

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Farced</i>	MI <i>I</i>	OFFICE USE ONLY Data Received JAN 15 '20 9:09AM <i>1/15/2020 ee</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged <i>1/15/2020 ee</i>		
	NICKNAME	LAST <i>Freddy "Kbayel" Khlayel Avalos</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE
<input type="checkbox"/> Change of Address	<i>6339 Franklin Vista Dr El Paso TX 79912</i>					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>526 2885</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Joseph</i>	MI <i>X</i>			
	NICKNAME	LAST <i>Morano</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
		<i>7907 Rodeo El Paso TX 79915</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>922 7130</i>	EXTENSION			
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year <i>07 / 16 / 19</i>		THROUGH	Month Day Year <i>01 / 14 / 2020</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 04 / 19</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <i>EPISD Schol Board Trustee D #6</i>		13 OFFICE SOUGHT (if known)			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

JAN 15 '20 9:10 AM

14 C/OH NAME Fareed Freddy Klayel Aoules 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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2400.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>-0-</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>5805.0</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.

Fareed
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Fareed Freddy Klayel, this the 14 day of January, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Victor Esteves
Printed name of officer administering oath

El Paso, TX Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Farid Freddy Klayel Acabas

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2400.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

JAN 15 '20 9:18 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

JAN 15 '20 9:10AM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME <i>Farud Freddy Klayel Avalos</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>07/23/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrack Delivery Service</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>515 S. Kansas St El Paso TX 79961</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>07/26/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Hulse PC</i>	Amount of contribution (\$) <i>\$400.00</i>
Contributor address; City; State; Zip Code <i>Scott Pac A/c 1100 Chase Tower El Paso TX 79901</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>07/31/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Vasquez</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>4216 O'Keefe El Paso TX 79902</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/31/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Escudero</i>	Amount of contribution (\$) <i>\$250.06</i>
Contributor address; City; State; Zip Code <i>34 Goodwin Dr El Paso TX 79902</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

JAN 15 '20 9:10AM

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **3**

2 FILER NAME *Furred Freddy Klayel Avulas* 3 Filer ID (Ethics Commission Filers)

4 Date <i>7/31/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rose Limon</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code <i>1301 Lonehood Dr El Paso TX 79925</i>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>07/31/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carmen Perez</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1404 Via Quijano El Paso TX 79912</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>07/25/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kids First PAC of El Paso</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>4110 Rio Bravo El Paso TX 79902</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>7/30/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosa Guerrero</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>3815 Savannah Ave El Paso TX 79930</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

Farid Freddy Klayel Avalos

3 Filer ID (Ethics Commission Filers)

4 Date

07/19/19

5 Full name of contributor

Angel Beltran

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City;

State;

Zip Code

750 Linda Ave El Paso TX 79922

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-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 THIS SCHEDULE AS NEEDED

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

JAN 15 '20 9:10AM

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Furued Freddy Klayel Avulos

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

Antonio Davalos

8 Amount (\$)

\$2000.00

6 Address of person from whom amount is received; City; State; Zip Code

300 Thunderbird Ste 10 El Paso TX 79912

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

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

1 C/OH NAME

Farzeed Freddy Klayel Avalos

2 Filer ID (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	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Joshua	MI
	NICKNAME Josh	LAST Acevedo	SUFFIX
OFFICE USE ONLY			
Date Received <i>11/15/2020 ea</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2626 Jackson El Paso, TX 79930		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged <i>11/16/2020 ea</i>			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Keny	MI Michael
	NICKNAME	LAST Apodaca	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3323 Sacramento Ave, El Paso, TX 79930		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(915) 252 - 4520			
8 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)		
9 PERIOD COVERED	Month Day Year 07/01/2019	THROUGH	Month Day Year 12/31/2019
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) El Paso ISD Trustee District 3		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2
2 of 3

JAN 15 '20 3:47 PM


13 C / OH NAME Acevedo, Josh	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">COMMITTEE ADDRESS</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> <td style="padding: 5px;"></td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME						
COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS							

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Joshua Acevedo

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joshua Acevedo, this the fifteenth day of January, 2020, to certify which, witness my hand and seal of office.

