

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # 2015 APR 28  
(Ethics Commission Filer)

Total pages filed: 05

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST Luis MI H.  
NICKNAME Lu LAST De la Cruz SUFFIX

### OFFICE USE ONLY

Date Received  
Date Hand-delivered or Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
9013 Lant Dr. El Paso Tx. 79925

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 590-9320 54-7150 Cell G

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
3 4 2015 THROUGH 4 28 2015

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
Mar 9 2015

12 OFFICE

OFFICE HELD (if any)  
Lu

13 OFFICE SOUGHT (if known)

Lu

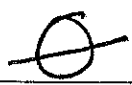
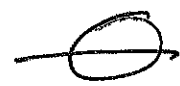

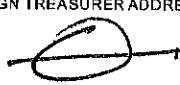
GO TO PAGE 2







**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

14 C/OH NAME \_\_\_\_\_ 2015 APR 28 PM 2:05 (15) ACCOUNT # \_\_\_\_\_ (Texas Ethics Commission Filers)

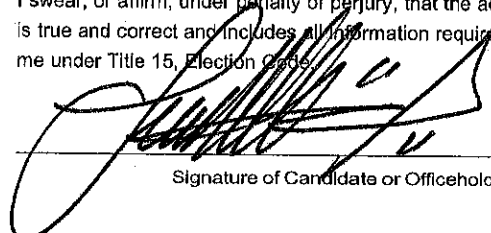
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|  |                |  |
|--|----------------|--|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><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), UNLESS ITEMIZED | \$   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$  |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$  |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$  |


18 AFFIDAVIT

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Huis H. De la Cruz, this the 28th day of April, 20 15, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

Elizabeth Carrasco  
 \_\_\_\_\_  
 Printed name of officer administering oath

Operations Manager / Notary  
 \_\_\_\_\_  
 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule A: 2015 APR 28 PM 2 05

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2015 APR 28 PM 2 05

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.**

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

2015 APR 28 PM 2 05  
Total pages Schedule E: 05

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

5 Date of loan

7 Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y    N

8 Lender address;    City;    State;    Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;    City;    State;    Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y    N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

2015 APR 28 PM 2:06  
Travel Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

2015 APR 28 PM 2:06

The Instruction Guide explains how to complete this form.

|                                  |                     |   |
|----------------------------------|---------------------|---|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code |
|--|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

|                                  |                     |   |
|----------------------------------|---------------------|---|
| <b>1</b> Total pages Schedule H: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|               |                        |
|---------------|------------------------|
| <b>4</b> Date | <b>5</b> Business name |
|---------------|------------------------|

|                      |  |
|----------------------|--|
| <b>6</b> Amount (\$) | <b>7</b> Business address; City; State; Zip Code |
|----------------------|--|

|                                 |   |   |  |
|---------------------------------|---|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)  |  |
|                                 |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

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

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

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

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

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

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

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

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

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

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

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form **2 06**

2015 APR 28 PM 2 06

|                           |  |   |  |  |  |
|---------------------------|--|---|--|--|--|
| 1 Total pages Schedule I: |  | 2 FILER NAME  |  | 3 ACCOUNT # (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    |  | (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    |  | (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    |  | (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    |  | (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    |  | (a) Category (See instructions for examples of acceptable categories) |  | (b) Description (See instructions regarding type of information required.) |  |

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2015 APR 28 PM 2 06

2 FILER NAME

3 ACCOUNT # (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; Zip Code |               |
|        | 7 Purpose for which amount is received                                  |               |
| 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                                    |               |
| 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                                    |               |
| 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                                    |               |

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2015 APR 28 PM 2 06

US ACCOUNT # (Ethics Commission Filers)

2 FILER NAME

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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

2 ACCOUNT # (Ethics Commission Filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

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

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2015 MAY 1 PM 1 37

14 C/OH NAME

*Timothy D. Martin*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

*0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*0*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

*0*

4. TOTAL POLITICAL EXPENDITURES

\$

*0*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

*0*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

*0*

18 AFFIDAVIT



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

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy D. Martin, this the 1st day of May, 20 15, to certify which, witness my hand and seal of office.

*Diana Perez*  
Signature of officer administering oath

*Diana Perez*  
Printed name of officer administering oath

*Paralegal*  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Alfonso ✓  
NICKNAME LAST SUFFIX

Al Velarde

2015 May 17 11:00 AM  
OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8501 Edgemere El Paso TX 79925

change of address

May 1, 2015 *re*  
Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 781-1491

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Jaime Barcelean  
NICKNAME LAST SUFFIX

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9116 Lait El Paso TX 79925

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 920-4820

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
04 10 15 THROUGH 5 1 15

11 ELECTION

Month Day Year ELECTION DATE ELECTION TYPE  
05 09 15  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

EPISD Trustee Dist 2

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Alfonso (Al) Velarde

2015 MAY

15 APR 0 18

(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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$           

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7425.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 229.46

4. TOTAL POLITICAL EXPENDITURES

\$ 4994.63

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

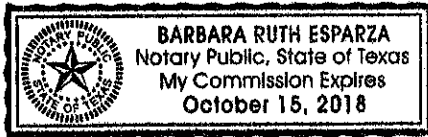
\$ 12,473.20

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$           

18 AFFIDAVIT



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

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Barbara Esparza, this the 29th day of April, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

2015 MAR 1 AM 8 18

1 Total pages Schedule A:

7

2 FILER NAME

Alonso (AI) Velarde

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/29/15

5 Full name of contributor  out-of-state PAC (ID#:

Linebarger, Goggins Blair & Sampson LLP

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

PO Box 17428 Austin, TX 78760

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/8/15

Full name of contributor  out-of-state PAC (ID#:

Hector & Carmen Torres

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

111-A Desert Skyes, EL Paso TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/15

Full name of contributor  out-of-state PAC (ID#:

Geoffrey White

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1303 N. Cotton El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/15

Full name of contributor  out-of-state PAC (ID#:

Frederic Dalbin

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2409 Savannah

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/15

Full name of contributor  out-of-state PAC (ID#:

FRANCISCO & ANA MARIE NAZARIO

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8804 Parado, El Paso TX 79925

