#### FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mr Joshua NAME Date Received JUL15'19 1:19PM **NICKNAME** LAST SUFFIX Josh Acevedo CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2721 Copper Ave MAILING Receipt # Amount **ADDRESS** Change of Address El Paso, TX 79930 Date Processed Date Image CAMPAIGN MS/MRS/MR FIRST МІ **TREASURER** Mr. Keny Michael NAME NICKNAME LAST SUFFIX Apodaca CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CITY; TREASURER 3323 Sacramento Ave **ADDRESS** (Residence or Business) El Paso,TX 79930 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER (915)252 - 4520 PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Х July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED 06/06/2019 THROUGH 06/30/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Other Primary X Runoff 06/15/2019 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) El Paso ISD Trustee District 3 **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER REPORT:

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

SOFFORT	& TOTALS			2 of 10	
13 C / OH NAME	Acevedo, Josh		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or officeho	older's knowledge or	
Additional Pages	COMMITTEE TYPE  GENERAL	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
	9	COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 375.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES			<b>\$</b> 5,135.43	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7,0			\$ 7,049.00	
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.  ELIZABETH CARRASCO My Notary ID # 10435415 Expires September 5, 2019  Signature of Candidate or Officeholder					
AFFIX NO	TARY STAMP / SEAL AB	OVE		. Uo	
Sworn to and subso	Sworn to and subscribed before me, by the said				
Signature of office	er administering	Printed name of officer administering	Title of officer ac	Motany dministering oath	

SUBTOTALS - C/OH	С	FORM C/OH OVER SHEET PG 3 3 of 10
18 FILER NAME Acevedo, Josh	19 Filer ID	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		30BTOTAL AWGONT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 375.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE E: LOANS		\$ 4,111.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 5,135.43
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	\$	
Forms provided by Texas Ethics Commission was athics state by us		Version V1.1 0ot01 a4a

MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/10	· · · · ·
2 FILER NAME Acevedo, Jo			3	Filer ID	
4 Date 06/10/2019	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Aragon, Gabriel and Soledad</li> <li>Contributor address; City; State; Zip Code 213 Yolanda</li> <li>El Paso, TX 79915</li> </ul>		7	Amount of Contribution (\$)	\$100.00
8 Principal occu	<del></del>	9 Employer (See Instructions	<u> </u>		
Date 06/11/2019	Full name of contributor out-of-state PAC (ID#:_ Aragon, Laura Contributor address; City; State; Zip Code 331 Rio Verde El Paso, TX 79912			Amount of Contribution (\$)	\$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
Date 06/09/2019	Full name of contributor out-of-state PAC (ID#:_ Cooper, Theodore Contributor address; City; State; Zip Code 7401 Camino Del Sol			Amount of Contribution (\$)	\$50.00
Principal occu	El Paso, TX 79911  upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	a land and a	
r moipar occi	pation 7 300 title (See instituctions)	Employer (See manucuons	<u>'</u>		
Date 06/11/2019	Full name of contributor out-of-state PAC (ID#:_ Dominguez, Cecilla  Contributor address; City; State; Zip Code 11473 Nettie Rose  El Paso, TX 79936			Amount of Contribution (\$)	\$75.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Date 06/09/2019	Full name of contributor out-of-state PAC (ID#:_ Martinez, Carlos  Contributor address; City; State; Zip Code 6301 Jebel  El Paso, TX 79912	)		Amount of Contribution (\$)	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	<u>_</u>				

LOANS				SCHEDULE E
The Instruction	on Guide explains how to complete this f	form.		ges Schedule E: 1 Rpt: 5/10
2 FILER NAME Acevedo, Josh			3 Filer ID	
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan 06/30/2019	7 Name of lender out-of-state PA Acevedo , Joshua	C (ID#:		9 Loan Amount (\$) \$4,111.00
6 Is lender a financial institution?	8 Lender address; City; State; 2721 Copper	Zip Code		10 Interest Rate
No	El paso, TX 79930			11 Maturity Date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col  X None	lateral	15 Check if personal funds wer	re deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code	••••••	
				:
20 Principal occupation	on	21 Employer (See Instructions)	)	
<u> </u>	Toyas Ethios Commission			Version VI 1 0ef01e4e

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 on, not listed about

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/5 Rpt: 6/10	Acevedo, Josh
4	Date	5 Payee name
	06/30/2019	Apodaca, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	3323 Sacramento
		El Paso, TX 79930
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Management
Ļ	Complete ONII V if direct	Conditions/Officeholder name Office acusts
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/07/2019	Fulkerson, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$385.00	2809 Yarbrough Apt. 4
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Voter Contact
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	06/20/2019	Fulkerson, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$352.00	2809 Yarbrough Apt. 4
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
İ	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Voter Contact Voter Contact
_	Complete ON!! V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_		
L		
	rms provided by Tayas E	thics Commission value othics state by us

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

	Credit Card Payment	The Instruction Guide explains how to c	omple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
	Sch: 2/5 Rpt: 7/10	Acevedo, Josh			
4	Date	5 Payee name			
	06/30/2019	Fulkerson, Joseph			
6	Amount (\$)	7 Payee address; City; State; Zip C	ode		
	\$93.50	2809 Yarbrough Apt. 4			
		El Paso, TX 79925			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense  Voter Contact	
				voici comusi	
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uαht	Office held	_
	expenditure to benefit C/OI		-5		
H	Date	Payee name			=
	06/06/2019	Garcia, Juan			
	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$403.00	608 Francis			
		El Paso, TX 79905			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense  Voter Contact	
				Voice Contact	
-	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held	
	expenditure to benefit C/O		•		
	Date	Payee name			=
	06/20/2019	Garcia, Juan			
-	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$352.00	608 Francis			
		El Paso, TX 79905			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	_
	OF EXPENDITURE	Consulting Expense	Ì	Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense	
				Voter Contact	
_	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u> uaht	Office held	$\dashv$
	expenditure to benefit C/OI	1	~~~		
		<del></del>			$\dashv$
	rms provided by Tayon F				

#### POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 3 Filer ID FILER NAME Sch: 3/5 Rpt: 8/10 Acevedo, Josh 4 Date Payee name 06/30/2019 Garcia, Juan Payee address; 6 Amount (\$) City; State; Zip Code \$93.50 608 Francis El Paso, TX 79905 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/13/2019 **H&H Mailing and Printing Services** Amount (\$) Payee address; City; State; Zip Code \$420.46 9431 Carnegie Ave El Paso, TX 79925 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) **OF** Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailing services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/06/2019 Morrow, Jonah Amount (\$) Payee address; City; State; Zip Code \$325.00 10736 Capt Valtr El Paso, TX 79924 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

		EXPENDITURE CA	ATEGORIES FOR I	3OX 8(a)	
Advertising Expens Accounting/Bankin Consulting Expens Contributions/ Don Candidate/Offic Credit Card Payme	g se ations Made By - seholder/Political Committee	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Exper Legal Services The Instruction Guide 6	Office Overh Polling Expense Printing Expense Salaries/Wag	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)
Total nages Sci	hedule F1: 2 FILER NA		explains now to com	nete tills form.	3 Filer ID
Sch: 4/5 Rp					
Date	5 Payee na				
06/20/2019	Morrow,				
Amount (\$)	7 Payee ac		State; Zip Code	<u> </u>	
· (•)	1 -	capt Valtr	J. J		
	El Paso,	TX 79924			
PURPOSE OF EXPENDITUR	Consulti	(See Calegories listed at the top ng Expense	of this schedule)	<u></u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense t
Complete ONL' expenditure to l		Officeholder name	Office sough	t	Office held
Date	Payee na	me			· · · · · · · · · · · · · · · · · · ·
06/30/2019	Morrow,				
Amount (\$)	\$93.50 Payee ac 10736 C	ldress; City; capt Valtr	State; Zip Code	•	
	El Paso,	TX 79924			
PURPOSE OF EXPENDITUR	Consulti	(See Categories listed at the top ng Expense	of this schedule)	<b>≔</b>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
OF	Consulti  Y if direct Candidate.		of this schedule) (I	Check if travel	, TX, officeholder living expense
OF EXPENDITUR	Consulti  Y if direct Candidate.	ng Expense /Officeholder name		Check if travel	, TX, officeholder living expense t
OF EXPENDITURE Complete ONL expenditure to I	Consulti  Y if direct Candidates benefit C/OH  Payee na	ng Expense /Officeholder name		Check if travel	, TX, officeholder living expense t
OF EXPENDITURE  Complete ONL expenditure to I	Y if direct Candidates benefit C/OH  Payee na Regency	ng Expense  Officeholder name  me y Printing		Check if travel Check if Austin Voter Contac	, TX, officeholder living expense t
OF EXPENDITURE  Complete ONL expenditure to 1  Date  06/12/2019	Y if direct benefit C/OH  Payee na Regency Payee ac 2313 N	Officeholder name  The printing lidress; City;	Office sough	Check if travel Check if Austin Voter Contac	, TX, officeholder living expense t
OF EXPENDITURE  Complete ONL expenditure to 1  Date  06/12/2019	Y if direct benefit C/OH  Payee na Regency \$261.97 2313 N  El Paso  (a) Category	Officeholder name  Perinting Idress; City; Piedras St	Office sough	Check if travel Check if Austin Voter Contact  t  Description Check if travel	TX, officeholder living expense  Office held  outside of Texas. Complete Schedule T.  TX, officeholder living expense

#### POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID FILER NAME 1 Total pages Schedule F1: 2 Sch: 5/5 Rpt: 10/10 Acevedo, Josh 4 Date Payee name 06/06/2019 Vega, Kat Pavee address; City; State; Zip Code 6 Amount (\$) \$220.00 2809 Yarbrough Apt 4 El Paso, TX 79925 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/20/2019 Vega, Kat Amount (\$) Payee address; State; Zip Code \$352.00 2809 Yarbrough Apt 4 El Paso, TX 79925 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 06/30/2019 Vega, Kat Amount (\$) Payee address; City; State; Zip Code \$181.50 2809 Yarbrough Apt 4 El Paso, TX 79925 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MBS/MR  NICKNAME  LAST  Call  SUFFIX	OFFICE USE ONLY  Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  6006 N NES9 5+ #604  El Paso , TX 7991)  AREA CODE PHONE NUMBER EXTENSION  (915) 308 5994	JUL15 '19 12's  15 Jaol9  Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI E  NICKNAME Sarah E  NICKNAME Brito	Receipt # Amount \$  Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  808 (resta Alta Dr.  El Paso, 1479912	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (9/5) 525-5509			
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year  4 / 28 / 19 THROUGH 7 /	Day Year / 15 / 19		
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special			
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known P P 15 D i S + ric +	Truskee 7		
	GO TO PAGE 2			

