CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Dori Fenenbock NAME Date Received LAST NICKNAME SUFFIX CITY-STATE ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX. APT / SUITE #: **OFFICEHOLDER** MAILING 405 Camino Real **ADDRESS** El Paso, TX 79912 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** PHONE Receipt # Amount \$ MS . MRS / MR MI 6 CAMPAIGN TREASURER Debbie Hester Date Processed NAME LAST NICKNAME SUFFIX Date Imaged 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 780 N Resler **ADDRESS** (Residence or Business) El Paso, TX 79912 AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** (915) 585-2222 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD Month Year COVERED 01 01 2017 THROUGH 06 2017 ELECTION DATE 11 ELECTION ELECTION TYPE Primary Runoff Month Day Special General NA 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) EPISD Trustee #7 NA

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME		15 Fi	ler ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	Joenenal	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		Committee Commit		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
	2. TOTAL	POLITICAL CONTRIBUTIONS	\$ 0.00	
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	Ψ 0.00	
EXPENDITURE 3. TOTAL		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0.00	
TOTALS		SITEMIZED	\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,629.08	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 7,751.35	
OUTSTANDING	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$ 0.00	
LOAN TOTALS	LAST D	AY OF THE REPORTING PERIOD	0.00	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of perjur		
	DELIA SANDO Notary Public, State		ion required to be reported by me	
	Comm. Expires 11	-27-2020 · · · ·	1.	
OF THE	Notary ID 3730	DESI-7 DU HUMBIT	K.	
		Signature of Candidat	e or Officeholder	
AFFIX NOTARY STAM	IP/SEALABOVE			
Sworn to and subsc	ribed before me,	by the said	, this the30th	
_{day of} June	4	to certify which, witness my hand and seal of office.		
Deliale	doral	Delia-Sandoval	Notary Public	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Con			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00		
4.	SCHEDULE E: LOANS	\$ 0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,629.08		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00		

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 Paymont

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagos/ContractLabor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Content of the Property of the Pro

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sataries/N The Instruction Guide explains how to c	/ages/ContractLabor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1-30-17	5 Payee name Quicken Inc		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
64.54	3760 Haven Ave Menlo Park,	CA 94025	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel out	sido of Texas. Complete Schedule T.
OF EXPENDITURE	Accounting	Check if Austin,	TX, afficeholder living axpense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-31-17	El Paso Rising		
Amount (\$)	Payee address; City; State; Zip Code		
1,500.00	3610 Fort Boulevard El Paso,	TX 79930	
PURPOSE OF	Category (See Calegories listed at the top of this schedule)		ide of Taxas. Complete Schedule I. TX, officeholder living expense
EXPENDITURE	Contribution		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6-30-17	Quicken Inc		
Amount (\$)	Payee address; City; State; Zip Code	VI21-10-14-14-00-00-00-00-00-00-14-00-00-00-00-00-00-00-00-00-00-00-00-00	
64.54	3670 Haven Ave Menlo Park,	CA 94025	
	Category (See Categories listed at the top of this achedule)	Description	
PURPOSÉ OF EXPENDITURE	Accounting		ide of Toxas. Complete Schedule T. TX, officoholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder namo	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

JUL17 17 11:34AM

FORM COR-C/OH

1	Filer ID (Ethics Comm	ilssion Filers)	2 Total pages filed:	OFFICE USE ONLY		
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Robert NICKNAME LAST BOB GESK	SUFFIX	Date Received		
	ORIGINAL REPORT TYPE	30th day before election 15th app	ooff Other (specify) seeded \$500 limit ———————————————————————————————————	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
5	ORIGINAL PERIOD COVERED		Month Day Year IROUGH 6/21/17	Date Processed Date Imaged		
6	6 EXPLANATION OF CORRECTION Forgot about in-Kind Contribution					
7	7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
	Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
	AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder					
	Sworn to and subscribed before me, by the said Robert Geste, this the Hay of July, 20					
	Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

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 Robert	МІ	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Bob Geske			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3500 OKeefe / El Pas	CITY; STATE; ZIP CODE		
Change of Address	/	,	71-1007 80	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 588 -2432	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Anjta	МІ	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Gacharna	_	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 629 Bristol/EL Pa		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 581 - 3497	EXTENSION		
9 REPORT TYPE	January 15 30th day before elements 30th day b		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 3 / 1 / 17	THROUGH 6	Day Year / 21 / 17	
11 ELECTION	Month Day Year Primary 5 / 6 / 17 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any) Trustee EPISD	13 OFFICE SOUGHT (if known	EPISD	
	District One	District C	One	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	Pobert	Geske 15	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2408.18			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 2408.18				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PORTING PERIOD	\$ 0			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 0			
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. ELIZABETH CARRASCO My Notary ID # 10435415 Expires September 5, 2019 Signature of Candidate or Officeholder						
AFFIX NOTARY STAM			//-			
Sworn to and subscribed		to certify which, witness my hand and seal of office.	, this the			
A LINE	Glusson Drabath arasco X (stars					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

			COVERS	HEET PG 3
19	FILERN	Robert Geske	20 Filer ID (Ethics Con	mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2224
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 184.18
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1684.30
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 FU	NDS	\$ 539.70
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Robert Geske	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
3/1/17 6 Contributor address; City; State; Zip Code	624,00			
3500 OKeefe El Paso, TX 79902				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)			
Date Full name of contributor out-of-state PAC (ID#: El Paso Federation of Teachers	Amount of contribution (\$)			
4/18/17 Contributor address; City; State; Zip Code	1500,00			
4024 Trowbridge El Paso, TX 79903				
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
Carolyn Niland Contributor address; City; State; Zip Code 4800 Stanton #155 El Paso, TX 79902	100.00			
Principal occupation / Job title (See Instructions) Employer (See Instru	<u></u>			
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)			
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)			
1				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

SCHEDULE A2

CONT	KIBUTIONS			
Th	ne Instruction Guide explains how to complete this form	ı.	1 Total pages Schedule A2:	
2 FILER NAME Robert Geske		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description 84.18 Mailings Check if travel outside of Texas. Complete Schedule T. arr (FOR NON-JUDICIAL) (See Instructions)		
•	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	II F AS NEEDED	
lf lf	contributor is out-of-state PAC, please see instructio	n guide for a	dditional reporting requirements.	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense iges/Contract Labor	Solicitation/Fundraising 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 Robert	Geske	2	3 Filer ID (Ethics Commission Filers)		
5 Payee name RMED SI	porting	Goods			
	; Zip Code				
\$170.30 1501 Wyoming / E	SI Paso	, TX 799	02		
8 (a) Category (See Categories listed at the top of	f this schedule)	(b) Description			
PURPOSE T-Shirts			tside of Texas. Complete Schedule T.		
expenditure Advertising		Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought EPISD D	st. 1 Trustee		
Date Payee name					
5/18/17 EP15D Found	ation				
	; Zip Code				
\$ 1514.00 221 N. Kansas #	#1900 /	El Paso,	Tx 79901		
Category (See Categories listed at the top of	f this schedule)	Description			
PURPOSE		$\overline{}$	tside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin,	. TX, officeholder living expense		
Complete ONLY if direct candidate / Officeholder name expenditure to benefit C/OH		Office sought	Office held		
Date Payee name					
Amount (\$) Payee address; City: State	e; Zip Code				
Category (See Categories listed at the top of	f this schedule)	Description			
PURPOSE OF		_	tside of Texas. Complete Schedule T.		
EXPENDITURE		L Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought	Office held		
ATTACH ADDITIONAL COP	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Consulting Expense Travel In District Contributions/Donations Made By 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. Robert Geske 5 Payee name Print Spot 7 Payee address; City; State; Zip Code Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 3/20/17 6 Amount (\$) 1360 Silver Gate Pl. | El Paso, Tx 79936 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Signs Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH EPISD Trustee Dist. 1 Robert Geske Payee name Date Pavee address: City: State: Zip Code Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

JULI7 17 17:35AM

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 N	RAME Robert Geske 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		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> If you are not an officeholder. •-				
	A.	CAMPAIGN FUNDS				
	Chec	conly 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					
	Chec	k 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		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 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.					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Alfonso NICKNAME LAST Velarde	V.	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #; CO 8501 Edgemere EI P AREA CODE PHONE NUMBER	Paso TX 79925 EXTENSION	7/17/2017 8
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(915) 253-2178 MS / MRS / MR FIRST Mr. Jaime NICKNAME LAST	MI SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Barceleau STREET ADDRESS (NO PO BOX PLEASE); APT / SL 9116 Lait El Paso	UITE #: CITY: STATE: Texas 7992	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 920-4820	EXTENSION	
9 REPORT TYPE	January 15 30th day before elections and a state of the s		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 /16 /17	THROUGH 07	Day Year 15 / 17
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) EPISD Trustee	13 OFFICE SOUGHT (if known)).
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	Alfonso V. Ve		5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL F	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES \$ 500.00					
CONTRIBUTION BALANCE	5. TOTAL F	\$ 2894.30				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 0			
18 AFFIDAVIT						
M M	IZABETH CARRASCO / Notary ID # 10435415 bires September 5, 2019	true and correct and includes all info under Title 15, Election Code	erjury, that the accompanying report is ormation required to be reported by me didate or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE					
Sworn to and subscribed of		to certify which, witness my hand and seal of office.	le_, this the			
Signature of officer a		Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH N/A

19 FILE	19 FILER NAME 20 Filer ID (Ethics Co		
	Alfonso V. Velarde		
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 C	ONTRIBUTIONS	\$
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	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 FI	JNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL RETURNED TO FILER	ITIONS	\$
]			

	MONET	TARY POLITICAL	CONTRI	BUTIONS	N/A	SCHEDULE A1
	The Instruction Guide explains how to complete this form.					pages Schedule A1:
2	FILER NAME	Alfonso V. Velarde			3 Filer II	O (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amou	nt of contribution (\$)
:		6 Contributor address;				
8	Principal occu	L pation / Job title (See Instructions)		9 Employer (See Instruc	etions)	
	Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amou	ant of contribution (\$)
		Contributor address;	City; State			
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amou	int of contribution (\$)
		Contributor address;	City; State	e; Zip Code		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amou	int of contribution (\$)
		Contributor address;	City; State	e; Zip Code		
	Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	tions)	
		ATTACH ADDITA	ONAL CODIES	SETUIC COUEDING A SAN		
		If contributor is out-of-state PA		F THIS SCHEDULE AS NI ruction guide for additional		equirements.

SCHEDULE A2

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Alfonso V. Velarde		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution 5 description
	7 Contributor address; City; State; Zip Coc		Check if travel outside of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	ator's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Con	<i>,</i>	Check if travel outside of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL CODITO OF		H F AC NEEDED
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

PLEDG	GED CONTRIBUTIONS	N/A		SCHEDULE B
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B:
2 FILER NAME	: Alfonso V. Velarde		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor uut-of-state PAC (ID#:_) 8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; 2			•
			Check if travel outs	ide of Texas. Complete Schedule T
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; 2			
			Check if travel outsi	de of Texas. Complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	Zip Code		•
			Check if travel outsi	de of Texas. Complete Schedule T
Principal occu	upation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		•
			Check if travel outsi	de of Texas. Complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
		I		
16	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instr			roquiromonto

LOANS	N/A		SCHEDULE E	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME Alfon	so V. Velarde		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)				
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution? Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Cotl	ateral	Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re		

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 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
1	Alfonso V. Velarde		
4 Date 05/19/17	5 Payee name Burges High School		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
500.00	7800 Edgemere, El Paso, Texas	79925	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	rtside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	Contribution		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		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	l ——	tside of Texas. Complete Schedule T. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	, 1111111111111111111111111111111111111	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

UNPAID INCURRED OBLIGATIONS

N/A

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) Alfonso V. Velarde 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political EXPENDITURE **Political** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

N/A

SCHEDULE F3

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2 FILER NAME	Alfonso V. Velarde	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased; Cit			
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; City	y; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

N/A

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/ s how to complete	e Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER Alfon	NAME ISO V. Velarde	,		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACRED	IT CARD	\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Political	1	
10 PURPOSE OF EXPENDITURE	(a) Catego	Ory (See Categories listed at the top of thi	s schedule)		on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Ol		didate / Officeholder name	Office	sought	Office held
Date	Payee	name			
Amount (\$)	Payee	address; City; State;	Zip Code		
TYPE OF EXPENDITURE		Political	Non-Politica	ıl	
PURPOSE OF Expenditure	Catego	ory (See Categories listed at the top of thi	s schedule)		on Iravel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

N/A

SCHEDULE G

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)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule G:	2 FILER NAME Alfonso V. Velarde	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/		Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

N/A

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alfonso V. Velarde 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** _ Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date **Business** name City; State; Zip Code Business address; Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

N/A

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	² FILER NAME Alfonso V. Velarde	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED		

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

N/A

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Scheo	lule K:
2 FILER NAME	Alfonso V. Velarde	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State		
	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	e; 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 (\$)
	Purpose for which amount is received	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

FOR THAVE	L OUT		JI IEAAS		SOILE I
The Instru	uction Guide	explains	how to complete th	is form.	1 Total pages Schedule T:
2 FILER NAME AIF	onso V. V	elarde			3 Filer ID (Ethics Commission Filers)
4 Name of Contributor	Corporation	or Labor C	Organization / Pledgor /	Payee	
5 Contribution / Expend Schedule A2 Schedule F2	Sche	l on: dule B edule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name o	f person(s) traveling		
	8 Departu	re city or n	ame of departure local	ion	
	9 Destinat	ion city or	name of destination lo	cation	
10 Means of transportat	ion	11 Purpo	ose of travel (including	name of conference, s	eminar, or other event)
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor	Payee	
Contribution / Expend	liture reported	d on:			
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	of person(s) traveling		
	Departu	re city or n	ame of departure loca	tion	
	Destinat	ion city or	name of destination lo	cation	
Means of transportat	ion	Purpo	ose of travel (including	name of conference, s	eminar, or other event)
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor	/ Payee	
Contribution / Expend	liture reported	d on:			
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	f person(s) traveling		
	Departure city or name of departure location				
	Destinat	ion city or	name of destination lo	cation	
Means of transportat	ion	Purpo	ose of travel (including	name of conference, s	eminar, or other event)
	A	TTACH AI	DDITIONAL COPIES	OF THIS SCHEDULI	E AS NEEDED
L					

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 N	AME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign tions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	conly 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.
	В.	ASSETS
	Chec	conly 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		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 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

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction (Guide explains how to complete this form.	THEFT ID (Euros Commission Phers)	8
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME Diane		Date Received
	Dye		JUL24 '17 1:42Ph
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 9134 Mt. San Berdu, El F	Paso, TX 79924	
Change of Address			2/2/1/2 80
5 CANDIDATE/ OFFICEHOLDER PHONE	(915) 757-2658	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Diane Last		Date Processed
	Dye		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	9134 Mount San Berdu		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 757-2658	EXTENSION	
9 REPORT TYPE	July 15 30th day before electrical and a second sec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 06 02 2017	THROUGH 07	Day Year 17 / 2017
11 ELECTION	ELECTION DATE Month Day Year Primary 06 / 10 / 17 General	Runoff Description Special	
12 OFFICE	OFFICE HELD (if any) EPISD Trustee District #4	13 OFFICE SOUGHT (if known) EPISD Truste	
	GO TO	PAGE 2	,

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME Dia	ane M. Dye	15	5 Filer ID (Ethic	es Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION OF POLITICAL EXPENDITION OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITH WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDA	TE'S OR OFFICEHOLDER'S
κ.	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	El Paso American Federation of Teachers		JUL24'17 1:43PM
		COMMITTEE ADDRESS		
	SPECIFIC	4024 Trowbridge Drive, El Paso, TX 79903		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		Clifford Reed		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		4024 Trowbridge Drive, El Paso, TX 79903		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		63.66
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5434.72
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$	336.98
	4. TOTAL	POLITICAL EXPENDITURES	\$	5434.72
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	PAY \$	0.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	HE \$	0.00
18 AFFIDAVIT				
		I swear, or affirm, under penalty of pe	7. C. 1.	
JIARY PUR	VIRIDIANA IB	true and correct and includes all informance and includes all information and includes all information and information	mation required t	to be reported by me
	Notary ID # 13 My Commission October 14,	0403437 D Expires		
ATE OF TEAL		Signature of Candi	date or Officeho	older
AFFIX NOTARY STAME	P/SEALABOVE			
Sworn to and subscr	ibed before me. b	y the said Diana M. Dye	, this the	19
day pf July	1	o certify which, witness my hand and seal of office.	, uns ule	
Mindian	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Visidiam Dana	Matoria	Rudic
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	r administering oath
_				January Guill

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

ane M. Dye	15	Filer ID (Ethics Commission Filers)
SUPPORT THE CANE KNOWLEDGE OR CO	RIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
COMMITTEE TYPE	COMMITTEE NAME	
GENERAL	Texas State Teachers Association Politica	al Action Committee
SPECIFIC	8716 N. Mopac Expressway, Austin, TX 787	759
	COMMITTEE CAMPAIGN TREASURER NAME	
	Ed Martin	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	8716 N. Mopac Expressway, Austin, TX 787	759
1. TOTAL PLEDG	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N ED \$
2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
		\$
4. TOTAL	POLITICAL EXPENDITURES	\$
		DAY \$
		HE \$
		erjury, that the accompanying report is rmation required to be reported by me
	Signature of Cand	lidate or Officeholder
MP/SEALABOVE	. / 4	
cribed before me,	by the said	, this the
ı /n	Al /A	N/A
	THIS BOX IS FOR M SUPPORT THE CAME KNOWLEDGE OR CO. OF SUCH EXPENDIT COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL PLEDGE 2. TOTAL (OTHER 3. TOTAL UNLES 4. TOTAL 5. TOTAL LAST D AP/SEALABOVE Cribed before me,	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES SUPPORT THE CANDIDATE / OFFICEHOLDER. THISSE EXPENDITURES MAY HAVE BEEN MADE WITH KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS OF SUCH EXPENDITURES. COMMITTEE TYPE GENERAL COMMITTEE NAME GENERAL COMMITTEE ADDRESS 8716 N. Mopac Expressway, Austin, TX 787 COMMITTEE CAMPAIGN TREASURER NAME Ed Martin COMMITTEE CAMPAIGN TREASURER ADDRESS 8716 N. Mopac Expressway, Austin, TX 787 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST OF THE REPORTING PERIOD I SWEAR, OR Affirm, under penalty of putrue and correct and includes all info under Title 15, Election Code. ***A Signature of Candidates** Signature of Candidates** Signature of Candidates**

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)
	Diane M. Dye			JUL24'17 1:43PM
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3447.80
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$ \$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
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 FU	JNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	ITIONS	\$	

SCHEDULE A2

m. Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
BUTIONS \$ 3447.80
8 Amount of Contribution \$ 9 In-kind contribution description \$ 120.12 Educator to Voter mailer Check if travel outside of Texas. Complete Schedule To Retired
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
1.
Amount of Contribution \$ In-kind contribution description ation PAC \$ 191.85 Robo-Calls to Dist. #4 Voters X 78759 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions)
Texas State Teachers Association Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)

SCHEDULE A2

6 Full name of contributor out-of-state PAC (ID#:	2 FILER NAME			1
Diane M. Dye JUL24 '17 1: TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Total of Unitemized In-Kind Political Contributor of the contributor of the contribution of the contributor of the contribution of th				
S TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Date 6	TOTAL OF			
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SCHEDULE A2

Treasurer, EPAFT 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) 17 Date 18 Full name of contributor	CONT	RIBUTIONS		33.1.23.2.1.2
Diane M. Dye ### TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS #### TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS ###################################	Ti	he instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
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	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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Revised 9/8/2015

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

1 C/OH	NAME	2 Filer ID (Ethics Commission Filers)
. 0/01	Diane M. Dye	_ The is (Ethics continues)
3 SIGN	ATURE	
ing a	ot expect any further political contributions or political expenditures in connection report as a final report terminates my campaign treasurer appointment. I also unbutions or make any campaign expenditures without a campaign treasurer appointment.	nderstand that I may not accept any campaign
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Ch	ck only one:	
	I do not have unexpended contributions or unexpended interest or income ea	arned from political contributions.
	I have unexpended contributions or unexpended interest or income earned to may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpunexpended contributions or unexpended interest or income earned on political this final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements	or income earned on political contributions to bended contributions and that I may not retain al contributions longer than six years after filing litical contributions and unexpended interest or
B.	ASSETS	
Che	ck only one:	
	I do not retain assets purchased with political contributions or interest or other	er income from political contributions.
	I do retain assets purchased with political contributions or interest or other incept that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	t or other income from political contributions to
		Signature of Candidate
	CEHOLDER mplete this section <i>only</i> if you are an officeholder ••	
\square	I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contribut officeholder, I retain political contributions, interest or other income from political cal contributions or interest or other income from political contributions.	tions if, after filing the last required report as an