CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX	Date Received
	Freddy "Kayel Khlayel Avalus	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6339 Franklin Vista Ar El Paso TX 799/2	JAN15 '20 9:09AM
Change of Address	,	1/15/2020 20
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION $(9/S)$ 526 2885	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr First X MI	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	Date Processed
	Moreno	Date Imaged 15/2020 EC
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	El Paso 7X 79915	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (9/5) 922 7/30	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month O7 / 16 / 19 THROUGH	/ 14 / 2 02 0
11 ELECTION	ELECTION DATE ELECTION TYPE	
-	Month Day Year Primary Runoff Other Description OS/04/19 General Special	
12 OFFICE	OFFICE HELD (If any) EP/SD 13 OFFICE SOUGHT (if known	1)
	School Board Trister 1#6	
	GO TO PAGE 2	

JAMES NO STREET

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)	
tared	treddy K	Tayel Loulus		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI BRES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
,	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	v.	
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	AN \$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2400.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
40 ATM - KOK - KOKO - KOKO - KOKO	4. TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* 5805. O	
18 AFFIDAVIT				
	VICTOR MANUEL E Notary Public, State Comm. Expires 02-	true and correct and includes all info of Texas under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me	
William OF The	Notary ID 13190	7/891		
		Signature of Car	ididate or Officeholder	
AFFIX NOTARY STAN				
Sworn to and subso	cribed before me,	by the said freed Freddy Klayel	, this the	
day of Jenus 14, 20 70, to certify which, witness my hand and seal of office.				
14/1	m	Victor Esteves	El Mos 7 x Notory	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

19 FILER NAME Farced Fredry Klayel Acalos 20 Filer ID (Ethics Commission Filers)				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2400.00			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ &			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &			
4. SCHEDULE E: LOANS	\$ &			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ X			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 6			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s ~			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ &			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	S &			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 6			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Q			

MONE.	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME	Farued Freddy Klayel Avai	lis	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/23/19	6 Contributor address; City;	State; Zip Code	\$50.00
	SISS. Konsus St El Rec	TX 79961	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/26/19	Contributor address; City;	State; Zip Code	\$400.00
Principal occu	Scott Pac Acc 1100 Chase Town El Repation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	1	(ID#:)	Amount of contribution (\$)
07/31/19	famus Vasque Contributor address; City;	State; Zip Code	\$200.00
	42/60' Keefe B/ Rub T		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	lions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
7/31/19	Contributor address; City;	State; Zip Code	\$250.06
! 	34 Godan &r BI RWO	TX 79902	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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: 3
2 FILER NAME	ed Fredly Klayel Avulus	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	
7/31/19	6 Contributor address; City; State; Zig	Code \$ 50.00
	1301 Lorenood or Il Mix TX 79	925
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)
07/31/19	Carmen Perez	1/1000
	Contributor address; City; State; Zij	p Code \$/00.00
Principal occup		(See Instructions)
Date 07/25/19	Full name of contributor out-of-state PAC (ID#:	
,	Contributor address; City; State; Zig 4/10 Rio Bravo El Paso TX 7	9902 \$ 1000.00
Principal occu		r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7/36/19	KOSA (JUNONO) Contributor address; City; State; Zip	
	3815 Savannah Am El Paso TX	79930
Principal occu		r (See Instructions)
	I I	

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	1 Total pages Schedule A1:	
Fared Freddy Klayel Avulos			3 Filer ID (Ethics Commission Filers)
4 Date 07/19/19	1 = 1	C (ID#:)	7 Amount of contribution (\$)
	750 Linda Are El Paso	71/ 79922	\$ 200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 📋 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State, Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