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME		1	5 Filer ID (Ethics 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			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,505		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 145.55				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,505		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	**************************************		
18 AFFIDAVIT					
ELIZABETH CARRASCO My Notary ID # 10435415 Expires September 5, 2019  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					
		Olympia of Carlo			
AFFIX NOTARY STAME		7 -1 - A 11	1 THA		
Sworn to and subscr	ibed before me, b	by the said Danel E. Call	, this the		
day of July		o certify which, witness my hand and seal of office.			
Ugutt	(aus)	to Blizabeth Carrasce			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
21	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,505 \$ 3,654.	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	s \$ 3,654.	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	. contributions \$ /3,505	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR RETURNED TO FILER	BUTIONS \$	

MONETARY POLITICAL CON	NTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to compl	lete this form.	1 Total pages Schedule A1:
2 FILER NAME Daniel Call		3 Filer ID (Ethice Commission Filers)
4 Date 5 Full name of contributor cut-el-	state PAC (IDS:)	7 Amount of contribution (\$)
7/28/19 & Contributor endress; City; 8001-E Mesa St#	State; Zip Code	100
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	
Date Full name of contributor   cut-cl-	atate PAC (IDs:)	Amount of contribution (\$)
7/28/19 Juan Teixeita  Contributor address: City:  848 Via Descanso	State; Zip Code	50
898 Via Descanso  Principal occupation / Job title (See Instructions)	Dr, El Paso, TX 7	991)_
	Linpley of Coro House	
	riate PAC (IDS:)	Amount of contribution (\$)
2/21/19 Jess Nelson City: 6229 La Posta Dr. E.	State: Zip Code 1 Paso TX, 79912	50
Principal occupation / Job title (See Instructions)	Employer (See Instructi	ona)
1 77 1 - 1	tale PAC (IDe:)	Amount of contribution (6)
2/19/19 Alayna Christia contributor address: City: 2333 Campus Dr Cottonwood Heights, Ut	nsc n State: Zip Gode	25
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ans)
ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	DED .
ff contributor is out-of-state PAC, please sec	e instruction guide for additional re	porting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME Daniel Call	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor   cut-of-state FAC (IDF:)  2/19/19	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tione)
Date Full name of contributor   Out-of-state PAC (IDI):	Amount of contribution (\$)
3/2-8/19 Contributor address: City: State: Zip Code 3/2-8/19 Contributor address: City: State: Zip Code 3/12 Hero Paint Place, 79938	300
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date  Full name of contributor  Contributor address;  City; State; Zip Gode  14856 Canyon Breeze Place Ln, 7978  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Date  Full name of contributor  Diana Cambbell  Contributor address;  City; State; Zip Code  1453 Plaza Roja Ct, 79912  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9		
2 FILER NAME Daniel Call	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor   out-of-state PAC (IDS:)	7 Amount of contribution (\$)		
3/29/19 flame Nev. 6 contributor address; City; State; Zip Code 36306 fleming way Ave North Branch, MN 55056	100		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	stions)		
Date Full name of contributor   out-of-state PAC (IDS:)	Amount of contribution (\$)		
3/29/19 Stephanic Deming City: State: Zip Code 63/6 State Snow heights Ct, 799/2	50		
Principal occupation / Job title (See Instructions) Employer (See Instruc	aliona)		
Date Full name of contributor out-of-state PAC (IDS:	Amount of contribution (\$) 8,000		
Principal occupation / Job title (See Instructions) Employer (See Instruc	stions)		
Date Full name of contributor   cut-of-state PAC (IDS:)  3/28/19 Admin 3 Sorgh Brito  Contributor address; City; State; Zip Code	Amount at contribution (5)		
SOS Cresta Alta Dr. 79912	, 0		
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions) .		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI ti contributor is out-of-state PAC, please see instruction guide for additional	EEDED reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME Daniel Call	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor   out-of-state PAC (IDS:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date Full name of contributor   cut-of-state PAC (tos:)	Amount of contribution (5)
Lisa Schoenbrun 3/28/19 Contributor address: City; State; Zip Code 6609 Camino Fuerte Dr, 79912	50
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
Date Full name of contributor   Out-of-state PAC (108:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date  Full name of contributor   out-of-state PAC (10s:)  Georgina Williams  Contributor address: City: State; Zip Code  630 Moondale Drive, 79912	Amount of contribution (\$)
Principal accupation / Job title (See Instructions) Employer (See Instruc	alons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
If contributor is out-of-state PAC, please see instruction guide for additional	reporting requirements.

