

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:  7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>(MRS)</u>	FIRST <u>LETICIA</u>	MI <u>Z</u>
	NICKNAME <u>LETTI</u>	LAST <u>BRESNAHAN</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>643 Ridge TRACE</u> <u>San Antonio, TX 78258</u>		
	Date Received <b>MAY 03 2012</b>  NORTH EAST ISD		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(210)</u>	PHONE NUMBER <u>859-2991</u>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>(MRS)</u>	FIRST <u>MELISSA</u>	MI <u>N</u>
	NICKNAME <u>THORNE</u>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>15711 Deer Crest</u> <u>San Antonio, TX 78248</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(210)</u>	PHONE NUMBER <u>493-7949</u>	EXTENSION
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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <u>4 / 3 / 12</u> <u>5 / 2 / 12</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 12 / 12</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <u>NEISD District 6 Trustee</u>	13 OFFICE SOUGHT (if known) <u>NEISD District 6 Trustee</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

Letti Bresnahan

16 ACCOUNT # (Ethics Commission Filers)

17 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

Re Elect Letti Bresnahan

COMMITTEE ADDRESS

643 Ridge Trace  
San Antonio, TX 78258

COMMITTEE CAMPAIGN TREASURER NAME

MELISSA THORNE

COMMITTEE CAMPAIGN TREASURER ADDRESS

15711 Deer Crest  
San Antonio, TX 78248☐ additional pages18 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

199.00

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

\$

2749.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

16.78

4. TOTAL POLITICAL EXPENDITURES

\$

3,192.77

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

306.23

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

19 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.



Signature of Candidate or Officeholder

5-3-2012

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leticia Z. Bresnahan, this the 3 day of may, 20 12, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

LETTI Bresnahan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/19/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

Glenn A HALL &amp; MINDI ALTERMAN

6 Contributor address; City; State; Zip Code

411 Bluffcrest  
San Antonio TX 782167 Amount of  
contribution (\$)250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/19/12

Full name of contributor

☐ out-of-state PAC (ID#)

ALAN W &amp; Michelle E KRAPE

Contributor address; City; State; Zip Code

17211 Fawn CV  
San Antonio, TX 78248Amount of  
contribution (\$)100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/12

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas J &amp; Kathleen Fitzsimmons

Contributor address; City; State; Zip Code

3 INWOOD FORK  
San Antonio, TX 78248Amount of  
contribution (\$)150<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/12

Full name of contributor

☐ out-of-state PAC (ID#)

Frank G &amp; Juliana Jarzombek

Contributor address; City; State; Zip Code

22 Palace Place  
San Antonio, TX 78248Amount of  
contribution (\$)100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/12

Full name of contributor

☐ out-of-state PAC (ID#)

Marc D. &amp; Jonquil D. Feldman

Contributor address; City; State; Zip Code

11 Royal Gardens  
San Antonio, TX 78248Amount of  
contribution (\$)250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LETTI BRESNAHAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/6/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

James Kevin Oncken &amp; Diane F. Oncken

6 Contributor address; City; State; Zip Code

3017 Reba DR.  
Houston, TX 770197 Amount of  
contribution (\$)100<sup>00</sup>8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/4/12

Full name of contributor

☐ out-of-state PAC (ID#)

RANPALL A. Pulman

Contributor address; City; State; Zip Code

5 Charterwood  
San Antonio, TX 78248Amount of  
contribution (\$)250<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/12

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Weiss

Contributor address; City; State; Zip Code

8207 Callaghan Ste 400  
San Antonio, TX 78230Amount of  
contribution (\$)200<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/12

Full name of contributor

☐ out-of-state PAC (ID#)

Chris A &amp; Annette Castillo

Contributor address; City; State; Zip Code

17214 Eagle Hollow  
San Antonio, TX 78248Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/12

Full name of contributor

☐ out-of-state PAC (ID#)

PSCO PAC

Contributor address; City; State; Zip Code

100 NE Loop 410, Ste 1100  
San Antonio, TX 78216Amount of  
contribution (\$)250<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Letti Bresnahan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/27/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. &amp; MRS. LARRY McBEER

6 Contributor address; City; State; Zip Code

500 E. Greenwood  
Del Rio TX 788407 Amount of  
contribution (\$)100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/27/12

Full name of contributor

☐ out-of-state PAC (ID#)

Steven W. &amp; Sylvia Garza

Contributor address; City; State; Zip Code

310 Ridge Bluff  
San Antonio, TX 78216Amount of  
contribution (\$)125<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/12

Full name of contributor

☐ out-of-state PAC (ID#)

Beverly J. Milan

Contributor address; City; State; Zip Code

15606 Cloud Top  
San Antonio, TX 78248Amount of  
contribution (\$)75<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/12

Full name of contributor

☐ out-of-state PAC (ID#)

Dipen &amp; Anurita Parekh

Contributor address; City; State; Zip Code

1311 Greystone Ridge  
San Antonio, TX 78258Amount of  
contribution (\$)250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/01/12

Full name of contributor

☐ out-of-state PAC (ID#)

Randall &amp; Cheryl Bristow

Contributor address; City; State; Zip Code

8706 Golden PT  
San Antonio, TX 78239Amount of  
contribution (\$)250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME

Hetti Bresnahan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/26/12

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Farranond Castillo-Bresnahan PC

6 Contributor address; City; State; Zip Code

130 E. Travis, Ste 350  
San Antonio, TX 78205

7 Amount of contribution (\$)

\$250

8 In-kind contribution description (if applicable)

Postage Stamps

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/26/12

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Beldon Roofing Co.

Contributor address; City; State; Zip Code

5039 W. Avenue  
San Antonio, TX 78213

Amount of contribution (\$)

\$448

In-kind contribution description (if applicable)

Postage Stamps

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <u>1</u>	<b>2</b> FILER NAME <u>Letti Bresnahan</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <u>4/6/12</u>	<b>5</b> Payee name <u>Allied Advertising</u>	
<b>6</b> Amount (\$) <u>859.59</u>	<b>7</b> Payee address; City; State; Zip Code <u>3700 Blanco Rd</u> <u>San Antonio, TX 78212</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <u>Signs</u>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <u>4/19/12</u>	Payee name <u>UT PRINT</u>	
Amount (\$) <u>852.82</u>	Payee address; City; State; Zip Code <u>7703 Floyd Curl Drive</u> <u>San Antonio, TX 78229</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Printing</u>	Description (If travel outside of Texas, complete Schedule T) <u>Mailers</u>
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <u>4/23/12</u>	Payee name <u>NEISD</u>	
Amount (\$) <u>184.18</u>	Payee address; City; State; Zip Code <u>Tesoro</u> <u>San Antonio, TX</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Printing</u>	Description (If travel outside of Texas, complete Schedule T) <u>Labels - Mailers</u>
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <u>5/01/12</u>	Payee name <u>Letti Bresnahan</u>	
Amount (\$) <u>1,280</u>	Payee address; City; State; Zip Code <u>643 Ridge Trace</u> <u>San Antonio, TX 78258</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Reimburse</u>	Description (If travel outside of Texas, complete Schedule T) <u>Postage for Mailers</u>
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		