Priscilla E Barron

Signature of officer administering

Priscilla E Barron

Printed name of officer administering

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

JAN 15 20 3:47 PM

18 FILER NAME Acevedo, Josh		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i> NICKNAME	FIRST <i>Daniel</i> LAST	MI <i>E</i> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX: APT / SUITE #: CITY, STATE, ZIP CODE <i>6006 N Mesa St #604 El Paso, TX 79912</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>308 5994</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs</i> NICKNAME	FIRST <i>Sarah</i> LAST	MI <i>E</i> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY, STATE, ZIP CODE <i>808 Cresta Alta Dr. El Paso, TX 79912</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>525-5509</i>	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <i>DC</i> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach COH - FR)		
10 PERIOD COVERED	Month Day Year <i>2 / 19 / 19</i> THROUGH Month Day Year <i>1 / 15 / 20</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 4 / 19</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>EPISD Trustee District 7</i>	

OFFICE USE ONLY

Date Received
JAN 16 '20 8:18AM

Date Hand-delivered or Date Postmarked
1/16/2020 ee

Receipt # Amount \$

Date Processed

Date Imaged
1/16/2020 ee

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

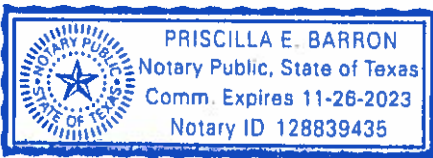
JAN 16 '20 8:19 AM

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

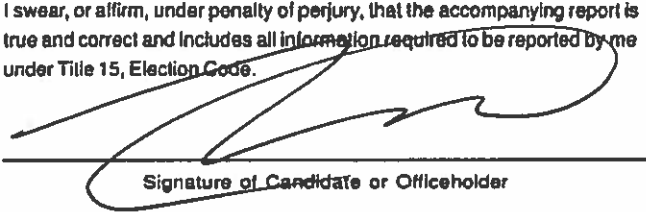
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u> </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>13,505</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>145.55</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13,505</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> </u>

18 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Daniel Elton Call, this the 16th day of January, 2020, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Priscilla E. Barron

 Printed name of officer administering oath

Notary Public TX

 Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

JAN 16 20 6:18 PM

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,505
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,654.75
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,505
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	\$

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 FBar ID (Ethics Commission Filers)

4 Date
2/28/19

5 Full name of contributor out-of-state PAC (OR: _____)
Patricia Call

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
8001-E Mesa St #104, El Paso TX 79933

100

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
2/28/19

Full name of contributor out-of-state PAC (OR: _____)
Juan Teixeira

Amount of contribution (\$)

Contributor address; City; State; Zip Code
848 Via Descanso Dr, El Paso, TX 79912

50

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/21/19

Full name of contributor out-of-state PAC (OR: _____)
Jess. Nelson

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6229 La Posta Dr, El Paso, TX, 79912

50

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/19/19

Full name of contributor out-of-state PAC (OR: _____)
Alayna Christensen

Amount of contribution (\$)

Contributor address; City; State; Zip Code
**2333 Campus Dr
Cottonwood Heights, UT, 84121**

25

Principal occupation / Job title (See instructions)

Employer (See instructions)

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: 9
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Files)
4 Date <i>2/19/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynn Westbrook</i> 6 Contributor address: City: State: Zip Code <i>1201 Rim Rd, El Paso, TX 79912</i>	7 Amount of contribution (\$) <i>50</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Estrada</i> Contributor address: City: State: Zip Code <i>3112 Hero Point Place, 79938</i>	Amount of contribution (\$) <i>300</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eunice Gonzalez</i> Contributor address: City: State: Zip Code <i>14856 Canyon Breeze Place Ln, 79928</i>	Amount of contribution (\$) <i>300</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Campbell</i> Contributor address: City: State: Zip Code <i>1453 Plaza Roja Ct, 79912</i>	Amount of contribution (\$) <i>300</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 9
2 FILER NAME Daniel Call		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Nev. 6 Contributor address; City; State; Zip Code 36306 Hemmingway Ave North Branch, MN 55056	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 3/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Deming Contributor address; City; State; Zip Code 6316 Star Snowflakes Ct, 79912	Amount of contribution (\$) 50
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/20/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) American Federation of Teachers Contributor address; City; State; Zip Code 4024 Trowbridge, 79903	Amount of contribution (\$) 8,000
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/28/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adrian J. Sarah Brito Contributor address; City; State; Zip Code 808 Cresta Alta Dr, 79912	Amount of contribution (\$) 150
Principal occupation / Job title (See instructions)		Employer (See instructions)

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: 9
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Files)
4 Date <i>3/28/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jack Bumgardner</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code <i>833 Dulcinea Ct, 79922</i>	7 Amount of contribution (\$) <i>225</i>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <i>3/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lisa Schoenbrun</i> Contributor address: _____ City: _____ State: _____ Zip Code <i>6609 Camino Fuente Dr, 79912</i>	Amount of contribution (\$) <i>50</i>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <i>3/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gregory & Heidi Bane</i> Contributor address: _____ City: _____ State: _____ Zip Code <i>817 Dulcinea Ct, 79922</i>	Amount of contribution (\$) <i>100</i>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <i>3/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Georgina Williams</i> Contributor address: _____ City: _____ State: _____ Zip Code <i>630 Moondale Drive, 79912</i>	Amount of contribution (\$) <i>300</i>
Principal occupation / Job title (See instructions)		Employer (See instructions)

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

JPM16 20 8:28AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Daniel Call		3 Filer ID (Ethics Commission Filers)
4 Date 4-6-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tysan A. James 6 Contributor address; City; State; Zip Code 1088 Calle Parque Dr, 79912	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-7-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto Cortez Contributor address; City; State; Zip Code 6263 Franklin Larr, 79912	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Allen-Pedraza Contributor address; City; State; Zip Code 1004 Singing Singing Hills, 79912	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 9
2 FILER NAME Daniel Call		3 Filer ID (Ethics Commission Filers)
4 Date 4-5-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jacob Clawson 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 15
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 4-5-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sylvia Tolman Contributor address; City; State; Zip Code	Amount of contribution (\$) 15
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4-5-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alexis Rich Contributor address; City; State; Zip Code	Amount of contribution (\$) 20
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4-6-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff & Jaime Hadfield Contributor address; City; State; Zip Code 1885 S 250 W, Perry, UT, 84302	Amount of contribution (\$) 250
Principal occupation / Job title (See instructions)		Employer (See instructions)

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: 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
4-5-19	Christine Janes 1088 Calle Parque Dr, 79912	500
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4-5-19	Anna Waldran 221 Stone health Ct	40
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4-5-19	Carmen Bastian	5
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4-5-19	Cassandra Meiners	10
Principal occupation / Job title (See instructions)		Employer (See instructions)

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

JAN 16 '20 9:20 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Daniel Call		3 Filer ID (Ethics Commission Filers)
4 Date 4-8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Andruslis 6 Contributor address; City; State; Zip Code 6305 Franklin View, 79912	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 4-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgina Williams Contributor address; City; State; Zip Code 629 Moondate Drive, 79912	Amount of contribution (\$) \$ 300
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Association of General Contractors Contributor address; City; State; Zip Code 810 E Vandell ste B, 79902	Amount of contribution (\$) 250
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Bonart Contributor address; City; State; Zip Code 6524 Loma De Cristo, 79912	Amount of contribution (\$) 200
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

JAN 16 '20 8:20AM

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **9**

2 FILER NAME **Daniel Call** 3 Filer ID (Ethics Commission Filers)

4 Date 4/29/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Sally Dinsmoor	7 Amount of contribution (\$) \$ 100
	6 Contributor address; City; State; Zip Code 659 Vera Ct 79932	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 4/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Guerra	Amount of contribution (\$) \$ 100
	Contributor address; City; State; Zip Code 5729 Burning Tree 79912	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kids First of El Paso PAC	Amount of contribution (\$) \$ 1,000
	Contributor address; City; State; Zip Code 4110 Rio Bravo Dr Ste 103	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3-28-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Georgina Williams</i>	8 Amount of Contribution \$ <i>1044.91</i>	9 In-kind contribution description <i>Fundraising Expense</i>
7 Contributor address; City; State; Zip Code <i>629 Moondale Dr. 79912</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>4-22-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>American Federation of Teachers</i>	Amount of Contribution \$ <i>142.98</i>	In-kind contribution description <i>Advertising Expense</i>
Contributor address; City; State; Zip Code <i>4024 Trawbridge Dr, 79903</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