MONETARY POLIT	SCHEDULE A1				
The Instruction Guide exp	1 Total pages Schedule A1:				
2 FILER NAME Lanie	el Call	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contrib	outer	7 Amount of contribution (\$)			
4-6-19 6 Contributor address	A. Janes s; City; State; Zip Code Ne Rangue Dr., 79912	50			
8 Principal occupation / Job title (See Inc	1/e Ringive Dr., 799D structions) 9 Employer (See Instru	ctions)			
8 Principal occupation / Job title (See iti	a Emblose (age many	шина			
Date Full name of contrib		Amount of contribution (\$)			
4-7-19 Contributor address	Corke Z. s: City; State; Zip Code	150			
16265 +	ranklin Lair, 79912				
Principal occupation / Job title (See Ins	tructions) Employer (See Instruc	20018)			
Date Full name of contrib  Hary R  Contributor/address	autor aut-of-state PAC (IDF:	Amount of contribution (\$)			
1004 5	ingning Singing Hills, 7	9912			
Principal occupation / Job title (See Ins	Employer (See Instruc	ctions)			
Date Full name of contrib	out-of-state PAC (ID#:)	Amount of contribution (\$)			
Contributor address	State; Zip Code				
Principal occupation / Job title (See Inst	tructions) Employer (See Instruc	tilons)			
·					
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
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Daniel Call	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4-5-19 6 Contributor address; City; State; Zip Code	15
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tians)
Date Full name of contributor out-of-state PAC (IDF:)	Amount of contribution (\$)
4-5-19 SylVia Tolman  Contributor address; City; State; Zip Code	15
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor Out-of-state PAC (IDs:)	Amount of contribution (\$)
4-5-19 Alexis Rich Contributor address; City; State; Zip Code	20
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name/Ol/contributor   out-of-state PAC (IDS:	Amount of contribution (\$)
4-6-19 Jeft 7 Jaime Hadfield. Contributor address; City; State; Zip Code 1885 5 250 W. Perny, UT, 84302	250
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional	EEDED reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1					
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)					
4-5-19 Christine Janes City; State; Zip Code  1088 Calle Parque Dr. 79912	500					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)					
8 Principal occupation / 300 title (See Institutions) / 3 Zimpleyor (See Institutions)	,					
Date Full name of contributor □ oul-of-state PAC (ID#:)	Amount of contribution (\$)					
Historial counting (See Instructions)  Date  Anna Waldran  Contributor address; City; State; Zip Code  721 Stone health Ct  Employer (See Instructions)  Employer (See Instructions)	40					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(anoi					
Principal occupation / Job title (See Instructions) Employer (See Instruct						
Date Full name of contributor	Amount of contribution (\$)					
4-5-19 Carmen Bastian Contributor address; City; State; Zip Code	5					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)					
Date Full name of contributor	Amount of contribution (\$)					
4-5-19 Cassandra Meiners  Contributor address; City; State; Zip Code	10					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED					
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Daniel Call	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor   out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor   out-of-state PAC (ID#: ) Georgina Williams Contributor address; City; State; Zip Code 629 Moondale Drive, 79912	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor  ASSOCIATION of General Confined  General Confined  Contributor address; City; State; Zip Code  Frincipal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  250  tions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
4-22 Richard Bonard Contributor address; City; State; Zip Code 6524 Loma De Cristo, 79912	200
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1						
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME	Daniel Call		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	; (ID#:)	7 Amount of contribution (\$)			
4/29/19	Robert & Sally Dinsk 6 Contributor address; City; State 659 Vera C+ 799	Y) 0 0	\$ 100			
	659 Vera (+ 799					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)			
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)			
4/29/19	Contributor address; City; State  5729 Burning Tree  pation / Job title (See Instructions)	; Zip Code	\$ 100			
	5729 Burning Tree	79912	, , 00			
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	iions)			
Date	Full name of contributor		Amount of contribution (\$)			
5/24/19	Kids First of El Pa Contributor address; City; State 4110 Rio Bravo Dr S	; Zip Code	\$1,000			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	noris)			
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)			
	Contributor address; City; State	; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

NON-MONETARY (IN-KIND) POLITI CONTRIBUTIONS	CAL SCHEDULE A2
The instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME Daniel Call	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor   out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description  104491 Fondraising
629 Moondale Dr. 7991	Check if travel outside of Texas. Complete Schadule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor   out-of-state PAC (IDE:  4.27-19 American Federation of Technology Contributor address; City; State; Zip Contributor   Out-of-state PAC (IDE:  4024 Trawbridge Dr., 799	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED  s guide for additional reporting requirements.

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS In-kind contribution 6 Full name of contributor description 11 Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Contribution \$ Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The	e instruction Guide explains how to complete this form		1 Total pages Schedule A2:
2 FILER NAME Danie/ Call		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS	\$
5 Date 5/4/19	6 Full name of contributor out-of-state PAC (ID#:  Georgina William 5  7 Contributor address; City; State; Zip Cod  6 7 Moondale Dr, 79912		8 Amount of 9 In-kind contribution description  75000 Faced 3 Beverage  Expanse  Check if travel outside of Texas. Complete Schedule T.  er (FOR NON-JUDICIAL) (See Instructions)
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Co.	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
11	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruction		<del></del>

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
	unting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Re ulting Expense Polling Expense Travel In District			
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME	; //	3 Filer ID (Ethics Commission Filers)	
4 Date Variuu S	5 Payee name Sun (rmle 5	trategic 6	raus	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	/	
12,207.71	501 E Nevada, E	1 Paso, TX	79907	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol Printing Expose Exp Advertising Expanse	Ansc Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Рауее пате	1		
7/12/19	Rusty Boot	4		
Amount (\$)	Payee address; City; State; Zig	Code		
69.55	240 Fremant	Ln		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this solution in the solution of the solution in		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Variaus	Payee name Fay pall F	Paypol		
Amount (\$) 48.34	Payee address; City; State; Zip	ocode First St, Sa	n Jose CA 9513	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEI	EDED	