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

2015 MAY 1 Total pages Schedule A 8

|   |  |   |  |
|---|--|---|--|
| 2 FILER NAME<br><b>Alfonso (AJ) Velarde</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>4/9/15</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Robert &amp; Johanna Barr</b> | 7 Amount of contribution (\$)<br><b>25.00</b>     | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>9152 Torrentine, El Paso, TX 79925</b> |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                                |
|---|--------------------------------|
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|--------------------------------|

|  |   |   |  |
|--|---|---|--|
| Date<br><b>4/6/15</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Renee Tanner</b> | Amount of contribution (\$)<br><b>250.00</b>      | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>1100 E. CIAF, El Paso, TX 79902</b> |   | (If travel outside of Texas, complete Schedule T) |  |

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

|   |   |   |  |
|---|---|---|--|
| Date<br><b>4/1/15</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Rudolf Montiel</b> | Amount of contribution (\$)<br><b>100.00</b>      | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>1337 Calle Lago, El Paso, TX 79912</b> |   | (If travel outside of Texas, complete Schedule T) |  |

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

|  |  |   |  |
|--|--|---|--|
| Date<br><b>4/13/15</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Carlos Leon</b> | Amount of contribution (\$)<br><b>100.00</b>      | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>12440 Sun Willow, El Paso, TX 79935</b> |  | (If travel outside of Texas, complete Schedule T) |  |

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

|  |  |   |  |
|--|--|---|--|
| Date<br><b>4/15/15</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Jose &amp; Rebecca Cardenas</b> | Amount of contribution (\$)<br><b>150.00</b>      | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>6105 Camino Allegre El Paso, TX 79912</b> |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| 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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Alfonso (AI) Velarde

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15/15

5 Full name of contributor  out-of-state PAC (ID#:

L. Fredrick Francis

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

500N. Mesa El Paso, TX 79925

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

Allen & Elizabeth Abbott

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

300 Coral Sky Ln. El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

J. Kirk Robinson

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4445 N. Mesa, Ste 100 El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

Ruth Roldes

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3180 Memphis. El Paso, TX 79930

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

Jaime & Patricia Amezcua

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10132 TRINIDAD, EL PASO, TX 79925

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Alfonso (A.) Velarde

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15/15

5 Full name of contributor  out-of-state PAC (ID#:

Ingraham, Steve

6 Contributor address; City; State; Zip Code

625 Cascade, El Paso TX 79912

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

Roberto Azas

Contributor address; City; State; Zip Code

12048 Miguel Varela El Paso TX, 79936

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

Celia & Ernesto Ortiz

Contributor address; City; State; Zip Code

7405 Dampoy El Paso TX 79925

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

Norma Favela

Contributor address; City; State; Zip Code

12083 Sterling Mary Wy, El Paso TX 79936

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

Ramiro & Belen Robles

Contributor address; City; State; Zip Code

3326 Fillmore El Paso TX 79930

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

2015 MAR 1 AM 8 19

3 ACCOUNT # (Ethics Commission Filers)

Alfonso (Al) Velarde

4 Date

4/15/15

5 Full name of contributor  out-of-state PAC (ID#:

Queta Ferro

6 Contributor address; City; State; Zip Code

8612 Whitas El Paso, TX 79925

7 Amount of contribution (\$)

30.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#:

Arturo Huerta

Contributor address; City; State; Zip Code

3227 Altura El Paso, TX 79930

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/15

Full name of contributor  out-of-state PAC (ID#:

Paul Foster

Contributor address; City; State; Zip Code

128 W. Mills Ste 600

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/15

Full name of contributor  out-of-state PAC (ID#:

Thomas Bohanon

Contributor address; City; State; Zip Code

5525 N. Stanton El Paso, TX 79912

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/15

Full name of contributor  out-of-state PAC (ID#:

Patrick & Laura Gordon

Contributor address; City; State; Zip Code

5908 Quinta Real Ct. El Paso, TX 79912

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form

1 Total pages Schedule A:

2015 MAY 1 AM 8 19

2 FILER NAME

Alfonso (AJ) Velarde

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/25/15

5 Full name of contributor  out-of-state PAC (ID#)

Veronica Escobar Campaign

6 Contributor address; City; State; Zip Code

3014 Copper Ave El Paso, TX 79930

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/20/15

Full name of contributor  out-of-state PAC (ID#)

Thoma Cardenas & Carmen Ochoa

Contributor address; City; State; Zip Code

5901 Remuda El Paso, TX 79912

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/15

Full name of contributor  out-of-state PAC (ID#)

Rafael & Mary Margaret Adams

Contributor address; City; State; Zip Code

7604 Dahlia El Paso, TX 79922

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/15

Full name of contributor  out-of-state PAC (ID#)

Miguel Fernandez

Contributor address; City; State; Zip Code

411 Rim Rd El Paso, TX 79902

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/15

Full name of contributor  out-of-state PAC (ID#)

El Paso Teachers Federation

Contributor address; City; State; Zip Code

4024 Troubridge El Paso, TX 79930

Amount of contribution (\$)

1500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Alfonso (AI) Velarde

2015 MAY 1

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/21/15

5 Full name of contributor  out-of-state PAC (ID#)

Harold Hahn

6 Contributor address; City; State; Zip Code

2224 TRAWOOD EL PASO TX 79935

7 Amount of contribution (\$)

500<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

|   |   |   |                                       |    |
|---|---|---|---------------------------------------|----|
| The Instruction Guide explains how to complete this form. |   |   | 1 Total pages Schedule B: <b>1</b>    |    |
| 2 FILER NAME<br><b>Alfonso (A.) Velarde</b>               |   | 3 ACCOUNT # (Ethics Commission Filers)<br><b>2015 MAY 1 AM 8 19</b> |                                       |    |
| 4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒    |   |   |                                       | \$ |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$)   | 9 In-kind description (if applicable) |    |
|   | 7 Pledgor address;   City; State; Zip Code                                    |   |                                       |    |
|   |   | (If travel outside of Texas, complete Schedule T)                   |                                       |    |
| 10 Principal occupation / Job title (See Instructions)    |   | 11 Employer (See Instructions)                                      |                                       |    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of pledge (\$)   | In-kind description (if applicable)   |    |
|   | Pledgor address;   City; State; Zip Code                                      |   |                                       |    |
|   |   | (If travel outside of Texas, complete Schedule T)                   |                                       |    |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)   |                                       |    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of pledge (\$)   | In-kind description (if applicable)   |    |
|   | Pledgor address;   City; State; Zip Code                                      |   |                                       |    |
|   |   | (If travel outside of Texas, complete Schedule T)                   |                                       |    |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)   |                                       |    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of pledge (\$)   | In-kind description (if applicable)   |    |
|   | Pledgor address;   City; State; Zip Code                                      |   |                                       |    |
|   |   | (If travel outside of Texas, complete Schedule T)                   |                                       |    |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)   |                                       |    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of pledge (\$)   | In-kind description (if applicable)   |    |
|   | Pledgor address;   City; State; Zip Code                                      |   |                                       |    |
|   |   | (If travel outside of Texas, complete Schedule T)                   |                                       |    |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)   |                                       |    |

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



**LOANS**

**SCHEDULE E**

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| The Instruction Guide explains how to complete this form.               |  | 2015 MAY 1 AM 8 19   | 1 Total pages Schedule E:<br><b>1</b> |
| 2 FILER NAME<br><b>Alfonso (A) Velarde</b>                              |  | 3 ACCOUNT # (Ethics Commission Filers)   |                                       |
| 4 TOTAL OF UNITEMIZED LOANS:   ⇒ ⇒ ⇒ ⇒ ⇒ ⇒                              |  |  | \$                                    |
| 5 Date of loan  | 7 Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$)   |                                       |
| 6 Is lender a financial institution?<br><br>Y    N                      | 8 Lender address; City; State; Zip Code                                    | 10 Interest rate   |                                       |
|   |  | 11 Maturity date   |                                       |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)   |                                       |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 Check if personal funds were deposited into political account<br><input type="checkbox"/> |                                       |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor<br><br>18 Guarantor address; City; State; Zip Code    | 19 Amount Guaranteed (\$)  |                                       |
| 20 Principal Occupation (See Instructions)                              |  | 21 Employer (See Instructions)   |                                       |
| Date of loan  | Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____)   | Loan Amount (\$)   |                                       |
| Is lender a financial institution?<br><br>Y    N                        | Lender address; City; State; Zip Code                                      | Interest rate  |                                       |
|   |  | Maturity date  |                                       |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)  |                                       |
| Description of Collateral<br><input type="checkbox"/> none              |  | Check if personal funds were deposited into political account<br><input type="checkbox"/>    |                                       |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor<br><br>Guarantor address; City; State; Zip Code          | Amount Guaranteed (\$)   |                                       |
| Principal Occupation (See Instructions)                                 |  | Employer (See Instructions)  |                                       |

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR SCHEDULE F**

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

The Instruction Guide explains how to complete this form.

|                                  |   |   |
|----------------------------------|---|---|
| <b>1</b> Total pages Schedule F: | <b>2</b> FILER NAME<br>Alonso (A) Velarde | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---|---|

|                          |                                    |
|--------------------------|------------------------------------|
| <b>4</b> Date<br>4-14-15 | <b>5</b> Payee name<br>Forma Group |
|--------------------------|------------------------------------|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>1220.71 | <b>7</b> Payee address; City; State; Zip Code<br>El Paso, TX 79901 |
|---------------------------------|--|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>Consulting expense | (b) Description (If travel outside of Texas, complete Schedule T)<br>Campaign consulting, printing design signage<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|--|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                 |  |
|-----------------|--|
| Date<br>4-20-15 | Payee name<br>Sean Salcedo - Photographer & Graphic Design |
|-----------------|--|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>200.00 | Payee address; City; State; Zip Code<br>El Paso, TX 79915 |
|-----------------------|---|

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

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

|                 |                           |
|-----------------|---------------------------|
| Date<br>4-28-15 | Payee name<br>Forma Group |
|-----------------|---------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>3114.46 | Payee address; City; State; Zip Code<br>El Paso, TX 79901 |
|------------------------|---|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br>Consulting expense | Description (If travel outside of Texas, complete Schedule T)<br>Campaign consulting, printing, design, mailing, etc.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

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

|                 |                                   |
|-----------------|-----------------------------------|
| Date<br>4-25-15 | Payee name<br>Burgess High School |
|-----------------|-----------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>200.00 | Payee address; City; State; Zip Code<br>7800 Edgemore, El Paso, TX 79925 |
|-----------------------|--|

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

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

ATTACH ADDITIONAL TOP COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME **Alfonso (AI) Velarde** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

Reimbursement from political contributions intended

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

Date Payee name

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

Reimbursement from political contributions intended

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

Date Payee name

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

Reimbursement from political contributions intended

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

Date Payee name

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

Reimbursement from political contributions intended

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule H:                           | <b>2</b> FILER NAME<br><i>Alfonso (A) Valade</i>                          | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date  | <b>5</b> Business name  |  |
| <b>6</b> Amount (\$)                                       | <b>7</b> Business address; City; State; Zip Code                          |  |
| <b>8</b> PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See categories listed at the top of this schedule)   | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|  | <input type="checkbox"/> Check If Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
|  | Date  | Business name  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| PURPOSE OF EXPENDITURE                                     | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|  | <input type="checkbox"/> Check If Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
|  | Date  | Business name  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| PURPOSE OF EXPENDITURE                                     | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|  | <input type="checkbox"/> Check If Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
|  | Date  | Business name  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| PURPOSE OF EXPENDITURE                                     | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|  | <input type="checkbox"/> Check If Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
|  | Date  | Business name  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|                           |  |   |
|---------------------------|--|---|
| 1 Total pages Schedule I: | 2 FILER NAME<br><i>Alfonso (A) Velarde</i> | 3 ACCOUNT # (Ethics Commission Filers)<br><i>2015 MAY 1 AM 8 19</i> |
|---------------------------|--|---|

|        |              |
|--------|--------------|
| 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 | (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 | (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 | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|------------------------|---|--|

2015 APR 31 AM 8 15

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 2015 MAY 08 10

2 FILER NAME

Alfonso (AI) Velarde

3 ACCOUNT # (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; Zip Code

7 Purpose for which amount is received

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

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

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

2015 APR 31 PM 8 15

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

Alfonso (AI) Velarde

2015 MAY 1 11:08 AM ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2015 APR 30 9:15 AM

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE NAME

*Diane M. Flores* 2015 FEB 27 AM 11 19

12 MODIFIED REPORTING DECLARATION

### COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

**\*\* This declaration must be filed no later than the 30th day before the first election to which the declaration applies. \*\***

**\*\* The modified reporting option is valid for one election cycle only. \*\***  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**\*\* Candidates for the office of state chair of a political party may NOT choose modified reporting. \*\***

I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

*2015*

Year of election(s) or election cycle to which declaration applies

*Diane M. Flores*

Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**



Candidate Modified Reporting Declaration

As per the conditions outlined Texas Ethnic Commission and the **Candidate Modified Reporting Declaration**, As of May 1, 2015, I have not met nor exceeded \$500 in political contributions or expenditures.

