

# 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: <span style="font-size: 1.5em; color: blue;">2</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <span style="font-size: 1.2em; color: blue;">Mr.</span> FIRST: <span style="font-size: 1.2em; color: blue;">Alfonso</span> LAST: <span style="font-size: 1.2em; color: blue;">Velarde</span> MI: <input checked="" type="checkbox"/> SUFFIX:	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">8501 Edgemere El Paso TX 79925</span>	Date Received  JAN 18 '19 1:04PM	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <span style="font-size: 1.2em; color: blue;">(915)</span> PHONE NUMBER: <span style="font-size: 1.2em; color: blue;">253-2178</span> EXTENSION:	Date Hand-delivered or Date Postmarked <span style="font-size: 1.2em; color: blue;">1/18/2019 EC</span>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <span style="font-size: 1.2em; color: blue;">Mr.</span> FIRST: <span style="font-size: 1.2em; color: blue;">Jaime</span> LAST: <span style="font-size: 1.2em; color: blue;">Barceleau</span> MI: SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">9116 Lait, El Paso, TX 79925</span>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: ( ) PHONE NUMBER: EXTENSION:	Date Imaged <span style="font-size: 1.2em; color: blue;">1/22/2019 EC</span>	
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 checked="" 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    THROUGH    Month Day Year <span style="font-size: 1.2em; color: blue;">07 / 16 / 18</span> <span style="font-size: 1.2em; color: blue;">01 / 15 / 2019</span>		
11 ELECTION	ELECTION DATE Month Day Year <span style="font-size: 1.2em; color: blue;">02 / 16 / 18</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <span style="font-size: 1.2em; color: blue;">EPISD Trustee Dist 2</span>	13 OFFICE SOUGHT (if known)	

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FORM C/OH  
COVER SHEET PG 2

JAN 18 '19 1:04 PM

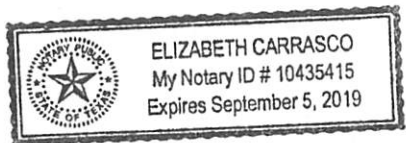
**14 C/OH NAME** Alfonso V. Velarde **15 Filer ID (Ethics Commission Filers)**

**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
		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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 580.66
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1853.17
<b>OUTSTANDING LOAN TOTALS</b>	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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alfonso V. Velarde, this the 18<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

Elyavita Carrasco Signature of officer administering oath  
Elizabeth Carrasco Printed name of officer administering oath  
Notary Title of officer administering oath