	1	EXPENDITURE CATE	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food y Gilt/A	t Expense /Beverage Expense .wards/Memorials Expense I Services	Office Overh Polling Expe Printing Exp		Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment	The	e Instruction Guide expla	ins how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Daniel	Ca11	/	3 Filer ID (Ethio	cs Commission Filers)
4 Date 72/22/19	5 Payee name	Chris +	lanna			
6 Amount (\$)	7 Payee address	,	Zip Code	•		
400	5801	/ Silver =	pring	s Dr,	79912	
8 PURPOSE OF EXPENDITURE		Categories listed at the top of this			ulside of Texas. Complete n, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		Office sought		Office held
Date	Payee name					
2/22/19	$\mathcal{N}_{i}$	ing Hed	berg			
Amount (\$)	Payee address		Zip Code			
300	5801	5ilvers	Sprin	gs Dr,	79912	-
PURPOSE OF EXPENDITURE	Category (See C	Categories listed at the top of this			etside of Texas. Complete :	
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date 4/15/19	Payee name	las Bar	~ Jales	5		
Amount (\$)	Payee address	; City; State;	Zip Code			
150						
PURPOSE OF EXPENDITURE		Categories listed at the top of this $lpha$		<del>-</del>	rtside of Texas. Complete :	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	DED	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food Gift// I Committee Lega	t Expense /Beverage Expense wards/Memorials Expense Il Services e Instruction Guide explair	Office Overthe Polling Experimental Experime	ense ges/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME	Daniel (	911		3 Filer ID (Ethics	s Commission Filers)
4 Date ///19 6 Amount (\$)	7 Payee addres		Cip Code	_		Jaans
8 PURPOSE OF EXPENDITURE	(a) Category (See	Ariel R Categories listed at the top of this s act Labar	schedule)	(b) Description Check if travel ou	stside of Texas. Complete S	chedule T.
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date 5/17/19	Payee name	JÉ				
83.85	Payee address	e; City; State; Z E Miss	•	Ave, El	Paso,	Tx 7990
PURPOSE OF EXPENDITURE	• •	Categories listed at the top of this s Beverage Pense	schedule)	$\overline{}$	tside of Texas. Complete So.	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee address	s; City; State; Z	ip Code			
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this s	schedule)		iside of Texas. Complete So	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 9	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST FOLCE	SUFFIX	OFFICE USE ONLY	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	Freddy Klay ADDRESS / PO BOX; / APT / SUITE #: 10 6740 Desert C	el Avalos City: STATE: ZIP CODE Canyon Dr.	JUL 15 '19 4:.	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 526-288	EXTENSION 55	7/15/2019 EG	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  OSEPT  NICKNAME  NOTE	SUFFIX	Pate Imaged 7 15 2019	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S T907 Rodeo EPT 79915	UITE #: CITY: STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 922-7130	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 06 06/19	THROUGH OT	15/19	
11 ELECTION	ELECTION DATE  Month Day Year Primary  O5 O General	ELECTION TYPE  Grant Other Description  Special		
12 OFFICE	School Trustee D#	13 OFFICE SOUGHT (If known	0	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

Fareed	Freddy	Klavel avalas	Filer ID (Ethics 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	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
	W	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000,00 #
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,210.64
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD		\$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 8,205,00
18 AFFIDAVIT	ELIZABETH CARR. My Notary ID # 104: Expires September 8	35415	
		Signature of Candida	te or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsci	ribed before me. I	by the said Farced 155g Lhlage	I, this the 15th
day of July	1/4	to certify which, witness my hand and seat of office.	
Elymite	Cause	o Bisubeth Camajeo 1	Jotan
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer a ministering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

Fareed Freddy Klayel avalos  21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s 0
4. SCHEDULE E: LOANS	\$ 1,000,007
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,210.64
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$6
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s o

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME Fareed Freddy	Klayel avalos	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS	1	\$	
Date of loan  7 Name of lender out-of-state PAC (ID#:		9 Loan Amount (\$)  \$ 1,000.  10 Interest rate	
Y (D) EPT 79912	70 .	11 Maturity date	
12 Principal occupation / Job title (See Instructions)  13 Employer (See Instructions)		T TO THE PARTY OF	
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR 17 Name of guarantor INFORMATION	-	19 Amount Guaranteed (\$)	
18 Guarantor address; City	y State; Zip Code		
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)		
Date of loan Name of lender out-	-of-state PAC (ID#)	Loan Amount (\$)	
Is lender Lender address; Cit a financial Institution?	y; State Zip Code	Interest rate	
YN		Maturity date	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral	Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)	
Guarantor address; Cit	ly; State; Zip Code		
not applicable			
Principal Occupation (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