Therefore, I did not file an original report (April 9, 2015) nor are required to file a Contributions and Expenditures Form (Form C/OH).

I swear that the foregoing statement in all true and correct.

x Diane M. Flores

Diane M. Flores, Candidate District 7

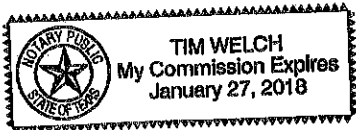
Sworn to and subscribed before me at EL PASO, this the 1<sup>ST</sup> day of MAY, 2015  
TEXAS

Tim Welch

Signature of Officer administering oath

NOTARY PUBLIC

Title of Officer administering oath



2015 MAY 1 PM 2 07

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** 9

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: Mr FIRST: Trent MI: K  
 NICKNAME: LAST: SUFFIX:  
Hatch

**OFFICE USE ONLY**  
 Date Received  
May 1, 2015 EQ  
 Date Hand-delivered or Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1532 Cherokee Bridge  
 change of address E1 Paso, TX 79912

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(915) 274. 2990

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: Mrs FIRST: Margita MI:  
 NICKNAME: LAST: SUFFIX:  
Margie Yetter

**7 CAMPAIGN TREASURER ADDRESS**  
 (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
6812 Marble Canyon  
E1 Paso, TX 79912

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(915) 581-1622  
915 479-0910

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year THROUGH Month Day Year  
4 8 2015 5 1 2015

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 5 9 2015  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT** (if known)  
Board of Trustee #6

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Trent Kory Hatch*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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)

\$ *3,755.00*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *8,639.63*

4. TOTAL POLITICAL EXPENDITURES

\$ *8,639.63*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *4,798.00*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *3000.00*

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.

*Hatch*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Trent K. Hatch, this the 1 day of May, 2015, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Diana Holguin  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME **Trent Hatcher**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **4.15.15**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Darrea Meems**

7 Amount of contribution (\$) **250.<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**10852 Vista Alegre Dr EPTX  
79935**  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**Sales**

10 Employer (See Instructions)

Date **4:15:15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**El Paso Federal Teacher Cope**

Amount of contribution (\$) **1500.<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5959 Gateway West #112  
El Paso, TX 79925**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Education**

Employer (See Instructions)

Date **4:16:15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John Paul Cawin**

Amount of contribution (\$) **200.<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6692 Tuscan Ridge El Paso, TX  
79912**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Executive**

Employer (See Instructions)

Date **4.17.15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Charlie Stewart**

Amount of contribution (\$) **100.<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6249 Brisn Del Mar El Paso, TX 79912**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Dentist**

Employer (See Instructions)

Date **4:16:15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ismael Liliana Chavez**

Amount of contribution (\$) **30.<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1408 Plaza Fortuna, El Paso, TX  
79912**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Sales**

Employer (See Instructions)

2015 APR 1 AM 1:50

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Trent Hatch

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-16-15

5 Full name of contributor

Don & Erin Allen

out-of-state PAC (ID#:

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

824 E Reed Rd  
El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Dentist

10 Employer (See Instructions)

Date

4-16-15

Full name of contributor

Paul Roberts

out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6260 Los Bancos  
El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-16-15

Full name of contributor

Arman Garza

out-of-state PAC (ID#:

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6260 Los Bancos  
El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Date

4-16-15

Full name of contributor

Henry & Myra Rasmussen

out-of-state PAC (ID#:

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6761 1st St Del Rey  
El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Dealer

Employer (See Instructions)

Date

4-16-15

Full name of contributor

Juana Teixeira

out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7224 Desert Edge  
El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Trent Hatch

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4.16.15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sara Sims

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1621 Mohajan Ln  
El Paso TX 79912

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Service

10 Employer (See Instructions)

Date

4.16.15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mindy Caldwell

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7749 Tettec Dr  
El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Education

Employer (See Instructions)

Date

4.16.15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dan & Heidi Washburn

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Date

4.16.15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Schoenboen

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

~~Doctor~~ Educator

Employer (See Instructions)

Date

4.16.15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Todd & Jenny Allea

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Trent Hatch

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-16-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rob & Sarah Dinsmore

6 Contributor address; City; State; Zip Code

659 Vera Ct  
El Paso, TX 79932

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Date

4-24-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mark & Veronica Perez

Contributor address; City; State; Zip Code

El Paso, TX 79912

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Union Pacific conductor

Employer (See Instructions)

Union Pacific

Date

4-23-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Steve Mills

Contributor address; City; State; Zip Code

Dallas, TX

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Date

4-20-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Stephanie Forman

Contributor address; City; State; Zip Code

El Paso, TX 79912

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-19-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Keith Packer

Contributor address; City; State; Zip Code

6153 Lerna De Cristo  
El Paso, TX 79912

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Dentist

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Trent Hatch

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4.19.15

5 Full name of contributor  out-of-state PAC (ID#:  
Paula Callender

6 Contributor address; City; State; Zip Code

6417 Pino Real  
El Paso, TX 7992

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Nurse

10 Employer (See Instructions)

Date

4.19.15

Full name of contributor  out-of-state PAC (ID#:  
Charla McDaniels

Contributor address; City; State; Zip Code

1113 Coyote  
El Paso, TX 79912

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

4.19.15

Full name of contributor  out-of-state PAC (ID#:  
Kim Rasmussen

Contributor address; City; State; Zip Code

6336 Franklin Summit  
El Paso, TX 79912

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

4.30.15

Full name of contributor  out-of-state PAC (ID#:  
Texas Assoc. of Realtors

Contributor address; City; State; Zip Code

P.O. Box 2246, Austin, TX  
78768

Amount of contribution (\$)