JAN 16 '20 08:20 AM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-9-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>American Federation of Teachers</i> 7 Contributor address; City; State; Zip Code <i>4024 Trowbridge Dr. 79903</i>	8 Amount of Contribution \$ <i>1258.54</i>	9 In-kind contribution description <i>Advertising Expense</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See instructions)		11 Employer (FOR NON-JUDICIAL)(See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>3-28-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Texas State Teachers Association</i> Contributor address; City; State; Zip Code <i>8716 N. Mopac Expressway, Austin</i>	Amount of Contribution \$ <i>958.32</i>	In-kind contribution description <i>Advertising Expense</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See instructions)		Employer (FOR NON-JUDICIAL)(See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

JFH16 '20 8:26AM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

JAN 16 '20 8:20AM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5/4/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Georgina Williams</i>	8 Amount of Contribution \$ <i>250.00</i>	9 In-kind contribution description <i>Food & Beverage Expense</i>
7 Contributor address; City; State; Zip Code <i>629 Moondale Dr, 79912</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

2016.10.08:20AM

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
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Daniel Call</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>Various</i>	5 Payee name <i>Sun Circle Strategic Group</i>
--------------------------	---

6 Amount (\$) <i>17,207.71</i>	7 Payee address; City; State; Zip Code <i>501 E Nevada, El Paso, TX 79907</i>
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense Expense Advertising Expense</i>	(b) Description <input type="checkbox"/> Check 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	Office sought	Office held
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Date <i>7/12/19</i>	Payee name <i>Rusty Booth</i>
------------------------	----------------------------------

Amount (\$) <i>69.55</i>	Payee address; City; State; Zip Code <i>240 Fremont Ln</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation Reimbursement</i>	Description <input type="checkbox"/> Check 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	Office sought	Office held
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Date <i>Various</i>	Payee name <i>Raypatt. Raypal</i>
------------------------	--------------------------------------

Amount (\$) <i>48.34</i>	Payee address; City; State; Zip Code <i>2211 North First St, San Jose CA 95131</i>
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PURPOSE OF EXPENDITURE	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
------------------------	--	---

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

JAN 16 20 8:20 AM

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
Gift/Awards/Memorabilia Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Daniel Call</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/22/19</i>	5 Payee name <i>Chris Hanna</i>
---------------------------------	---

6 Amount (\$) <i>400</i>	7 Payee address; City; State; Zip Code <i>5801 Silver Springs Dr, 79912</i>
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check 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	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>2/22/19</i>	Payee name <i>Nina Hedberg</i>
------------------------	-----------------------------------

Amount (\$) <i>300</i>	Payee address; City; State; Zip Code <i>5801 Silver Springs Dr, 79912</i>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check 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	Office sought	Office held
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Date <i>4/15/19</i>	Payee name <i>Nicolas Bañales</i>
------------------------	--------------------------------------

Amount (\$) <i>150</i>	Payee address; City; State; Zip Code
---------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

TAN16 '20 8:20AM

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
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Daniel Call</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/1/19</i>	5 Payee name <i>Nari Hernandez</i>
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6 Amount (\$) <i>100</i>	7 Payee address; City; State; Zip Code <i>9477 Ariel Rico, El Paso, TX, 79907</i>
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <input type="checkbox"/> Check 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	Office sought	Office held
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Date <i>5/17/19</i>	Payee name <i>L? J's</i>
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Amount (\$) <i>83.85</i>	Payee address; City; State; Zip Code <i>3622 E Missouri Ave, El Paso, TX 79903</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Beverage Expense</i>	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
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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
------------------------	--	---

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

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: 2em; color: blue;">4</div>																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:30%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Alfonso</td> <td style="text-align: center;">V.</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			Alfonso	V.		NICKNAME	LAST	SUFFIX			Velarde			OFFICE USE ONLY				
MS / MRS / MR	FIRST	MI																				
	Alfonso	V.																				
NICKNAME	LAST	SUFFIX																				
	Velarde																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:30%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td style="text-align: center;">8501 Edgemere</td> <td style="text-align: center;">El Paso</td> <td style="text-align: center;">TX</td> <td style="text-align: center;">79925</td> <td></td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	8501 Edgemere	El Paso	TX	79925		Date Received JAN21 '20 4:48PM <div style="font-size: 1.5em; color: blue; text-align: center;">1/21/2020</div>										
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
8501 Edgemere	El Paso	TX	79925																			
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">AREA CODE</td> <td style="width:45%; font-size: 8px;">PHONE NUMBER</td> <td style="width:30%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(915)</td> <td style="text-align: center;">253-2178</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(915)	253-2178		Date Hand-delivered or Date Postmarked														
AREA CODE	PHONE NUMBER	EXTENSION																				
(915)	253-2178																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:30%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Jaime</td> <td></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;">Barceleau</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Jaime			NICKNAME	LAST	SUFFIX			Barceleau			Receipt #	Amount \$			
MS / MRS / MR	FIRST	MI																				
	Jaime																					
NICKNAME	LAST	SUFFIX																				
	Barceleau																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 8px;">APT / SUITE #;</td> <td style="width:10%; font-size: 8px;">CITY;</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:10%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td style="text-align: center;">9116 Lait</td> <td></td> <td style="text-align: center;">El Paso</td> <td style="text-align: center;">TX</td> <td style="text-align: center;">79925</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	9116 Lait		El Paso	TX	79925									
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9116 Lait		El Paso	TX	79925																		
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">AREA CODE</td> <td style="width:45%; font-size: 8px;">PHONE NUMBER</td> <td style="width:30%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(915)</td> <td style="text-align: center;">920-4820</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(915)	920-4820														
AREA CODE	PHONE NUMBER	EXTENSION																				
(915)	920-4820																					
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)											
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">Month</td> <td style="width:15%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:10%;"></td> <td style="width:15%; font-size: 8px;">Month</td> <td style="width:15%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">/ 16</td> <td style="text-align: center;">/ 19</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">01</td> <td style="text-align: center;">/ 15</td> <td style="text-align: center;">/ 20</td> </tr> </table>			Month	Day	Year		Month	Day	Year	07	/ 16	/ 19	THROUGH	01	/ 15	/ 20					
Month	Day	Year		Month	Day	Year																
07	/ 16	/ 19	THROUGH	01	/ 15	/ 20																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="width:15%; font-size: 8px;">Month</td> <td style="width:15%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:15%;"><input type="checkbox"/> Primary</td> <td style="width:15%;"><input type="checkbox"/> Runoff</td> <td style="width:15%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> <td></td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	/ /	/ /		<input type="checkbox"/> General	<input type="checkbox"/> Special				
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/ /	/ /		<input type="checkbox"/> General	<input type="checkbox"/> Special																		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																				
	EPISD Trustee Dist. 2																					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

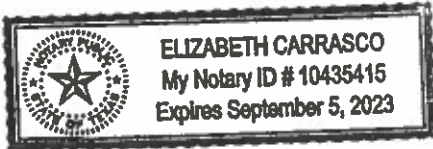
JAN 21 '20 4:43 PM

14 C/OH NAME Alfonso Velarde	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;">COMMITTEE ADDRESS</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> <td style="padding: 2px;"> </td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME						
COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS							

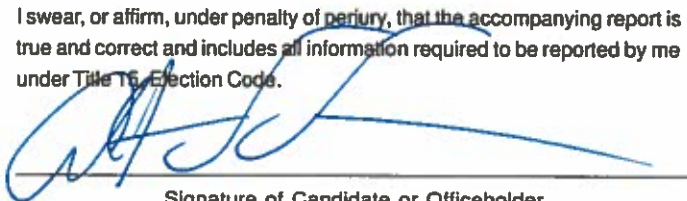
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 310.94
	4. TOTAL POLITICAL EXPENDITURES	\$ 310.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1042.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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 16, Election Code.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Alfonso V. Velarde, this the 21st day of January, 20 20, to certify which, witness my hand and seal of office.


 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

JAN21 '20 4:48PM

19 FILER NAME		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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 310.94
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

CH21 '20 4:48PM

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: 1	2 FILER NAME Alfonso V. Velarde	3 Filer ID (Ethics Commission Filers)
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4 Date 10/28/19	5 Payee name
---------------------------	---------------------

6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code On-Line Contribution
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution for Cesar Blanco Texas State Representative	(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 11/15/19	Payee name El Paso Giving Day
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Amount (\$) \$100.00	Payee address; City; State; Zip Code On-Line Contribution, El Paso, Texas
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution to support local non-profits on El Paso Giving Day	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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PURPOSE OF EXPENDITURE	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