#### SCHEDULE F1

OL 15 19 4:15PM

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidato/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt'Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rontal Expenso 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 EILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date State; Zip Code Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Description Check if travel outside of Toxas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) aree 4 Date Payee name 6 Amount (\$) 7 Payee address; State: 8 (b) Description Linear Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Zip Code State: Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Payee address: City; State: Zip Code **PURPOSE** Check if travel outside of Toxas, Complete Schedule T. OF Check if Austin, TX, officeholder fiving expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder Politics	Fees O Food/Beverage Expense Pr  Gift/Awards-Memorials Expense Pr	pan Repayment/Reimbursement liftice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Fared Freddy Klo	avel avabs	3 Filer ID (Ethics Commission Filers)
4 Date 06-15-19	Rachel Ibarra	Ú	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
*115.	6612 anpasta Di.	Eb.	779912
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Polling Expense	)	side of Texas. Complete Schedule T. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06-15-19	Sun Circles Stro	ategic Group	
Amount (\$)	Payee address; City; State; Zip C	ode	
608,05	1401 Montana, Suite	H EPT.	79902
	Category (See Categories listed at the top of this sched	(ule) Description	
PURPOSE OF			ide of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expens	Se Check (f Austin.	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
07-09-19	Linos (reek R	Restaurant	
Amount (\$)	Payee address; City; State; Zip C	code	
703.63	7040 N Mesa	EPT 799	112
SUBBOSE	Category (See Categories listed at the top of this ached		
PURPOSE OF EXPENDITURE	Event Expense		ido al Toxas. Complete Schedula T. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidato/Officoholder 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1	Earend Freddy Kk	ave Ovado 3 Filer ID	(Ethics Commission Filers)
4 Date 06-17-19	5 Payee name	/	
6 Amount (\$)	7 Payee address City; State; Zip Code		<u> </u>
\$ 55.20	1050 Sunland	EPT 79912	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Check if travel outside of Texas. Con	
EXPENDITURE	K 1/0	Check it Austin, 17. Uniconologi	dauf axbeuse
	Hand/ Beverage expons	<b>6</b> _	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06-17-19	Wilmit		
Amount (\$)	Payee address; City; State; Zip Code		
28.82	951 N. Resler	EPT 79912	
BUDGOOF	Category (See Categories listed at the top of this schedule)	Description Charlest transplantaide at Tours Cons	do Calada A
PURPOSE OF	~ 1.0	Check if travel outside of Texas. Com Check if Austin, TX, officeholder	100
EXPENDITURE	Food/Beverage Expen	se	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
_			
Date	Payee name		
06-17-19	Peter Piper Piz	2a	
Amount (\$)	Payee address; City; State; Zip Code		
30.94	119 N. Balboa R	d. 79912	
	Category (See Categories sted at the top of this achedule)	Description	
PURPOSE OF		Check if travel outside of Toxas. Com	
EXPENDITURE	Food/Beverage Expens	Check if Austin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
		····	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidato/Office/holder Political Committee
Cradt Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards-Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expenso 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1;	2 FILER NAME	<u>,</u>	3 Filer ID (Ethics Commission Filers)
4 Date 6 Amount (\$)	5 Payee name Circle Strategic 7 Payee address; City; State; Zip Code	Group	
<b>≠3.000</b>	7 Payee address; City; State; Zip Cod HOI Montana, Suite	H EPT	79902
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense		utside of Texas. Camplete Schedule T. n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Callegory (See Callegories listed at the top of Ihis schedule)		itside of Texas. Complete Schedule T. . TX. officeholder tiving 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	100000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule)		usido of Toxas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	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 / RET WE	MI A. SUFFIX	OFFICE USE ONLY  Date Received	
	VARGAS	<b>S</b>	JUL15 '19 12 42P	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	address / po Box; APT / SUITE #; Co 2424 Savannah, El	Paso, TX 79930		
Change of Address			12/ 1/2010 DA	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 247-8439	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / M	SUFFIX	Date Processed  Date Imaged 15 3019	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 900 HWHE #2308,	El Paso, TX7	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(718) 933-9654	EXTENSION		
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year	
11 ELECTION	Month Day Year Primary  General	ELECTION TYPE  Runoff Other Description  Special	15.	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)	
		EPISDT	Trustee District 3	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	RENE	VARGAS 15	Filer ID (Ethics 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		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS	·	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4548.69 AY \$ 360.28	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	* \$ 360.28	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
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.  No TARY PUBLIC in and for the State of Texas My commission expires 07-01-2022				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subsc	ribed before me, l	by the said Line Vargas	, this the	
day of July	day of			
- You Hame	John	Kose Maritted Regin	Notary Public	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

MONE.	TARY POLITICAL CONTRIBUT	rions	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	7 4 4	1 Total pages Schedule A1:
2 FILER NAME	RENE VARGAS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip		·
8 Principal occi	pation / Job title (See Instructions)  9 En	nployer (See Instruct	tions)
Date	Full name of contributor	)	Amount of contribution (\$)
	Contributor address; City; State; Zip	Code	
Principal occu	pation / Job title (See Instructions) Em	nployer (See Instruct	tions)
Date	Full name of contributor cut-of-state PAC (ID#:	)	Amount of contribution (\$)
	Contributor address; City; State; Zip	Code	
Principal occu	pation / Job title (See Instructions) Em	nployer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
*10.	Contributor address; City; State; Zip (	Code	
	pation / Job title (See Instructions) En	nployer (See Instruct	tione)
- molpar coo	Patient, and the fore management)	ipioyer (See Iristituci	uons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME RENE VARGAS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$ description
7 Contributor address; City; State; Zip Co	de Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·
Date Full name of contributor	Amount of In-kind contribution Contribution \$ description
Contributor address; City; State; Zip Co	
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruction	THIS SCHEDULE AS NEEDED on guide for additional reporting requirements.

PLEDO	ED CONTRIBUTIONS			SCHEDULE B
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B:
2 FILER NAME	RENÉ VARGAS		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$ Ø	
5 Date	6 Full name of pledgor		8 Amount of Pledge \$	. 9 In-kind contribution description
·	7 Pledgor address; City; State; 2			· · ·
			Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution     description
	Pledgor address; City; State; 2			
			Check if travel cutsi	: de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; 2	Zip Code		· · ·
			Check if travel outsi	. de of Texas. Complete Schedule T.
Principal occi	upation / Job title (See Instructions)	Employer (See		
Date	Full name of pledgor cut-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; 2			· ·
			Chack if travel outsi	de of Texas. Complete Schedule T.
Principal occu	 pation / Job title (See Instructions)	Employer (See	1,	ue or rexas. Complete Schedule 1.
			***	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
If	contributor is out-of-state PAC, please see inst			requirements.

	LOANS			SCHEDULE E
	The	1 Total pages Schedule E:		
2	FILER NAME	REVÉ VARGAS		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$ <b>\phi</b>
5	Date of loan	7 Name of lender ☐ out-of-state f	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
		18 Guarantor address; City; S	State; Zip Code	
	not applicable			
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	<b>L</b>
Date of loan Name of lender out-of-state PAC (ID#:)		PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
L	none			<b>,</b>
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	not applicable		State; Zip Code	
Principal Occupation (See Instructions)  Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE 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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.
1 Total pages Schedule F1:	2 FILER NAME RENÉ VARE	3 Filer ID (Ethics Commission Filers)
4 Date 06/14/19	5 Payee name SUW CIRCLE	STR
6 Amount (\$)	7 Payee address; City; State; Zip Code	
575,89	1401 Hontana Ave.,	El Paso, TX 79907
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	<b> </b>	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing expense	Check if Austin, TX, officeholder living expense
		Posliauds; Signs
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
06/14/19	Sun arde Sira	
Amount (\$)	Payee address; City; State; Zip Code	
2,000,00	1401 Montana Ave., El F	aso, 7x 79907
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
		Posteards; signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
06/17/19	San arde STR	
Amount (\$)	Payee address; City; State; Zip Code	
1,133.89	1401 Hontana Ave.,	El Pavo, TX 79907
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	7.4.	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing expense	Check if Austin, TX, officeholder living expense
		to sleavor, signs
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Politr Gift/Awards/Memorials Expense Printi Legal Services Salar	Repayment/Reimbursement c Overhead/Rental Expense g Expense ng Expense Travel Out Of District Travel Out of Other (enter a category not listed above)	
····	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME RENE VAR	SAS   3 Filer ID (Ethics Commission Filers)	
4 Date 06(7/19	5 Payee name Pershing I	· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$) 33.02	7 Payee address; City; State; Zip Coo 2909 Pershing Dr.,	El Paso, TX 79903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule  EVENT expense.	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date 06/21/ Fi	Payee name EPISD/Recou	at	
805.00	Payee address; City; State; Zip Coo	Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Fee/Polling Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Recount Runolf.	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
07/02/9	Payee name Square space	Inc.	
Amount (\$) 28-15	Payee address; City; State; Zip Coo	Ser York, NY 10013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Consulting ladyoffs:13 expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

	EXPENDITURE CATE	EGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	d Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F2:	2 FILER NAME RENÉ	VAREAS	3 Filer ID /Fthics Commission Filers)	
4 TOTAL OF UNITEM	MIZED UNPAID INCURRED OBL		* Ø	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State	; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check it	on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom Investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom Investment is purchased; City	/; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/	e Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explain	is how to compl	ete this form.	
1 Total pages Schedule F4:	2 FILER	RENÉ VAR	GAS		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXF	PENDITURES CHARGED	TOACRED	IT CARD	\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Political	l	
10	(a) Categ	ory (See Categories listed at the top of the	is schedule)	(b) Description	on .
			,	l	
PURPOSE OF				Checkif	travel outside of Texas. Complete Schedule T.
EXPENDITURE				Check i	Austin, TX, officeholder living expense
					!
11 Complete ONLY if direct					
	T				
Date	Payee	name			
Amount (\$)	Payee	address; City; State;	Zip Code		
<del></del>					
TYPE OF EXPENDITURE		Political	Non-Politica	al	
	Categ	Ory (See Categories listed at the top of the	is schedule)	Description	on
PURPOSE			·	Check if	travel outside of Texas. Complete Schedule T.
OF	İ			Check	il Austin, TX, officeholder living expense
EXPENDITURE				_	, , , , , , , , , , , , , , , , , , ,
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeholder name	Office	sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office-holder/Political Committee

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)

С	redit Card Payment	The Instruction Guide explains how to	o complete this form.	
1	Total pages Schedule G:	2 FILER NAME RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)	
4	Date	5 Payee name		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	Reimbursement from political contributions intended			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
	Date	Payee name		
	Amount (\$)	Payee address; City; State; Zip Code		
	Reimbursement from political contributions intended			
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
	OF		Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense	1
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
	Date	Payee name		
	Amount (\$)	Payee address; City; State; Zip Code		
	Reimbursement from political contributions intended			
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
	OF		Check if travel cutside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
				ŀ

### PAYMENT MADE FROM POLITICAL **CONTRIBUTIONS TO A BUSINESS OF C/OH**

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAMERENÉ VARGAS 1 Total pages Schedule H: 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date **Business** name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date **Business** name Amount (\$) Business address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel cutside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME RENE VARGAS	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date Payee name					
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The	dule K:				
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Epcics	Com <u>m</u> ission Filers)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; State;	Zip Code			
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
;	Address of person from whom amount is received; City; State;				
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code			
	Purpose for which amount is received Check if	political contribution (	returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:	
2 FILER NAME RENE VARGAS			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	/ Corporation or La	bor Organization / Pledgor	/ Payee		
5 Contribution / Expend	diture reported on:		10.17		
Schedule A2	Schedule	в Польковия		Schedule D Schedule F1	
1			☐ Schedule C2		
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S					
6 Dates of travel	7 Name of per	son(s) traveling			
	8 Departure cit	y or name of departure loca	ition		
	9 Destination of	ity or name of destination lo	ocation		
10 Means of transporta	tion 11	Purpose of travel (including	name of conference, s	seminar, or other event)	
Name of Contributor	/ Corporation or La	bor Organization / Pledgor	/ Payee		
Contribution / Expend	diture reported on:				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B				Schedule COH-UC Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling				
Departure city or name of departure location					
	Destination of	ity or name of destination lo	ocation		
Means of transporta	tion	Purpose of travel (including	name of conference,	seminar, or other event)	
Name of Contributor	/ Corporation or La	bor Organization / Pledgor	/ Payee		
Contribution / Expend	diture reported on:	······································			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of per	son(s) traveling			
Departure city or name of departure location			The state of the s		
	Destination of	ity or name of destination lo	ocation		
Means of transporta	l tion	Purpose of travel (including	name of conference	Seminar or other event)	
		F = = = = = = = ( insidefing	,		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.  Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	IAME RENÉ VARGAS	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signatur	re of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	!				
	A.	CAMPAIGN FUNDS					
	Checi	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B.	ASSETS					
	Checi	conly one:					
	X	I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
		S	Signature of Candidate				
5	• Complete this section only if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an				
		Si	gnature of Officeholder				

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME RENE VARGAS  20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4548.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The O/OH Instruction O	Avide avaletas beaute assurbte this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	:
The C/OH Instruction G	Guide explains how to complete this form.		4	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE U	SE ONLY
NAME	Alfonso	V.	Date Received	
	NICKNAME LAST	SUFFIX		
	Velarde			
4 CANDIDATE / OFFICEHOLDER	THE CONTRACTOR OF THE CONTRACT	CITY; STATE; ZIP CODE		
MAILING ADDRESS	8501 Edgemere El Paso	TX 79925	JUL30 '19	12:09PM
Change of Address	-		0/- 1.	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or	Data Postmarked
PHONE	( 915 ) 253-2178		Date Hand-delivered of	Date i ostillarkeu
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$
TREASURER NAME	Jaime		Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	1,9 90
	Barceleau		7/30	119
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE	
(Residence or Business)	9116 Lait	El Paso TX	79925	
5				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	( 915 ) 920-4820			
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after	
		_	treasurer appo (Officeholder O	
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (A	attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	01 /16 /19	THROUGH 07/	15 /19	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)	
	EPISD Trustee Dist. 2			
GO TO PAGE 2				

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Al	15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE OF SUPPORT THE CANDIDATE OF SUCH EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECORD OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		STATE OF THE PROPERTY OF THE P			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 299.80		
	4. TOTAL POLITICAL EXPENDITURES		\$ 499.80		
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 1353.37			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$		
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.  My Notary ID # 10435415 Expires September 5, 2019  Signature of Candidate or Officeholder					
		ac	The second secon		
AFFIX NOTARY STAME	P/SEALABOVE				
Sworn to and auto-	ibod bofors	Al Consolver	3046		
day of July	Sworn to and subscribed before me, by the said Alamso V. Velarde , this the 30th day of 10 y , 20 19 , to certify which, witness my hand and seal of office.				
Elypith	Canan	Elizabeth Camasco	Notany		
Signature of officer ac	Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com		mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	· · · · · · · · · · · · · · · · · · ·	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 499.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# POLITICAL EXPENDITURES MADE 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

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:	2 FILER NAME Alfonso V. Velarde		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6/21/19	Burges H.S.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$200.00	Edgemere Blvd El Paso, Te	xas 79925		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Contribution for Football Team	Check if travel or	outside of Texas. Complete Schedule T.	
OF	Contribution 100 Lan 100	Check if Austi	in, TX, officeholder living expense	
EXPENDITURE	1			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·	
•				
	Í			
	ļ	<del></del>		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE Check if travel outside of Texas. Complete Schedule			•	
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense	
	<u> </u>	<u> </u>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit ordi	1			
P A _	Payee name			
Date	Payee name			
	1			
A (6)				
Amount (\$)	Payee address; City; State; Zip Code			
	1			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	1	Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	1	Check if Austin	n, TX, officeholder living expense	
EXPENDITORL	1			
	i –			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	ı			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				