SCHEDULE K

The	dule K:			
	Instruction Guide explains how to complete this form.	2 = 1 = 1 = 1 = 1		
2 FILER NAME	ved Fredly Klayel Acules	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	Antonio Davalos		,	
	6 Address of person from whom amount is received; City; Star	te; Zip Code	\$2000.00	
	300 Thundubuid Ste 10 BI Pax TX	79912		
	7 Purpose for which amount is received	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
		Ì	}	
	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; Sta	te: Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
		<u> </u>		
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
	Check II	pomical continuing	rolained to mei	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
AT IACH ADDITIONAL COPIES OF THIS SCHEDOLE 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/OHN Fair	Xed Freddy Klayel Avalos	2 Filer ID (Ethics Commission Filers)				
3	SIGNA						
	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						
	contribu	tions or make any campaign expenditures without a campaign treasurer appointment	on file.				
		Signatu	re of Candidate Officeholder				
4		WHO IS NOTAN OFFICEHOLDER plete 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	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					
	Checl	conly one:					
		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 frethat I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to				
		•	Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if, 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				
			ignature of Officeholder				

CANDIDAT	TE / OFFICEHO	LDER			F	ORM C/OH
CAMPAIGI	N FINANCE RE	PORT			COVER S	HEET PG 1
The C/OH Instruction	Guide explains how to c	omplete this form.	1 Filer ID		2 Total pages fi	led: 100 (100 (100 (100 (100 (100 (100 (100
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Joshua		MI	OFFICE Date Received	USE ONLY
	NICKNAME Josh	LAST Acevedo	***************************************	SUFFIX	1/15/20	20 80
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2626 Jackson	APT / SUITE #; CIT	ry;	ZIP CODE	Date Hand-delivered of Receipt #	or Date Postmarked
Change of Address	El Paso, TX 79930				Date Processed	30000
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	11166	एक हर
TREASURER NAME		Keny		Michael		
	NICKNAME	LAST Apodaca	***************************************	SUFFIX	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••
5 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (No. 3323 Sacrame	O PO BOX PLEASE); ento Ave, El Paso, TX		r/SUITE#; CITY	; ST.	ATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (915) 252		EXTENSION			
REPORT TYPE	X January 15 July 15	30th day before		Runoff [15th day after ca appointment (off Final Report (Att	**
PERIOD COVERED	Month Day Y 07/01/2019	'ear T	HROUGH	Month Day 12/31/20:	Year 19	
10 ELECTION	ELECTION DA' Month Day Y	'ear [Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) El Paso ISD Trustee	District 3		12 OFFICE SOUGH	T (if known)	
		GO	TO PAGE 2	es e (1) - V (A E		
orms provided by T	exas Ethics Commissio	n www.e	thics.state.tx.u	S	Ve	rsion V1.1.3a6aaf7

JAN15 28 344PM

FORM C/OH

SUPPORT		LDER REPORT.	COVE	R SHEET PG 2 2 of 3
13 C / OH NAME	Acevedo, Josh		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho d officeholders are required to report this informat	ut the candidate's or officeh	older's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME		81
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHE ARANTEES OF LOANS), UNLESS ITEMIZED	R THAN PLEDGES,	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	.NS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLE	SS ITEMIZED	\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE PRIOD	LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFADAVIT		l swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required to	
	PRISCILLA E. BARRO lotary Public, State of Te Comm. Expires 11-26-20 Notary ID 12883943	exas 5023 5	Meveldo of Candidate or Officehold	er
	TARY STAMP / SEAL AB			
Sworn to and subs	cribed before me, by the s	aid To Shira Acevelosertify which, witness my hand and seal of office.	, this the fiftee	thday
Signature of offi	cer administering	Pristilla E Barron Printed name of officer administering	Notory P.	الرار administering oath
1 \				-

SUBT	OTALS - C/OH	co	FORM C/OH OVER SHEET PG 3
18 FILER NA Acevedo		19 Filer ID	
20 SCHEDU	E SUBTOTALS SCHEDULE	l	SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s	\$ 0.00
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	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr Daniel NICKNAME CAll	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX APT / SUITE # 0 6006 N Mesa St El Paso / TX AREA CODE PHONE NUMBER		JAN16 20 8:18AM
5 CANDIDATE/ OFFICEHOLDER PHONE	(915) 308 5		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Sarah NICKNAME LAST Brito	SUFFIX	Date Processed Date Im/ged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI 808 (resta A) El Paso / TX	Ha Dr.	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 525-55	extension -09	
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 2 / 19 / 19	THROUGH	Day Year
11 ELECTION	Month Day Year Primary 5 / 4 / 19 Seneral	Runoff Cther Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (II known EPISD District	Trustee 7
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME 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'S OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE HOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
_	;	COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	:	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
-4 Mag (975) gg		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 \$ /3,505			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$			
OUTSTANDING LOAN TOTALS	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				
PRISCILLA E. BARRON under Title 15, Election Code.				
Comm. Expires 11-26-2023				
Notary ID 128839435 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Dani & Eltan Call this the 16th				
Tankard - Of				
DMMR, 2020, to certify which, witness my hand and seal of office. Nufacy Public TX			utary Public TX	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Commission Filers)			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	1
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ /3,505			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,654.	75
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ /3,505	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	ios	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF G/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	ONS	\$	

The testruction Guide explains how to complete this form. 1 Total pages Schooled ATI Q 2 FILER NAME Anic Cq 4 Data S Emmans of contributor contr	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
Danie Call 4 Data S Pull name of contributor evi-ahease and qua. 7 Amount of contribution (8) 7 Amount of contribution (9) 8 Principal occupation / Job title (Gee Instructions) 9 Employer (Gee Instructions) 8 Principal occupation / Job title (Gee Instructions) 9 Employer (Gee Instructions) 9 Employer (Gee Instructions) 10 Date Pull name of contributor cut-al-state PMG (Dir. PASO, TH. PAS	Th	e instruction Guide explains how to complete this form	No.	1 Total pages Schedule At:	
Patricia Call	2 FILER NAME	Daniel Call		3 Filer ID (Eithics Commission Filers)	
B Principal occupation / Job title (See instructions) 9 Employer (See Instructions)		5 Pull name of contributor out-et-class PAC (1966) Patricia Call 8 Contributor address; City: Blate; 27 8001-E Mesa St#104, E	p Code	7 Amount of contribution (6) 100 79933	
Juan Teixeita Juan Teixeit	8 Principal pod	upstion / Job title (See Instructions) 9 8	Employer (See Instructi	one)	
Date Full rearre of contributor cut-al-state PAG (EDE: Amount of contribution (E) Z/21/19 Jess Nelson So So So So So Contributor address: City; State; Zip Code So Contributor address: City; State; Zip Code So So Principal occupation / Job stile (See Instructions) Employer (See Instructions) Date Full name of contributor cut-el-state PAG (EDE: J Amount of contribution (E) Z/19/19 Amount of contributor city: State; Zip Code J So Contributor address; City: State; Zip Code J So Contributor address	Date 7/28/19	Full name of contributor out-cl-state PAC (TDR. Juan Teixeifa Contributor address) City: State; Zit 848 Via Descanso Dr., E/	Paso TX	Amount of contribution (8)	
Contributor address: City; State; Zip Code SO Contributor address: City; State; Zip Code CD29 La Posta Dr., El Paso, TX, 79912	Principal occur	eaton / Job title (See Instructions)	mployer (See Instruction	20.5)	
2/19/19 Alayna Christianson Contributor address: City: State; Zip Code 2333 Campus Dr Cotton wood Heights, UT, 84121 Principal occupation / Job title (See Instructions) Employer (See Instructions)	2/21/19	Jess Nelson Contributor address; Chy; State; Zip 6229 La Posta Dr, El Paso,	Oode 74, 79912	50	
	2/19/19	Alayna Christiansen contributor address; City: State; Zip 2333 Campus Dr Cottonwood Heights, UT, 841	Gode Z /	25	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED to contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.	•	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEET	DED	

- -

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The Instruction Guide explains how to com	nplete this form,	1 Total pages Schedule A1: 9		
2 FILER NAME Daniel Call	•	3 Filer ID (Ethica Commission Filers)		
4 Date 5 Pull name of contributor ever 2/19/19 Lynn Westbrook Contributor address: Contributor Contribu	Iny: Brata; Zio Code Sd., 1x 79912	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	tione)		
Crate Full name of contributor cut	refretate PAC (IDE:	Amount of contribution (\$)		
3/2-8/19 Contributor address: 3112 Hero Point F	ity; State: Zip Gode Pacc, 79938	300		
Principal decupation / Job title (See Instructions) Employer (See Instructions)				
Cate Full name of contributor G en	i-el-state PAC (IDE:)	Amount of contribution (8)		
3/28/19 Contributor address: Ci 14856 Canyon Bre	iy; siete: Zip Code ceze Place LN, 797-8	300		
Principal occupation / Job title (See Instructions)	Employer (See Instruc			
Date Full name of contributor Des	-of-state PAG (IDA:)	Amount of contribution (3)		
3/28/19 Diana Campbell Controllor address; Cit 1453 Plaza Roja	y; State; Zip Code C+, 79912-	300		
Principal occupation / Job title (See Instructions)	Employer (See Instruct	done)		
ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE AS NE e see instruction guide for edditional	reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9			
2 FREA NAME Daniel Call	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor evt-et-state PAC (IDP:	7 Amount of contribution (\$)			
3/29/19 Anne Nev. 6 Contributor addraus; City; State; Zip Code 36396 Herning way Ave. North Bramon, MN 55056 8 Edded a complete Lightiff (See Instructions) 9 Employer (See Instructions)	100			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	Gena)			
Date Full name of contributor out-st-state PAC (IDS:)	Amount of contribution (8)			
3/29/19 Stephanic Deming Contributor eddress: Chy: State: Zip Code 63/6 Star Snow May No Col, 799/2	50			
Principal occupation / Job site (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (CDS:) 3/20/19 American Federation of Feachers Contributor address; City: State; Zip Code 4024 Trowbridge, 79903	Amount of contribution (8)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor eut-of-state MC (the:)	Amount of contribution (8)			
3/28/19 Admin 3 Sorgh Brito City: State: Zip Code 808 Cresta Alfa Dr. 79912	150			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	EDED			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE AT				
The	Instruction Guide explains how to complete this	torm.	1 Total pages Schedule A1: 9	
2 FILER NAME	Daniel Call		3 Filer ID (Ethics Commission Flam)	
4 Deta 3/28/19			7 Amount of contribution (6)	
	pallon / Job title (See Instructions)	9 Employer (See Instruc	tione)	
Dale	Full name of contributor out-of-state PAI	o por	Amount of contribution (8)	
3/28/19	Full name of contributor aut-of-state PAI Lisa Schoenbrun Contributor address: City; State 6609 Camino Fuente Di	a; Zip Code r, 79912	50	
Principal occupation / Job title (See instructions) Employer (See instructions)				
3/28/19	Full rums of contributor out-of-state PM Gregory 3 Heldi Bane Contributor address: City; State 8 17 Dulcinea Ct, 7	2 (IDF:) 2 (IDF:)	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	Bans)	
Date 3/2-8/19	Full name of contributor out-of-state PAC Georgiana Williams contributor editrese: City: State 630 Moondale Drive,	; Zip Code 799/2	Amount of contribution (\$)	
	ation / Job title (See Instructions)	Employer (See Instruct	ions}	
	47.			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE uction guide for additional (EDEU reparting 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 4-6-19	5 Full name of contributor out-of-state PAC (IDS) 1 / San A - Janes 6 Contributor address; City; State; Z 1088 Calle Parque Dr.		7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	79912 Employer (See Instruct	ians)	
Date	Full name of contributor Goul-of-state PAC (IDF: Alberto Corkez		Amount of contribution (\$)	
4-7-19	Alberto Contez Contributor address; City; State; Z 6263 Franklin Lair,	7991)	150	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date 4-3-19	Full name of contributor sui-of-state PAC (10stant) Mary Allen - Pedra Zo Contributor/address; City: State; Zo 1004 Stanting Singing	icode Hills, 7	Amount of contribution (\$) 200 7912	
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ons)	
Date	Full name of contributor		Amount of contribution (\$)	
Principal occupation / Job tkie (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction	3 SCHEDULE AS NEI 1 guide for additional n	EDEO aporting 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 Piler ID (Ethics Commission Filere)
4 Date 5 Full name of contributor	7 Amount of contribution (5)
4.5-19 6 Contributor address; City; State; Zip Code	15
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor [] sui-st-state PAC (ID):]	Amount of contribution (\$)
4-5-19 Sylvia Tolman Contributor address; City; State; Zip Code	15
Principal occupation / Job title (See Instructions) Employer (See Instructions)	done)
Date Full name of contributor out-of-state PAC (tDs:	Amount of contribution (\$)
4-5-19 Alexis Rich Contributor address; City; State; Zip Code	20
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name/ol/contributor eui-ei-state AC (108:	Amount of contribution (\$)
4-6-19 Jeff 3 Jaime Hadfield. Contributor address; City; State; Zip Code 1885 5 250 W. Perny, UT, 84302	250
Principal occupation / Job title (See Instructions) Employer (See Instruct	ione)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE il contributor is out-of-state PAC, piezza sae instruction guide for additional	EDED requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date S Full name of contributor Cul-el-state PAC (105:)	7 Amount of contribution (\$)			
4 Date S Full name of contributor cut-of-state PAC (108) Chryshine anes City; State; Zip Code 1088 Calle Parque Dr., 79912 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions)	500			
1088 Calle Parque Dr. 79912				
8 Principal occupation / Job title (See instructions) / 9 Employer (See Instru	itions)			
Date Full name of contributor cut-ct-state PAC (fD4:	Amount of contribution (\$)			
4-5-19 Anna Waldran Contributor address; City; State; Zip Code 221 Stone health Ct	40			
221 Stone health Ct				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor aut-al-state PAC (IDs:	Amount of contribution (\$)			
4-5-19 Carmen Bastian Contributor address; City; State; Zip Code	5			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-al-state PAC (IOF:)	Amount of contribution (\$)			
4-5-19 Cassandra Meiners Contributor address; City: Biste; Zip Code	10			
Principal occupation / Job title (See Instructione) Employer (See Instructione)	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	#EDED			
ATTACH ADDITIONAL COPIES OF THIS SCREENES AS NI 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 (IDE:	7 Amount of contribution (\$)			
4-8 E Contributor address; City; State; Zip Code	100			
6305 Franklin View, 79912	<u> </u>			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	epona)			
Date Full name of contributor Dout-of-state PAC (EDS:)	Amount of contribution (\$)			
4-24 Georgina Williams Georgina Williams Gity: State: Zip Code 629 Moondate Drive, 79912	4300			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Oate Full name of contributor out-of-stells PAC (105) ASSOCIATION of General Confirmed Contributor address; City; State; Zip Code 810 E Vandell 5te B, 79902 Principal cooperation (.10b title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 2-50			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	and to y			
Date Full name of contributor [] out-of-state PAC (ID):] Richard Bonart	Amount of contribution (\$)			
4-27 Contributor address: City: State: Do Code 6524 Loma De Cristo, 79912-	200			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
F1	•			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N 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	Daniel Call		3 Filer ID (Ethics Commission Filers)	
	5 Full name of contributor Dept-of-state PAC Robert 3 Sally Dinsk 6 Contributor address; City; State 659 Vera C+ 799 pation / Job title (See Instructions)	(ID#:) YOU ZIP Code 3) 9 Employer (See Instruc	7 Amount of contribution (\$)	
Date (1) /2 a /19	Full name of contributor out-of-state PAC	; (LD#:)	Amount of contribution (\$)	
-1/2 1/11	Mike Guerra Contributor address; City; State 5729 Burning Tree	79912	\$ 100	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)	
5/24/19	Full name of contributor Out-of-state PAC Kids First of El Pa Contributor address; City; State 4110 Rio Bravo Dr S	SO PAC Zip Code	Amount of contribution (\$) \$ 1,000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor ust-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; State	; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see instructional contributor is out-of-state.			

NON-MONETARY (IN-KIND) POLITI CONTRIBUTIONS	CAL SCHEDULE A2
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Daniel Call	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor suit of state PAC (IDS:	3 8 Amount of . 9 In-kind contribution Contribution \$. description
3-28-19 7 Contributer eddress; City: State; Zip Cod	Check N travel dutaids of Texas. Confidence Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (POR NON-JUDICIAL)(See Instructions)
12 Centributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Cantributar's employer/taw (frm (FOR JUDICIAL)	15 Law firm of contributor's apouse (if any) (FOR JUDICIAL)
16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
4.22-19 Amerikan Federatian of Tea Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; Ci	Amount of Contribution \$ in-kind contribution description 142.98 Advertising Example 103 Check if travel outside of Texas. Complete Schoolule 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 T	HIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction	guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLIT CONTRIBUTIONS	SCHEDULE A2			
The instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:			
2 FILER NAME Daniel Call	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$			
5 Date 6 Full name of contributor out-of-sists PAC (109:	8 Amount of 9 In-kind contribution Cantribution 5 description			
4.9.19 American Federation of 7 7 Contributor address; City; State; Zip Co 4024 Trowbridge Dr. 7	1258.54 Advertising			
4024 rowbridge Dr. 7	9903 Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAE) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDIGIAL) (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 aut-of-state PAC (ID): Texas State Teachers Associated Contributor address: City; State; Zip Contributor address	Amount of in-kind contribution contribution s. description 958-32: Advertising Expanse Austria Check if travel outside of Texas. Complete Schedule 7.			
Principal occupation / Job title (FOR NON-JUDICIALY(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)	8			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

	MONETARY (IN-KIND) POLITI RIBUTIONS	CAL	SCHEDULE A2
TI	ns Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Daniel Call		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date 5/4/19	6 Full name of contributor out-of-state PAC (IDE: Georgina William 5 7 Confutbutor address; City; State; Zip Coo 629 Moondale Dr., 799/2	ie	8 Amount of Sin-kind contribution description Contribution \$ General Sevenage Check if travel outside of Texas, Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		*
Date	Full name of contributor out-of-state PAC (IDF:		Amount of . (n-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / 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 fin	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		,	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CA	ATEGORIES FOR BOX 8(s)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	s Committee Legal Servicus	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor uplains how to complete this form.	Solicitation/Fundralaing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
		Spenie non to combiete and term	1 0 CU - 10 (CU) - 0
1 Total pages Schedule F1:	2 FILER NAME	Ca11	3 Filer ID (Ethics Commission Filers)
Various	Son Crock	Strategic 6	rauh
5 Amount (\$)	7 Payee address; City; State	; Zip Code	
12,207.71	501 E Nevada	, El Pasa, TX	79907
8	(a) Category (See Categories listed at the top of		;
PURPOSE	Printing ExEDSE	Expanse Check I travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expans	/ Cilock it Aus	tin, TX, afficeholder living expense
9 Complete ONLY II direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	4	
7/12/19	Rusty Boo	ath	
Amount (\$)	Payee address; City; State	; Zip Code	
69.55	240 Fremai	nt Ln	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the topo Inansportation Rejumburse		outside of Texas: Complete Schedule T. Iln, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Gandidate / Officeholder name	Office sought	Office held
Date	Payee name		
Various	Paypall.	Paypal	
Amount (\$)	Payee address; City; State	; Zip Code	
48.34	2211 North	First St, Sa	n Jose CA 9513
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top or	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder Inving expense
Camplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expanse Accounting/Banking Consulting Expanse Contributions/Donations Made 8 Candidate/Officeholder/Politica Credit Cord Payment	Committee Legal Services	Office Overhe e Polling Exper Expense Printing Expe	inse jes/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Dani	el Call		3 Filer ID (Ethles Commission Filers)
4 Date 72/22/19	5 Payee name Chnis	s Hanna		
6 Amount (\$)	,, , , , , , , , , , , , ,	State; Zip Code		
400	5801 Sil	ver Spring.	$s \sum r, \frac{\pi}{2}$	79912
8	(a) Category (See Categories listed at	the top of this achedule)	(b) Description	
PURPOSE OF	. / /	10.000		itside af Texes. Complete Schedule T. 1, TX, officehalder living expense
EXPENDITURE	Advertising E	X/47/3C	Chieck it Adelin	, IX, SHESHOIGS HANG SEPSICE
		'		••
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder na	me	Office sought	· Office held
Date	Payee name			
2/22/19	Nima ;	Hedberg		
Amount (\$)	, , ,	State; Zlp Code		
300	5801 511	ver Spring	is Dr,	79912
	Category (See Categories Histed at	the top of this schedule)	Description	
PURPOSE	111			side of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising E	xxnse	Check is Austin,	TX, officeholder living expense
Complete ONLY If direct	Candidate / Officeholder na	me	Office sought	Office held
expenditure to benefit C/OH				
Date	Payee name	· · · · · · · · · · · · · · · · · · ·		
4/15/19	Nicolas	Bañales	;	
Amount (\$)	Payee address; City;	State; Zip Code		
150				
	Category (See Categories listed at	ine top of this schedule)	Description	
PURPOSE	0111	. ,		side of Texas. Complete Schedule T.
OF EXPENDITURE	Contract L	abar	Check if Austin,	TX, officeholder #ving expense
Demailie District Matter-4	Candidate / Officeholder na	ıme	Office sought	Office held
Complete ONLY If direct expenditure to benefit C/OH	expenditure to benefit C/OH			
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 B Contributions/Dioeholder/Politics Credt Card Payment	Fees (Food/Beverage Expense by Glit/Awards/Memorials Expense	oan Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lisbor	Solicitation/Fundrateing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Creaticald Paymon	The Instruction Guide explains i	now to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Daniel Ca	11.	3 Filer ID (Ethics Commission Filers)	
4 Date 5/1/19	5 Payee name) Nari Hernan			
6 Amount (\$)	7 Payos address: City; State; Zip	Code	İ	
100	9477 Ariel Ri	co, El Pa	50, TX, 79907	
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories II sled at the top of this scho	Check if travel o	utside of Texes. 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	Payee name			
5/17/19	L7, J6	*		
Amount (\$)	Payee address; City; State; Zip			
83.85	3622 E Misso	ouri Ave, E	1 Paso, Tx 7990=	
PURPOSE OF EXPENDITURE	Catogory (See Categories listed at the top of this school Food & Beverage Expense	Chack if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/DF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip (Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel ou	tside of Texas. Complete Schedule T. , TX, afficetroider living expense	
Complete ONLY if direct expanditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	iuide explains how to complete this form.	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Alfonso V.	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX	Date Heceived		
	Velarde			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8501 Edgemere El Paso TX 79925	JAN21 '20 4:48PM		
Change of Address		1/21/2020		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 253-2178	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$		
NAME	Jaime NICKNAME LAST SUFFIX	Date Processed		
	Barceleau	Date Imaged 1 2 1 2000		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE		
(Residence or Business)	9116 Lait El Paso TX	79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 920-4820			
9 REPORT TYPE	X January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
12.0	July 15 Bth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month	Day Year		
	07 /16 /19 _{ТНВОИСН} 01/	15 /20		
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

