

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	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sarah	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Weinberg	Date Received 2024 JUL 6 A 10:19 RECEIVED BOARD SERVICES DALLAS TX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO 226163 Dallas, TX 75222		Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged
	MS / MRS / MR FIRST MI Chris		RECEIVED BOARD SERVICES DALLAS TX
	NICKNAME LAST SUFFIX Peters		
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5112 Victor, Dallas, TX 75214		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 403-9855		
8 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 type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2024 06/30/2024		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Place District 2 District Dallas ISD Dallas		12 OFFICE SOUGHT (if known)

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Weinberg, Sarah		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2,342.04
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,153.98
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



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.

Sarah Weinberg

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Weinberg, this the 3rd day of July, 2024, to certify which, witness my hand and seal of office.

Margaret Thompson Margaret Thompson Notary
Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Weinberg, Sarah		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,600.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 2,342.04
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Weinberg, Sarah		3 Filer ID
4 Date 04/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chabria, Kelli <hr/> 6 Contributor address; City; State; Zip Code 5712 Palo Pinto Dallas, TX 75206	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutcher, Carolyn <hr/> Contributor address; City; State; Zip Code 8808 McCraw Drive Dallas, TX 75209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreke, Jane <hr/> Contributor address; City; State; Zip Code 3644 Greenbrier Dallas, TX 75225	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Elizabeth <hr/> Contributor address; City; State; Zip Code 10200 Hollow Way Rd Dallas, TX 75229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Amy <hr/> Contributor address; City; State; Zip Code 9555 N. Central Expwy Dallas, TX 75237	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/2 Rpt: 5/8

2 FILER NAME

Weinberg, Sarah

3 Filer ID

4 Date

03/05/2024

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Weinberg, Russell

7 Amount of Contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

2651 N. Harwood

Dallas, TX 75201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/30/2024

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Williams, Todd

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

5119 Seneca

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: Sch: 1/3 Rpt: 6/8		2 FILER NAME Weinberg, Sarah		3 Filer ID
4 Date 03/05/2024		5 Payee name Hillcrest High School Foundation		
6 Amount (\$) \$258.41		7 Payee address; City; State; Zip Code 1901 N. Akard St. Dallas, TX 75201		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense auction support		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/20/2024		Payee name LongRun 5K		
Amount (\$) \$250.00		Payee address; City; State; Zip Code 6116 Reiger Avenue Dallas, TX 75214		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense school support		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 04/08/2024		Payee name Mockingbird Elementary Event Sponsorship		
Amount (\$) \$250.00		Payee address; City; State; Zip Code 5828 E. Mockingbird Ln Dallas, TX 75206		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense auction support		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: Sch: 2/3 Rpt: 7/8		2 FILER NAME Weinberg, Sarah		3 Filer ID	
4 Date 06/30/2024		5 Payee name PayPal			
6 Amount (\$) \$21.79		7 Payee address; City; State; Zip Code 2211 N. 1st St. San Jose, CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees for reporting period	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/23/2024		Payee name Trinity Public Affairs			
Amount (\$) \$724.60		Payee address; City; State; Zip Code 5828 E. Mockingbird Ln Dallas, TX 75206			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/20/2024		Payee name Trinity Public Affairs			
Amount (\$) \$537.24		Payee address; City; State; Zip Code 5828 E. Mockingbird Ln Dallas, TX 75206			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: Sch: 3/3 Rpt: 8/8		2 FILER NAME Weinberg, Sarah		3 Filer ID	
4 Date 02/27/2024		5 Payee name Woodrow Band Booster			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 100 S Glasgow Drive Dallas, TX 75214			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Band fundraise	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/21/2024		Payee name Woodrow Choir and Theater Booster			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 100 S. Glasgow Drive Dallas, TX 75214			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAT fest contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	