450.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F:        | <b>2</b> FILER NAME<br><i>Trent Hetch</i>   | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>4.10.15</i>         | <b>5</b> Payee name<br><i>Celestial Printing</i>  |   |
| <b>6</b> Amount (\$)<br><i>138.73</i>   | <b>7</b> Payee address; City; State; Zip Code<br><i>2317 E MISSOURI<br/>El Paso, TX 79903</i>   |   |
| <b>8</b> PURPOSE OF EXPENDITURE         | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>Printing expense<br/>Advertising expenses</i>                         | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |   |
| <b>Date</b><br><i>4.9.15</i>            | <b>Payee name</b><br><i>Rental Annex</i>  |   |
| <b>Amount (\$)</b><br><i>10.18</i>      | <b>Payee address; City; State; Zip Code</b><br><i>910-K E Redd Rd El Paso, TX 79912</i>   |   |
| <b>PURPOSE OF EXPENDITURE</b>           | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Printing expenses<br/>Advertising expenses</i>                            | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|   | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____          |   |
| <b>Date</b><br><i>4.10.15</i>           | <b>Payee name</b><br><i>David's Pennants Bureau</i>   |   |
| <b>Amount (\$)</b><br><i>\$2,165.00</i> | <b>Payee address; City; State; Zip Code</b><br><i>9911 Carnegie El Paso, TX 79925</i>   |   |
| <b>PURPOSE OF EXPENDITURE</b>           | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Printing Expenses</i>   | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|   | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____          |   |
| <b>Date</b><br><i>4.10.15</i>           | <b>Payee name</b><br><i>Forma Group</i>   |   |
| <b>Amount (\$)</b><br><i>4000.00</i>    | <b>Payee address; City; State; Zip Code</b><br><i>310 N Mesa Suite 401 El Paso, TX 79912</i>  |   |
| <b>PURPOSE OF EXPENDITURE</b>           | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Consulting expenses</i>   | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|   | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____          |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                           |                                    |  |
|---------------------------|------------------------------------|--|
| 1 Total pages Schedule F: | 2 FILER NAME<br><i>Trent Hetch</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|------------------------------------|--|

|                                    |   |
|------------------------------------|---|
| 4 Date<br><i>4-28-15</i>           | 5 Payee name<br><i>Forma Corp</i>   |
| 6 Amount (\$)<br><i>\$1,514.40</i> | 7 Payee address; City; State; Zip Code<br><i>310 N Mesa St #401 El Paso, TX 79901</i> |

|   |  |  |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br><i>Advertising Exp</i> | (b) Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/>  |

|   |  |  |
|---|--|--|
| Date<br><i>4-16-15</i>                              | Payee name<br><i>Sams Wholesale Club</i>   |  |
| Amount (\$)<br><i>\$120.00</i>                      | Payee address; City; State; Zip Code<br><i>Mesa St El Paso, TX 79912</i>             |  |
| PURPOSE OF EXPENDITURE                              | Category (See categories listed at the top of this schedule)<br><i>Event expense</i> | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH |  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/>  |

|   |   |  |
|---|---|--|
| Date<br><i>4-23</i>                                 | Payee name<br><i>Big Media</i>  |  |
| Amount (\$)<br><i>\$691.72</i>                      | Payee address; City; State; Zip Code<br><i>Doniplan, El Paso, TX 79912</i>              |  |
| PURPOSE OF EXPENDITURE                              | Category (See categories listed at the top of this schedule)<br><i>Printing expense</i> | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH |   | Office sought <input type="checkbox"/> Office held <input type="checkbox"/>  |

|   |  |  |
|---|--|--|
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code                         |  |
| PURPOSE OF EXPENDITURE                              | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH |  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/>  |

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 ACCOUNT #  
2015 PM 1 PM

2 Total pages filed:  
2 29 11

|  |                                     |   |   |  |                                 |   |                                  |
|--|-------------------------------------|---|---|--|---------------------------------|---|----------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME                      | MS / MRS / MR                       | FIRST   | MI  | <b>OFFICE USE ONLY</b>   |                                 |   |                                  |
|  | NICKNAME                            | LAST  | SUFFIX  |  |                                 |   |                                  |
|  | Mr.                                 | Alejandro   |   | Date Received  |                                 |   |                                  |
|  | AJ                                  | Patino  |   | Date Hand-delivered or Postmarked  | May 1, 2015                     |   |                                  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS           | ADDRESS / PO BOX;                   | APT / SUITE #;  | CITY;   | STATE;   | ZIP CODE                        |   |                                  |
|  | 6516 Brook Ridge Cr.                |   | El Paso TX                                    |  | 79912                           |   |                                  |
| <input type="checkbox"/> change of address           |                                     |   |   |  |                                 |   |                                  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                     | AREA CODE                           | PHONE NUMBER  | EXTENSION                                     | Receipt #  |                                 |   | Amount                           |
|  | (915)                               | 587-6711  |   | Date Processed   |                                 |   |                                  |
| 6 CAMPAIGN TREASURER NAME                            | MS / MRS / MR                       | FIRST   | MI  | Date Imaged  |                                 |   |                                  |
|  | Mr.                                 | David   |   |  |                                 |   |                                  |
|  |                                     | Brown   |   |  |                                 |   |                                  |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;  | CITY;   | STATE;   | ZIP CODE                        |   |                                  |
|  | 4317 Mobile Dr.                     |   | El Paso, TX                                   |  | 79903                           | 2015 MAY 1 PM 2 30                          |                                  |
| 8 CAMPAIGN TREASURER PHONE                           | AREA CODE                           | PHONE NUMBER  | EXTENSION                                     |  |                                 |   |                                  |
|  | (915)                               | 491-0531  |   |  |                                 |   |                                  |
| 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 checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR)                                   |                                 |   |                                  |
| 10 PERIOD COVERED                                    | Month                               | Day   | Year  | THROUGH  | Month                           | Day   | Year                             |
|  | 03                                  | 31  | 2015  |  | 04                              | 29  | 2015                             |
| 11 ELECTION  | ELECTION DATE                       |   |   | ELECTION TYPE  |                                 |   |                                  |
|  | Month                               | Day   | Year  | <input type="checkbox"/> Primary   | <input type="checkbox"/> Runoff | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special |
|  | 05                                  | 09  | 2015  |  |                                 |   |                                  |
| 12 OFFICE  | OFFICE HELD (if any)                |   |   | 13 OFFICE SOUGHT (if known)  |                                 |   |                                  |
|  | N/A                                 |   |   | El Paso Independent School District Board of Trustees District 6                           |                                 |   |                                  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Alejandro Patiño 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE:  GENERAL  SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

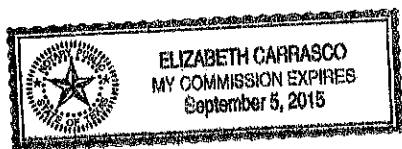
COMMITTEE CAMPAIGN TREASURER ADDRESS:

additional pages

RECEIVED  
MAY 1 1 PM 2 30

|                         |   |            |
|-------------------------|---|------------|
| 17 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)                                  | \$ 1600.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0.00    |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1209.21 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 2354.72 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 1500.00 |

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.

Alejandro Patiño  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alejandro Patiño, this the 1st day of May, 20 15, to certify which, witness my hand and seal of office.

Elizabeth Carrasco  
Signature of officer administering oath

Elizabeth Carrasco  
Printed name of officer administering oath

Notary Operations Manager  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME Alejandro Patiño

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
04/20/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
El Paso Federation of Teachers and Support Personnel

6 Contributor address; City; State; Zip Code  
4024 Trowbridge Dr  
El Paso TX 79903

7 Amount of contribution (\$)  
1500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
04/23/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dan Weaver

Contributor address; City; State; Zip Code  
133 Calle Olaso  
El Paso TX 79932

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

*Alejandro Patino*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date

6 Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;   City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;   City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;   City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;   City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;   City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: /

2 FILER NAME

*Alejandro Patiño*

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

Amount Guaranteed (\$)

SEP 11 PM 2:30

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                       |   |  |
|---------------------------------------|---|--|
| 1 Total pages Schedule F:<br><b>1</b> | 2 FILER NAME<br><b>Alejandro Patiño</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---|--|

|                           |                                    |
|---------------------------|------------------------------------|
| 4 Date<br><b>04/01/15</b> | 5 Payee name<br><b>Acrilimundo</b> |
|---------------------------|------------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><b>841.00</b> | 7 Payee address; City; State; Zip Code<br><b>314-13A Telegrafistas<br/>Cd. Juarez, MX</b> |
|--------------------------------|---|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Printing expense</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>Brochures/Banners</b><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|--|

|   |                               |               |                         |
|---|-------------------------------|---------------|-------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held<br><b>2</b> |
|---|-------------------------------|---------------|-------------------------|

|                         |                                  |
|-------------------------|----------------------------------|
| Date<br><b>04/01/15</b> | Payee name<br><b>Acrilimundo</b> |
|-------------------------|----------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><b>98.00</b> | Payee address; City; State; Zip Code<br><b>314-13A Telegrafistas<br/>Cd. Juarez, MX</b> |
|-----------------------------|---|

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

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

|                         |                                  |
|-------------------------|----------------------------------|
| Date<br><b>04/26/15</b> | Payee name<br><b>Acrilimundo</b> |
|-------------------------|----------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>240.00</b> | Payee address; City; State; Zip Code<br><b>314-13A Telegrafistas<br/>Cd Juarez MX</b> |
|------------------------------|---|

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

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

|  |   |   |                        |
|--|---|---|------------------------|
| <del>Date</del>  | <del>Payee name</del>   |   |                        |
| <del>Amount (\$)</del>   | <del>Payee address; City; State; Zip Code</del>                         |   |                        |
| <del>PURPOSE OF EXPENDITURE</del>                              | <del>Category (See categories listed at the top of this schedule)</del> | <del>Description (If travel outside of Texas, complete Schedule T)</del><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |
| <del>Complete ONLY if direct expenditure to benefit C/OH</del> | <del>Candidate / Officeholder name</del>                                | <del>Office sought</del>  | <del>Office held</del> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br><i>1</i> | <b>2</b> FILER NAME<br><i>Alejandro Patino</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|--|--|---|

|                                  |  |
|----------------------------------|--|
| <b>4</b> Date<br><i>04/01/15</i> | <b>5</b> Payee name<br><i>Office Depot</i> |
|----------------------------------|--|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br><i>30.21</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>801 Sunland Park Dr Space B<br/>El Paso TX 79912</i> |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Printing expense</i> | (b) Description (If travel outside of Texas, complete Schedule T)<br><i>Labels</i><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule H:<br><i>1</i> | <b>2</b> FILER NAME<br><i>Alejandro Patino</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|--|--|---|

|               |                                      |
|---------------|--------------------------------------|
| <b>4</b> Date | <b>5</b> Business name<br><i>N/A</i> |
|---------------|--------------------------------------|

|                      |  |
|----------------------|--|
| <b>6</b> Amount (\$) | <b>7</b> Business address; City; State; Zip Code |
|----------------------|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule)   | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|                                 | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

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

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

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

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

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

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |  |   |   |
|--|--|---|---|
| <b>1</b> Total pages Schedule I:<br><i>1</i> | <b>2</b> FILER NAME<br><i>Alejandro Patino</i>                               |   | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
| <b>4</b> Date                                | <b>5</b> Payee name  |   |   |
| <b>6</b> Amount (\$)                         | <b>7</b> Payee address; City; State; Zip Code                                |   |   |
| <b>8</b> PURPOSE OF EXPENDITURE              | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |   |
| Date   | Payee name   |   |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code   |   |   |
| PURPOSE OF EXPENDITURE                       | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |   |
| Date   | Payee name   |   |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code   |   |   |
| PURPOSE OF EXPENDITURE                       | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |   |
| Date   | Payee name   |   |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code   |   |   |
| PURPOSE OF EXPENDITURE                       | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |   |
| Date   | Payee name   |   |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code   |   |   |
| PURPOSE OF EXPENDITURE                       | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |   |

2015 MAR 1 PM 2:30

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

*Alejandro Patino*

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date   | 5 Name of person from whom amount is received   | 8 Amount (\$) |
|--|---|---------------|
| <p>6 Address of person from whom amount is received; City; State; Zip Code</p> |   |               |
| <p>7 Purpose for which amount is received</p>                                  |   |               |
| Date   | <p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p> | Amount (\$)   |
| <p>Purpose for which amount is received</p>                                    |   |               |
| Date   | <p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p> | Amount (\$)   |
| <p>Purpose for which amount is received</p>                                    |   |               |
| Date   | <p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p> | Amount (\$)   |
| <p>Purpose for which amount is received</p>                                    |   |               |

2015 MAY 1 PM 2 30

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME Alejandro Patiño

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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

2015 FPP 1 PP 2 30

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR  FIRST MI  
Michael  
NICKNAME LAST SUFFIX  
Mike Izquierdo

OFFICE USE ONLY

Date Received

May 1, 2015  
Date Hand Delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
500 Regency El Paso Tx 79912

change of address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 820-2827

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR  FIRST MI  
Michael  
NICKNAME LAST SUFFIX  
Mike Izquierdo

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
500 Regency El Paso Tx 79912

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 820-2827

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)
- July 15     8th day before election     Exceeded \$500 limit     Final report (attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year    THROUGH    Month Day Year  
3 31 15    4 29 15

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
5 9 15

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

EPISD Trustee Dist #7

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

14 C/OH NAME Michael Izquierdo 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

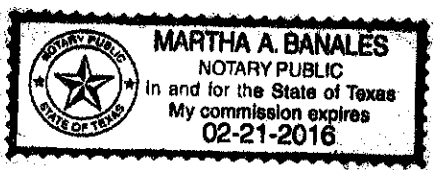
|                                      |                |
|--------------------------------------|----------------|
| COMMITTEE TYPE                       | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL     |                |
| <input type="checkbox"/> SPECIFIC    |                |
| COMMITTEE ADDRESS                    |                |
| COMMITTEE CAMPAIGN TREASURER NAME    |                |
| COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

additional pages

|                         |   |                                       |
|-------------------------|---|---------------------------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 100. <sup>00</sup> / <sub>XX</sub> |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 500. <sup>00</sup> / <sub>XX</sub> |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ -0-                                |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 877. <sup>55</sup> / <sub>XX</sub> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 600. <sup>00</sup> / <sub>XX</sub> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 977. <sup>55</sup> / <sub>XX</sub> |

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.



Michael Izquierdo  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MIKE IZQUIERDO, this the 1st day of MAY, 20 15, to certify which, witness my hand and seal of office.

Martha A. Banales MARTHA A. BANALES NOTARY PUBLIC  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

Michael Izquierdo

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/26/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Hector Reyes

7 Amount of contribution (\$)

100.<sup>00</sup>/<sub>XX</sub>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
5460 Cactus Hill Dr El Paso Tx  
79912

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/13/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Morria M Taylor III

Amount of contribution (\$)

100.<sup>00</sup>/<sub>XX</sub>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9013 El Dorado Dr El Paso Tx 79925

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Emilia R Taylor

Amount of contribution (\$)

100.<sup>00</sup>/<sub>XX</sub>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9013 El Dorado Dr E

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ricardo Herrera

Amount of contribution (\$)

100.<sup>00</sup>/<sub>XX</sub>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

500 E San Antonio Rm 802 El Paso, Tx  
79901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carlos Carrasco

Amount of contribution (\$)

100.<sup>00</sup>/<sub>XX</sub>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

500 E San Antonio Rm 413, El Paso, Tx  
79901

(If travel outside of Texas, complete Schedule T)

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.



# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Michael Izquierdo

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date of loan

4/23/15

7 Name of lender

Michael Izquierdo

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

977.55  
XX

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

500 Regency EL Paso, TX 79912

10 Interest rate

0%

11 Maturity date

6/1/15

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

2015 MAY 1

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:<br><i>1</i>  | <b>2</b> FILER NAME<br><i>Michael Izquierdo</i>   | <b>3</b> ACCOUNT # (Ethics Commission Filers)  |
| <b>4</b> Date<br><i>4/25/15</i>   | <b>5</b> Payee name<br><i>Build A Sign, com</i>   |  |
| <b>6</b> Amount (\$) <i>783.37</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>11525A Stonohollow Dr Suite 100 Austin, Tx, 78758</i> |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)<br><i>Printing Expense</i>               | (b) Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Date<br><i>4/28/15</i>  | Payee name<br><i>Office Depot</i>   |  |
| Amount (\$) <i>94.12</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br><i>801 Sunland Park Dr Space B El Paso, Tx, 79912</i>             |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Date  | Payee name  |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended                                      | Payee address; City; State; Zip Code  |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Date  | Payee name  |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended                                      | Payee address; City; State; Zip Code  |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |

APR 29 1 05 PM '15

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 ACCOUNT #  
(Ethics Commission Filers)

00070064015 MAY 1 PM 4 31

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Dori Lane  
NICKNAME LAST SUFFIX  
Fenenbock

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box  
El Paso, TX  
 change of address

May 1, 2015

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915)

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Debbi  
NICKNAME LAST SUFFIX  
Hester

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
780 N. Kusler Dr.  
El Paso, TX 79912

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 585-2222

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)
- July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
4 / 01 / 15       4 / 30 / 15

11 ELECTION

Month Day Year    ELECTION DATE    ELECTION TYPE  
05 / 09 / 15        Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

EPISD Board of Trustees  
District 7

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Doris Fenenbock*

15 ACCOUNT # (Ethics Commission Filers)

*2015 MAY 1 PM 4 31*

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

GENERAL

SPECIFIC

COMMITTEE NAME

*Texas Association of Realtors*

COMMITTEE ADDRESS

*P.O. Box 2246  
Austin, TX 78768-2246*

COMMITTEE CAMPAIGN TREASURER NAME

*Armando Rodriguez*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*6400 Gateway Blvd East  
E Paso, TX 79405-2084*

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *8,650.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *6,757.46*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

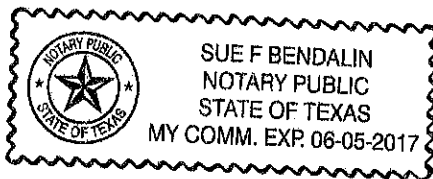
\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *21,097.47*

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.

*Doris Fenenbock*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Doris Fenenbock*, this the 1<sup>st</sup> day of May, 20 15, to certify which, witness my hand and seal of office.

*Sue F Bendalin*

SUE F. BENDALIN

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2015 MAY 1 PM 4 31

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*- see attached -*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.**



# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2015 MAY 1 PM 4 31

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| 5 Date                                   | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$)                           | 9 In-kind description (if applicable) |
| 7 Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                       |

|  |                                |
|--|--------------------------------|
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |
|--|--------------------------------|

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Date                                   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

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

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Date                                   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

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

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Date                                   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

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

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Date                                   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

|   |                             |
|---|-----------------------------|
| 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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

2015 MAY

1 Total pages Schedule E:

1 PM 4 31

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$

|  |  |                    |
|--|--|--------------------|
| 5 Date of loan                                 | 7 Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution?<br>Y    N | 8 Lender address; City; State; Zip Code                                    | 10 Interest rate   |
|  |  | 11 Maturity date   |

|  |                                |
|--|--------------------------------|
| 12 Principal occupation / Job title (See Instructions) | 13 Employer (See Instructions) |
|--|--------------------------------|

|   |  |
|---|--|
| 14 Description of Collateral<br><input type="checkbox"/> none | 15 Check if personal funds were deposited into political account<br><input type="checkbox"/> |
|---|--|

|   |   |                           |
|---|---|---------------------------|
| 16 GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | 17 Name of guarantor<br>18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
|---|---|---------------------------|

|  |                                |
|--|--------------------------------|
| 20 Principal Occupation (See Instructions) | 21 Employer (See Instructions) |
|--|--------------------------------|

|  |  |                  |
|--|--|------------------|
| Date of loan                                 | Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution?<br>Y    N | Lender address; City; State; Zip Code                                    | Interest rate    |
|  |  | Maturity date    |

