CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Alfonso	V.	OFFICE USE ONLY			
	Velarde	SUFFIX	Date Heceived			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 8501 Edgemere El F	Paso TX 79925	JUL11 '18 3:0 9 PM			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 253-2178	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	МІ	Receipt # Amount \$			
	Mr. Jaime		Date Processed			
	Barceleau		Date Imaged 7/11/2018			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 9116 Lait El Paso	GUITE #; CITY; STATE; Texas 7992	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 920-4820	EXTENSION				
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 01 /16 /18	THROUGH 07 /				
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any) EPISD Trustee	13 OFFICE SOUGHT (if known)				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Alfonso V. Ve		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	1. TOTAL POLITICAL CONTRIBUTIONS OF \$30 ON LEGS TOTALITY THAN					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1093.08			
CONTRIBUTION BALANCE	5. TOTAL F OF REP	AY \$ 1282.73				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$ 0				
18 AFFIDAVIT	2					
Rachel F Villanueva Notary Public, State of Texas My Commission Expires 05/29/2019 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						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said <u>Alfonsov. Velarde</u> , this the, day of, 20, to certify which, witness my hand and seal of office.						
Raculf Villanuwa Rachel F. Villanuwa Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Sangles

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Wages/Contract Labor	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 Alfonso V. Velarde		3 Filer ID (Ethics Commission Filers)	
4 Date 04-30-2018	5 Payee name Burges H.S. Golf		<u></u>	
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$205.00	7600 Edgemere, El Paso, Texas 799	25		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Checkiftravelo	outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Contribution- Sponsor Sign + \$5.00 ATM Fees	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6-23-18	Alfonso V. Velarde			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.00	8501 Edgemere, El Paso, Texas 7992	25		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Petty Cash for LTASB Training - Out of District Travel		nside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Alfonso V. Velarde	Office sought	Office held EPISD Trustee	
Date	Payee name			
07-02-18	Chevron Gas			
Amount (\$)	Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·	
\$13.98	Dallas, Texas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Out of town travel - Fuel for car rental	1 []	tside of Texas. Complete Schedule 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	

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

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

Food/Beverage Expense Glft/Awards/Memorials Expense Travel Out Of District
Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Alfonso V. Velarde 4 Date 5 Payee name Sheraton Fort Worth 07-02-18 6 Amount (\$) City; State; Zip Code 7 Payee address; 774.10 1701 Commerce St. Fort Worth Texas (a) Category (See Categories listed at the top of this schedule) (b) Description 8 __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Out of Town Travel - Hotel for Check if Austin, TX, officeholder living expense EXPENDITURE LTASB Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED