

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:

3

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS/MRS/MR

FIRST

MI

Leticia

Z

NICKNAME

LAST

SUFFIX

Letti

Bresnahan

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

643 Ridge Trace, San Antonio, TX
78258
☐ change of address

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(210)

859-2991

**6 CAMPAIGN
TREASURER
NAME**

MS/MRS/MR

FIRST

MI

Melissa

N

NICKNAME

LAST

SUFFIX

THORNE

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

15711 DeerCrest, San Antonio, TX 78248

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(210)

493-7949

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 \$500
limit

☐ Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month

Day

Year

2 / 10 / 12

THROUGH

Month

Day

Year

4 / 12 / 2012

11 ELECTION

Month

ELECTION DATE

Day

Year

5 / 12 / 12

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☒ Special

12 OFFICE

OFFICE HELD (if any)

NEISD DISTRICT 6 TRUSTEE

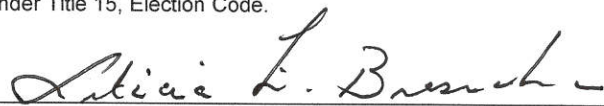
13 OFFICE SOUGHT (if known)

NEISD DISTRICT 6 TRUSTEE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Letti Bresnahan</u>		15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <small>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.</small>			
COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages		COMMITTEE NAME <u>Re Elect Letti Bresnahan Campaign</u> COMMITTEE ADDRESS <u>643 Ridge Trace, San Antonio, TX 78258</u> COMMITTEE CAMPAIGN TREASURER NAME <u>Melissa Thorne</u> COMMITTEE CAMPAIGN TREASURER ADDRESS <u>15711 Deer Crest, San Antonio, TX 78248</u>	
17 CONTRIBUTION TOTALS		1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
		\$ <u>100</u>	
EXPENDITURE TOTALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
		\$ <u>750</u>	
CONTRIBUTION BALANCE		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	
		\$ <u>-0-</u>	
OUTSTANDING LOAN TOTALS		4. TOTAL POLITICAL EXPENDITURES	
		\$ <u>-0-</u>	
		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	
		\$ <u>750</u>	
		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	
		\$	
18 AFFIDAVIT <p style="text-align: right;">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.</p> <div style="text-align: right; margin-top: 20px;">  Signature of Candidate or Officeholder </div> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Letitia L. Bresnahan</u>, this the <u>10</u> day of <u>April</u>, 20 <u>12</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <u>Morie King</u> Signature of officer administering oath </div> <div style="width: 30%;"> <u>Morie King</u> Printed name of officer administering oath </div> <div style="width: 30%;"> <u>Notary</u> Title of officer administering oath </div> </div>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

LETTI BRESNAHAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/9/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

Bradford D Beldone Susan S Beldone

6 Contributor address; City; State; Zip Code

35 Royal Waters Dr
San Antonio, TX 78248

7 Amount of contribution (\$)

200⁰⁰

(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

3/2/12

Full name of contributor

☐ out-of-state PAC (ID#)

Paula Sussman Abrams David Abrams

Contributor address; City; State; Zip Code

26 Palace Place Dr.
San Antonio, TX 78248

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/12

Full name of contributor

☐ out-of-state PAC (ID#)

Gloria Z. Canseco

Contributor address; City; State; Zip Code

19 Jackson Ct
San Antonio, TX 78230

Amount of contribution (\$)

250⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/12

Full name of contributor

☐ out-of-state PAC (ID#)

South Texas Cable

Contributor address; City; State; Zip Code

10203 Kotzebue #115
San Antonio, TX 78217

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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

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