syracuse, NY 13215

Principal occupation / Job title (See Instructions)

Assistant Professor

Employer (See Instructions)

SUNY Upstate Medical University

Date

09/28/24

Full name of contributor

Kristian Carranza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

118

Contributor address;

City;

State;

Zip Code

8237 South Flores St, San Antonio, TX 78221

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

Not employed

Date

09/30/24

Full name of contributor

Annelise Gonzalez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

24719 Buck Creek, San Antonio, TX 78255

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

San Antonio board of realtors

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:
3

2 FILER NAME
Sayda V. Morales

3 Filer ID (Ethics Commission Filers)

4 Date
10/02/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Patty Brower

7 Amount of contribution (\$)
100

6 Contributor address; City; State; Zip Code
1180 Coverbrook LN, Sebastian, FL 32958

8 Principal occupation / Job title (See Instructions)
Not Employed

9 Employer (See Instructions)
Not Employed

Date
10/05/24

Full name of contributor out-of-state PAC (ID#: _____)
Whitney Hanna

Amount of contribution (\$)
50

Contributor address; City; State; Zip Code
942 W. 42nd Street, Houston, TX 77018-5312

Principal occupation / Job title (See Instructions)
Assistant Professor

Employer (See Instructions)
Relay Graduate School of Education

Date
10/07/24

Full name of contributor out-of-state PAC (ID#: _____)
Christopher Carmona

Amount of contribution (\$)
250

Contributor address; City; State; Zip Code
13815 Bent Ridge Dr., San Antonio, TX 78249

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Schriver Carmona & Company

Date
10/19/24

Full name of contributor out-of-state PAC (ID#: _____)
Daiana Lambrecht

Amount of contribution (\$)
100

Contributor address; City; State; Zip Code
425 Mary Louise dr, San Antonio, TX 78201

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
Futuro san antonio

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.

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1 Total pages Schedule A1:

3

2 FILER NAME

Sayda V. Morales

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/24

5 Full name of contributor

out-of-state PAC (ID#: 00088924)

Families for Education and Opportunity

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

415 Mary Louise Drive,

San Antonio, TX

78201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22/24

Full name of contributor

out-of-state PAC (ID#: _____)

Inga Cotton

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

537 Abiso Ave,

San Antonio, TX

78209

Principal occupation / Job title (See Instructions)

Nonprofit Executive

Employer (See Instructions)

San Antonio Charter Moms

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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 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.

1 Total pages Schedule F1: 1	2 FILER NAME Sayda V. Morales	3 Filer ID (Ethics Commission Filers)
4 Date 10/02/24	5 Payee name Right Images, Inc.	
6 Amount (\$) 2336.41	7 Payee address; City; State; Zip Code 2027 Sable Lane, San Antonio, TX 78217	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description 2900 2-sided color postcards + postage delivered to voters
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/14/24	Payee name Right Images, Inc.	
Amount (\$) 1320.03	Payee address; City; State; Zip Code 2027 Sable Lane, San Antonio, TX 78217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 2000 small postcards + postage delivered to voters
	<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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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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