14 C/OH NAME AI	fonso Velarde	1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM 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 F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	an \$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	1 2 TOTAL DOLLTICAL EVECNETURES OF 6400 OR LEGG. 1 940		\$ 310.94
	4. TOTAL	POLITICAL EXPENDITURES	\$ 310.94
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 1042.43		
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	HE \$
I swear, or affirm, under penalty of periury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 16. Election Code. Signature of Candidate or Officeholder Signature of Candidate Signature of Cand			
AFFIX NOTARY STAMP/SEAL ABOVE			
Sworn to and subscribed before me, by the said Attorso V. Woldede, this the 21st day of January, 20_20, to certify which, witness my hand and seal of office.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	-	\$
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 310.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

(HH21, '28 4:48PM

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memortals 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 Travel Out Of District

Candidate/Officeholder/Politics Credit Card Payment	Legal Services Salaries M The Instruction Guide explains how to c	/ages/Contract Labor complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	² FILER NAME Alfonso V. Velarde		3 Filer ID (Ethics Commission Filers)		
4 Date 10/28/19	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$100.00	On-Line Contribution				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Contribution for Cesar Blanco	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Texas State Representative	LI Check if Austin	, TX, afficeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/15/19	El Paso Giving Day				
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	On-Line Contribution, El Pas	o, Texas			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Contribution to support local		cif travel outside of Texas. Complete Schedule T. k If Austin, TX, officeholder living expense		
EXPENDITURE	non-profits on	, IX, Unicardidat living expense			
	El Paso Giving Day				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
DUDDOOT	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			ide of Texas. Complete Schedule T. TX, officeholder #ving expense		
EXPENDITURE			anpointed		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				