

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 Filer) | 2. Total pages filed |
| 3. CANDIDATE / OFFICEHOLDER NAME | MR / MRS / MR | FIRST <i>Leslie</i> | MI | OFFICE USE ONLY | |
| | LAST NAME | <i>SCHANDELZ</i> | SUFFIX | Date Received | |
| 4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE |
| | <i>508 CANTERBURY HILL SA, TX 78209</i> | | | | |
| <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address and Name | | | | | |
| 5. CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | | EXTENSION | |
| | <i>(210)</i> | <i>333-8865</i> | | | |
| 6. CAMPAIGN TREASURER NAME | MR / MRS / MR | FIRST <i>Shannon</i> | MI | Date Hand-Delivered or Date Postmarked | |
| | NICKNAME | LAST <i>MURPHY</i> | SUFFIX | Receipt # | |
| 7. CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE) | | APT / SUITE # | CITY | STATE ZIP CODE |
| | <i>508 CANTERBURY HILL</i> | | | | |
| 8. CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | | EXTENSION | |
| | <i>(210)</i> | <i>374-6665</i> | | | |
| 9. REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Bi-monthly <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeds \$50,000 limit <input type="checkbox"/> 15th day after campaign treasurer and campaign committee (file under One) <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10. PERIOD COVERED | Month | Day | Year | Month | Day |
| | <i>10/3/2020</i> | | | <i>10/26/2020</i> | |
| 11. ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Run-off |
| | <i>11/3/2020</i> | | | <input type="checkbox"/> General | <input type="checkbox"/> Other Description <input type="checkbox"/> Special |
| 12. OFFICE | OFFICE HELD (if any) | | | 13. OFFICE SOUGHT (if known) | |
| | | | | <i>ACCA TRUSTEE PLACE 9</i> | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 FILE ID (Ex: Commission Filers)

16 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 |
|---|--------------------------------------|
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| <input type="checkbox"/> Additional Pages | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) UNLESS ITEMIZED

\$ 0

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

\$ 0

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

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

\$ 0

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

\$ 0

18 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.

Leslie Sachanowicz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said LESLIE SACHANOWICZ, this the 27th day of OCTOBER, 2020, to certify which, witness my hand and seal of office.

Mary Pietrarez
Signature of officer administering oath

MARY PIETRAZEK

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

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 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST <i>Leslie</i> | MI | OFFICE USE ONLY | | | | |
| | NICKNAME | LAST <i>SACHANOWICZ</i> | SUFFIX | Date Received | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE | | | |
| | <i>508 CANTERBURY HILL SAN ANTONIO, TX 78209</i> | | | | | RECEIVED | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | | |
| | <i>(210) 883-8565</i> | | | | | JAN 16 2026 @ 2:51 PM | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Date Hand-delivered or Date Postmarked | | | | |
| | NICKNAME | LAST <i>Shannon</i> | SUFFIX <i>MURPHY</i> | ALAMO COLLEGES DISTRICT OFFICE OF LEGAL SERVICES | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE) | | | CITY | STATE ZIP CODE | | | |
| | <i>508 CANTERBURY HILL, SA, TX 78209</i> | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | | |
| | <i>(210) 379-6665</i> | | | | | | | |
| 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 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 <i>11</i> | Day <i>3</i> | Year <i>2020</i> | Month <i>5</i> | Day <i>1</i> | Year <i>2026</i> | | |
| | | | | THROUGH | | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | | | | |
| | Month <i>11</i> | Day <i>3</i> | Year <i>2020</i> | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | | | |
| | | | | | | | | |
| 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 | | | | | |
| | | <input type="checkbox"/> GENERAL | | | | | | |
| | | <input type="checkbox"/> SPECIFIC | | | | | | |
| | | | | | | | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

LESLIE SACHANOWICZ

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)

\$ 0 —

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ 0 —

CONTRIBUTION
BALANCE

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

\$ 0 —

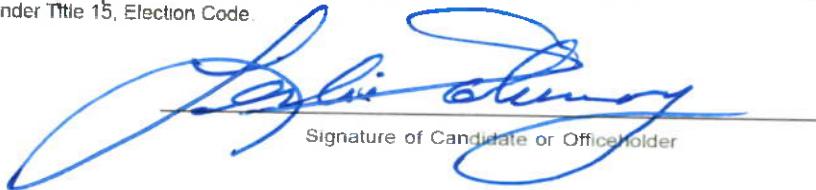
OUTSTANDING
LOAN TOTALS

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

\$ 0 —

18 SIGNATURE

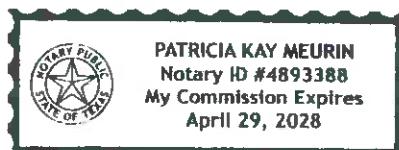
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leslie Sachanowicz this the 16th day of January
20 20, to certify which, witness my hand and seal of office.

Peter-Keay Meurin
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)