

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; color: blue;">6</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <input checked="" type="radio"/> MR FIRST: Dori MI: Lane NICKNAME: Feneback LAST: Feneback SUFFIX:	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 405 Camino Real APT / SUITE #: El Paso CITY: TX STATE: TX ZIP CODE: 79920	Date Received: Feb 19, 2018 <i>cc</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (915) PHONE NUMBER: 443-2676 EXTENSION:	Date Hand-delivered or Postmarked:	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <input checked="" type="radio"/> MR FIRST: Debbi MI: NICKNAME: Hester LAST: Hester SUFFIX:	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): El Paso, TX APT / SUITE #: CITY: STATE: ZIP CODE:		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 252-5753 EXTENSION:		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 7-1-17 THROUGH Month Day Year: 10-31-17		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) District 7 EPISD Trustee	13 OFFICE SOUGHT (if known)	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dori Lane Fenenbock 15 ACCOUNT # (Ethics Commission Filers)

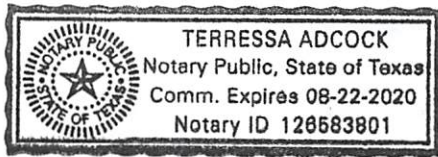
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME <u>N/A</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,807.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,944.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

### 18 AFFIDAVIT



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

Dori Fenenbock  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dori Fenenbock, this the 18<sup>th</sup> day of February, 20 18, to certify which, witness my hand and seal of office.

Terressa L. Adcock Terressa L. Adcock Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Exp - 8-22-2020 Notary ID 126583801

# POLITICAL EXPENDITURES

# SCHEDULE F

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3      2 FILER NAME: Dori Lane Fenenbock      3 ACCOUNT # (Ethics Commission Filers):

4 Date: July-Dec, 2017      5 Payee name: Wells Fargo Bank

6 Amount (\$): 59.70      7 Payee address: El Paso, TX      City: State: Zip Code

8 PURPOSE OF EXPENDITURE: Accounting Banking  
 (a) Category (See categories listed at the top of this schedule)  
 (b) Description (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: 9-13-17      Payee name: El Paso County Sheriff's Officer's Charitable Org.  
 Amount (\$): \$250.00      Payee address: El Paso, TX      City: State: Zip Code

PURPOSE OF EXPENDITURE: Contributions/Donations  
 Category (See categories listed at the top of this schedule)  
 Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
 Candidate / Officeholder name:      Office sought:      Office held:

Date: 9-26-17      Payee name: Robert Anchondo Campaign  
 Amount (\$): \$100.00      Payee address: El Paso, TX      City: State: Zip Code

PURPOSE OF EXPENDITURE: Contributions/Donations  
 Category (See categories listed at the top of this schedule)  
 Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
 Candidate / Officeholder name:      Office sought:      Office held:

Date: 10-16-17      Payee name: El Paso County Democrats  
 Amount (\$): \$2,000.00      Payee address: El Paso, TX      City: State: Zip Code

PURPOSE OF EXPENDITURE: Contributions/Donations  
 Category (See categories listed at the top of this schedule)  
 Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, 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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Dori Lane Ferenbock	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10-20-17	<b>5</b> Payee name Tejano Democrats	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City: State: Zip Code El Paso, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contributions/Donations	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought                      Office held
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10-24-18	Payee name Dolores Huerta Foundation	
Amount (\$) \$250.00	Payee address; City: State: Zip Code Bakerfield, CA	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contributions/Donations	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought                      Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12-5-17	Payee name EPVRA	
Amount (\$) \$1,000.00	Payee address; City: State: Zip Code El Paso, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contributions/Donations	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought                      Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12-12-17	Payee name Shell	
Amount (\$) \$104.95	Payee address; City: State: Zip Code El Paso, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contributions/Donations EP County Democrats	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought                      Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FEB19 '18 3:14PM

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3</b>	2 FILER NAME: <b>Dori Lane Fenenbock</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date: <b>10-13-14</b>	5 Payee name: <b>Wal-Mart</b>	
6 Amount (\$): <b>\$43.27</b>	7 Payee address: City: State: Zip Code <b>El Paso, TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contributions/Donations Westside Democrats</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Westside Democrats</b>
Date	Payee name	
Amount (\$)	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Westside Democrats</b>
Date	Payee name	
Amount (\$)	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Westside Democrats</b>
Date	Payee name	
Amount (\$)	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Westside Democrats</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FEB19 '18 3:14PM

**INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS** **SCHEDULE K**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: 1

2 FILER NAME Dori Lane Fenenback 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>July-Dec 2017</u>	5 Name of person from whom amount is received <u>Wells Fargo Bank</u> 6 Address of person from whom amount is received; City; State; Zip Code <u>El Paso, TX</u>	8 Amount (\$) <u>.62</u>
7 Purpose for which amount is received		

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



FEB 19 '18 3:13 PM

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Dori Lane Fenenbock 15 ACCOUNT # (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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME <u>N/A</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,944.07</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Dori Fenenbock  
Signature of Candidate or Officeholder

TERRESSA ADCOCK  
Notary Public, State of Texas  
Comm. Expires 08-22-2020  
Notary ID 126583801

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dori Fenenbock, this the 18<sup>th</sup> day of February 20 18, to certify which, witness my hand and seal of office.

Terressa L. Adcock      Terressa L. Adcock      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

E4P-8-22-2020 ID#126583801



FEB 19 10 31 AM '14

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <b>Dori Lane Fenenbock</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>Jan.-Feb. 2018</b>	5 Payee name <b>Wells Fargo Bank</b>
---------------------------------	---

6 Amount (\$) <b>\$19.90</b>	7 Payee address; City; State; Zip Code <b>El Paso, TX</b>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-20-18</b>	Payee name <b>El Paso ISD Foundation</b>
------------------------	---

Amount (\$) <b>\$600.11</b>	Payee address; City; State; Zip Code <b>El Paso, TX</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions/Donations</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-20-18</b>	Payee name <b>El Paso ISD Foundation</b>
------------------------	---

Amount (\$) <b>\$2,324.06</b>	Payee address; City; State; Zip Code <b>El Paso, TX</b>
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions/Donations</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS** **SCHEDULE K**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:

2 FILER NAME Dori Lane Fenenbock 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>Jan-Feb, 2018</u>	5 Name of person from whom amount is received <u>Wells Fargo Bank</u> 6 Address of person from whom amount is received; City; State; Zip Code <u>El Paso, TX</u>	8 Amount (\$) <u>\$ .00</u>
7 Purpose for which amount is received		

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

FEB 19 '18 3:14PM

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

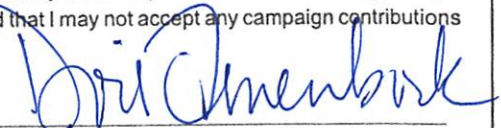
The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME Dori Lane Fenenbock

2 ACCOUNT # (Ethics Commission Filers)

### 3 SIGNATURE

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.



Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

#### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

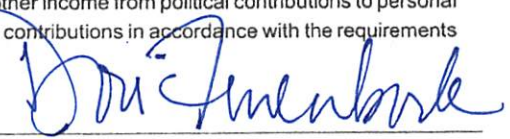
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual 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

Check only one:

I do not retain assets purchased with political contributions or interest or other income 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.



Signature of Candidate

### 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

# 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: <div style="text-align: center; font-size: 24px; font-weight: bold;">4</div>																												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Alfonso</td> <td style="text-align: center;">✓</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Velarde</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Mr. Alfonso	✓		NICKNAME	LAST	SUFFIX			Velarde			<div style="text-align: right; font-weight: bold; font-size: 12px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="text-align: right; font-size: 10px; margin-top: 20px;">FEB 8 '18 8:19 AM</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; font-size: 8px;">Receipt #</td> <td style="width:50%; font-size: 8px;">Amount \$</td> </tr> <tr> <td style="border-top: 1px solid black;"> </td> <td style="border-top: 1px solid black;"> </td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;"> </td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Imaged</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;"> </td> </tr> </table>		Receipt #	Amount \$			Date Processed				Date Imaged			
MS / MRS / MR	FIRST	MI																													
	Mr. Alfonso	✓																													
NICKNAME	LAST	SUFFIX																													
	Velarde																														
Receipt #	Amount \$																														
Date Processed																															
Date Imaged																															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ADDRESS / PO BOX;</td> <td style="font-size: 8px;">APT / SUITE #;</td> <td style="font-size: 8px;">CITY;</td> <td style="font-size: 8px;">STATE;</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">8501 Edgemere El Paso TX 79925</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	8501 Edgemere El Paso TX 79925																								
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12 OFFICE	OFFICE HELD (if any)  EPISD Trustee Dist 2	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. Velarde **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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>N/A</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <u>518.49</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2375.81</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alfonso V. Velarde, this the 8<sup>th</sup> day of February, 20 18, to certify which, witness my hand and seal of office.

Elizabeth Carrasco  
Signature of officer administering oath

Elizabeth Carrasco  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

*Alfonso V. Velarde*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>518.49</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political 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: <b>1</b>	2 FILER NAME <b>Alfonso V. Velarde</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8-23-17</b>	5 Payee name <b>EPISD</b>
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6 Amount (\$) <b>418.49</b>	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Reimburse District for car rental &amp; expenses at TASB Conference</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-23-17</b>	Payee name <b>MARY GONZALEZ Campaign</b>
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Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>EL PASO</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Political Campaign Contribution</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**