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

|  |   |
|--|---|
| Description of Collateral<br><input type="checkbox"/> none | Check if personal funds were deposited into political account<br><input type="checkbox"/> |
|--|---|

|  |   |                        |
|--|---|------------------------|
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | Name of guarantor<br>Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
|--|---|------------------------|

|   |                             |
|---|-----------------------------|
| Principal Occupation (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                           |                                      |   |
|---------------------------|--------------------------------------|---|
| 1 Total pages Schedule F: | 2 FILER NAME<br><i>Dori Fenebolk</i> | 3 ACCOUNT # (Ethics Commission Filers)<br><i>00070064</i> |
|---------------------------|--------------------------------------|---|

|                          |                                       |
|--------------------------|---------------------------------------|
| 4 Date<br><i>4/30/15</i> | 5 Payee name<br><i>Ken Sutherland</i> |
|--------------------------|---------------------------------------|

|                                 |  |
|---------------------------------|--|
| 6 Amount (\$)<br><i>\$26.49</i> | 7 Payee address; City; State; Zip Code<br><i>424 Granada, El Paso, TX 79912-5224</i> |
|---------------------------------|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Printing Expense</i> | (b) Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |   |
|------------------------|---|
| Date<br><i>4/30/15</i> | Payee name<br><i>Rick Amendariz Forma Group</i> |
|------------------------|---|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><i>\$2709.20</i> | Payee address; City; State; Zip Code<br><i>301 E. San Antonio, Suite B201, El Paso, TX 79901</i> |
|---------------------------------|--|

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

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

|                        |                            |
|------------------------|----------------------------|
| Date<br><i>4/16/15</i> | Payee name<br><i>Puryx</i> |
|------------------------|----------------------------|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><i>\$32.50</i> | Payee address; City; State; Zip Code<br><i>144 2nd St. Floor 1, San Francisco, CA 94105</i> |
|-------------------------------|---|

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

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

|                        |                                  |
|------------------------|----------------------------------|
| Date<br><i>4/16/15</i> | Payee name<br><i>Wells Fargo</i> |
|------------------------|----------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>\$1295</i> | Payee address; City; State; Zip Code<br><i>P.O. Box 6995, Portland, OR 97228-6995</i> |
|------------------------------|---|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F:       | <b>2</b> FILER NAME<br><i>Dori Fenenbock</i>  | <b>3</b> ACCOUNT # (Ethics Commission Filers)<br><i>00070064</i>  |
| <b>4</b> Date<br><i>4/13/15</i>        | <b>5</b> Payee name<br><i>Sams Club reimb. to Dori Fenenbock</i>  |   |
| <b>6</b> Amount (\$)<br><i>\$10.32</i> | <b>7</b> Payee address; City; State; Zip Code<br><i>405 Camino Real Ave. El Paso, TX 79902</i>          |   |
| <b>8</b> PURPOSE OF EXPENDITURE        | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>Food/Beverage Exp.</i>    | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Office sought</i> <i>Office held</i>  |
| <b>Date</b><br><i>4/16/15</i>          | <b>Payee name</b><br><i>Forma Group</i>   |   |
| <b>Amount (\$)</b><br><i>\$3,000</i>   | <b>Payee address; City; State; Zip Code</b><br><i>301 E. San Antonio, Suite B201, El Paso, TX 79901</i> |   |
| <b>PURPOSE OF EXPENDITURE</b>          | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Consulting Expense</i>        | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b>  | <b>Candidate / Officeholder name</b><br><i>Office sought</i> <i>Office held</i>   |
| <b>Date</b><br><i>4/25/15</i>          | <b>Payee name</b><br><i>Stanton Street</i>  |   |
| <b>Amount (\$)</b><br><i>\$866.00</i>  | <b>Payee address; City; State; Zip Code</b><br><i>500 W. Overland, Suite 200, El Paso, TX 79901</i>     |   |
| <b>PURPOSE OF EXPENDITURE</b>          | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Polling expense</i>           | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b>  | <b>Candidate / Officeholder name</b><br><i>Office sought</i> <i>Office held</i>   |
| <b>Date</b>                            | <b>Payee name</b>   |   |
| <b>Amount (\$)</b>                     | <b>Payee address; City; State; Zip Code</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>          | <b>Category</b> (See categories listed at the top of this schedule)                                     | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b>  | <b>Candidate / Officeholder name</b><br><i>Office sought</i> <i>Office held</i>   |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                  |                     |   |
|----------------------------------|---------------------|---|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code |
|--|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule H:                             | <b>2</b> FILER NAME   | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date  | <b>5</b> Business name  |  |
| <b>6</b> Amount (\$)   | <b>7</b> Business address; City; State; Zip Code                          |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See categories listed at the top of this schedule)   | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                      Office held                           |
| Date   | Business name   |  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought                      Office held                           |
| Date   | Business name   |  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought                      Office held                           |
| Date   | Business name   |  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought                      Office held                           |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|                           |              |                    |  |
|---------------------------|--------------|--------------------|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 2015 MAY 1 PM 4 32 | 3 ACCOUNT # (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 | (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 | (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 | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|                        | /   |  |

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2015 MAY 1 PM 4 32

2 FILER NAME

*Dori Fenebock*

3 ACCOUNT # (Ethics Commission Filers)

*00070064*

|                |   |             |
|----------------|---|-------------|
| 4 Date         | 5 Name of person from whom amount is received                           | Amount (\$) |
| <i>4/30/15</i> | <i>Wells Fargo</i>  | <i>.29</i>  |
|                | 6 Address of person from whom amount is received; City; State; Zip Code |             |
|                | <i>P.O. Box 6995</i>  |             |
|                | <i>Portland, OR 97228-6995</i>  |             |
|                | 7 Purpose for which amount is received                                  |             |
|                | <i>savings account</i>  |             |

|      |   |             |
|------|---|-------------|
| 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                                  |             |

|      |   |             |
|------|---|-------------|
| 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                                  |             |

|      |   |             |
|------|---|-------------|
| 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                                  |             |

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 2015 NOV 1 PM 4 32  
ACCOUNT# (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

**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

2 ACCOUNT # (Ethics Commission Filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

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

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder