### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

70			
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT/#15 APR	28 Tota Diffes filed: ()5
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MRS FIRST .	H,	OFFICE USE ONLY Date Received
	NICKNAME LAST - Dela Cruz	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY;  90/3 Last Dr. & Aso	STATE; ZIP CODE 73: 29925	Al 38/3015 RJ
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (9/5) 590-9320  541-1150 Cell	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI	Date Imaged
	NICKNAME LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	July 15 Sth day before election	Runoff [	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  3 5/ 2016 THROUGH	Month Day	Year <b>2015</b>
11 ELECTION	Month Day Year  Way 9 2015  Primary		General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	
	-6	-6	
	GO TO PAG	E2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS OF SSO 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 LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. SWOAR, OR GUARANTEES OF LOANS)  1. WORLD AND THE LAST DAY STANDING LOANS AS OF THE LAST DAY OF REPORTING PERIOD  1. SWOAR, OR GUARANTEES OF LOANS)  1. WORLD AND THE LAST DAY STANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. SWOAR, OR GUARANTEES OF LOANS, UNLESS ITEMIZED  1. WORLD AND THE LAST DAY STANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. SWOAR, OR GUARANTEES OF LOANS, UNLESS ITEMIZED  1. SWOAR, OR GUARANTEES OF LOANS, UNLESS ITEMIZED  3. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  1. SWOAR, OR GUARANTEES OF LOANS, UNLESS ITEMIZED  5. TOTAL POLITICAL EXPENDITURES OF THE LAST DAY OF THE						
POLITICAL COMMITTEE(S)  COMMITTEE(S)  COMMITTEE(S)  COMMITTEE (S)  COMMITTEE (S)  COMMITTEE (S)  COMMITTEE (S)  COMMITTEE TYPE  GENERAL  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE AD	14 C/OH NAME		2015 APR^2	OOUNT#MEthics Commission Filers)		
GENERAL  GENERAL  COMMITTEE CAMPAIGN TREASURER ANAME  2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  SEXPENDITURE  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION  BALANCE  CONTRIBUTION  S. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  OF REPORTING PERIOD  OUTSTANDING  CONTRIBUTION  S. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  OF REPORTING PERIOD  OUTSTANDING  CONTRIBUTION  S. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  OF REPORTING PERIOD  OUTSTANDING  CONTRIBUTION  S. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  OF REPORTING PERIOD  OF REPORTING PERIOD  AFFILMANCE  S. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  LAST DAY OF THE REPORTING PERIOD  Is true and correct any includes penilty of perjury, that the accompanying report is true and correct any includes any includes to the reported by me under Title 15, plegged staff.  Signature of Carrifictates or Officeholder  APPLY NOTARY STAMP / SEAL AROVE  SWORN to and subscribed before me, by the said  AULUS H. D. CALLY MITTERS  COMMITTEE ADDRESS  S. TOTAL POLITICAL CONTRIBUTIONS  S. TOT	POLITICAL	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S	OR OFFICEHOLDER'S KNOWLEDGE OR		
CONTRIBUTION  1. TOTAL POLITICAL CONTRIBUTIONS OF \$80 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  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING LOANS ON THE REPORTING PERIOD  OUTSTANDING LOANS OF THE REPORTING PERIOD  1. SWOAR, OR SIFTING, Under papally of perjury, that the accompanying report is true and correct and finglides all frightmation required to be reported by me under Title 15, Plocition of Conditions of Conditio		GENERAL	GENERAL COMMITTEE ADDRESS  SPECIFIC			
TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$35 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  I swear, or affirm, under papality of perjury, that the accompanying report is true and correct any includes at this firmation required to be reported by me under Title 15, Picction of the provided to the provide	additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  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  8 AFFIDAVIT  I swear, or affirm, under panalty of perjury, that the accompanying report is true and correct any includes all of firm mation required to be reported by me under Title 15. Election  MY COMMISSION EXPIRES September 5, 2015  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  day of April , 20 15 , to certify which, witness my hand and seal of office.	17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
4. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY STANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  8 AFFIDAVIT  I swear, or affirm, under panalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election 55 September 5, 2015  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Auus H. De Chuz, this the day of Aury 20 15, to certify which, witness my hand and seal of office.				\$ -6.		
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY STANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  8 AFFIDAVIT  I swear, or affirm, under panalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Plection of the substanding substanding and subscribed before me, by the said  Sworn to and subscribed before me, by the said Audis H. De Chuz, this the day of Arrival of Cartify which, witness my hand and seal of office.		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ -		
OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  8 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, plection cast is signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Aust T. De Chuz, this the day of April 20 15, to certify which, witness my hand and seal of office.		5, TOTAL P	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$		
FUZABETH CARRASCO MY COMMISSION EXPIRES September 5, 2015  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  day of April, 20 15, to certify which, witness my hand and seal of office.	OUTSTANDING	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$		
FLIZABETH CARRASCO MY COMMISSION EXPIRES September 5, 2015  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	18 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·				
Sworn to and subscribed before me, by the said huis H, De W Chuz, this the day of April, 20 / 5, to certify which, witness my hand and seal of office.		FUZABETH CARRASO MY COMMISSION EXPIR September 5, 2015	is true and correct and includes all his rms me under Title 15, Plection Code MES	ation required to be reported by		
day of April, 20 15, to certify which, witness my hand and seal of office.			huis H Do la a	(44.2		
(W) A -L - Illino a./V	$\sim$ $e^{4r}$	1 1	, 20 / J , to certify which, witness my hai	nd and seal of office.		
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath	Signature of officer admir	Mistering oath	Milaser (Iriase)	Devations Minager		

P.O. Box 12070

#### SCHEDULE A

2 FILER NAME	Instruction Guide explains how to complete thi		1 Total pages 3¢h		
			3 ACCOUNT# (E	thics Commission File	
			(-		· <b>-</b> ,
4 Date	5 Full name of contributor out-of-serie PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contri description (if a	
	6 Contributor address; City; State			   	
		T		of Texas, complete Sch	redule T)
Principal occur	pation / Job title (See Instructions)	10 Employer (See	instructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contri description (if a	
	Contributor address; City; State; D Code				
Principal occur	palion / Job title (See Instructions)	Employer (See	<del> </del>	of Texas, complete Sch	edule T)
- Tillelpar occup	Salion 7 300 title (See mandations)	Employer (See	instructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contri description (if ap	
	Contributor address; City; State: p.Code				
			(If travel outside	l of Texas, complete Sch	iedu <b>le</b> T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)		
Date	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contril description (if ap	
	Contributor address; City; State: Zip Code				
				of Texas, complete Sch	edule T)
Principal occup	eatlon / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contril description (if ap	
	Contributor address; City; State; Zip Contributor				
Drinolog socces	action / Job title (See Instructions)	Enal (C		of Texas, complete Sch	edule T)
н писяряг оссир	etion / Job title (See Instructions)	Employer (See I	nstructions)		

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

PLEDGED	CONTRIBUTIONS			SCHEDULE <b>B</b>
The Instr	uction Guide explains how to complete	this form.	1 Total pages Sched	28 PM 2 05
2 FILER NAME			3 ACCOUNT # (Ethi	cs Commission Filers)
4 TOTALO	F UNITEMIZED PLEDGES:	<del>+</del> + + +	\$ \$	\$
	Full name of pledgor		8 Amount of   g	In-kind description (if applicable)
10 Principal occupation	/ Job title (See Instructions)	In Employer (See I		Texas, complete Schedule T)
	Full name of pledgor out-of-state PAC (ID		Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside of	Texas, complete Schedule T)
Principal occupation	/ Job title (See Instructions)	Employer (See II	nstructions)	
<i>.</i>	Full name of pledgor out-of-state AC(ID		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation	/ Job title (See Instructions)	Employer (See II	l	Texas, complete Schedule T)
, mopal oddapadon			istructions)	
	Full name of pledgor out-of-state PACHE  Pledgor address: City; state; Zip C		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation	/ Job title (See Instructions)	Employer (See I	·	Texas, complete Schedule T)
	Full name of pledgor out-of-state PAC (ID		pledge (\$)	In-kind description (if applicable)  Texas, complete Schedule T)
Principal occupation	/ Job title (See Instructions)	Employer (See Ir	nstructions)	
If contrib	ATTACH ADDITIONAL COPII outor is-out-of-state PAC, please-see-ii			equirements: · ·

Texas Ethics Commis	ssion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
LOANS				SCHEDULE E
The	Instruction Guide explains ho	w to complete this form.	2015 APP 1000	os samidul 2E: 05
2 FILER NAME			3 ACCOUNT	T# (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOAI	VS: \$\phi\$\$ \$\phi\$	<b>\$</b>	<b>3</b>
5 Date of loan	7 Name of length	☐ out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Jender address; City;	State; Zip Code		O Interestrate
YN			1	1 Maturity date
/	on / Job title (See instructions)	13 Employer (See Ins	structions)	
14 Description of Coll	lateral	15 Check if personal f	unds were deposited in	nto political account
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor.  18 Guarantor address;	City; State; Zip Code	1	9 Amount Guaranteed (\$)
20 Principa Occupati	ion (See Instructions)	21 Employer (See Ins	tructions)	
Date of loal	Name of lender	☐ out-of-state PAC (ID#:	>	Loay Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code		Merest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Inst	ructions)	
Description of Colla	ateral	Check if personal fu	unds were deposited inf	to political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address;	City; State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instr	uctions)	
If lend		NAL COPIES OF THIS SCHEDULE		Irements.

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE (	CATEGORIES FOR BOX 8(a	)
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor	FARRED Sment All months of the Constitution o
Consulting Expense	•	Travel In District	Transportation Equipment & Related Expense Contributions/Donations Made By
Event 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 e	explains how to complete this fo	orm,
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	10
- · · · · · · · · · · · · · · · · · · ·			
8 PURPOSE	(a) Category (See categories listed at the top o	fithis schedule) (b) Description	The ravel outside of Texas, complete Schedule T)
OF	(a) Sales go, y (south as a second as a se	(b) December	The artists of Toxas, complete contaction ()
EXPENDITURE		Chapleif	Austin, TX officeholder living expense
	Candidate / Officeholder name		
9 Complete ONLY If direct expenditure to benefit C/O	<b>187</b>	Office soug	ht Office held
Date	<u> </u>		
Amount (\$)	Payee address; City; State	e; Zip Code	
1.7			
	Category/(See categorles listed at the top of	(Alice et - State)	
PURPOSE OF	Category is see categories listed at the top of	this schedule) Description	। (If travel outside व Texas, complete Schedule T)
EXPENDITURE		Charlett	Augilia TV office indicativing expense
	0		Austin, TX, office nolder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	ht Office held
Date	ayee name		
Amount (\$)	Payee address; City; State	; Zip Code	
, ,			
	Cohomo (O		Without a ship of Town and the Related To
PURPOSE	Category (See categories listed at the top of	this schedule) Description	I (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Checkif	Austin, TX, officeholder living expense
0	Candidate / Officeholder name	Office sough	
Complete ONLY if direct expenditure to benefit C/O		Office sough	onide held
Date	Payee name		
Amount (\$)	Payee address; City; State	e; Zip Code	
	Catagony (See paternal - Batadat # 1	(this satisfied)	Michael Maria Communication of the Communication of
PURPOSE	Category (See categories listed at the top of	ruis schedule; Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			Austin TV officeholder living
	Candidata / Official State		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held
· · · · <del> ·</del>	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Office Overhead/R  The Instruction Guide explains how to	Ising Expense Ising Expense Ising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense  OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	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	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of the as, complete Schedule T)
EXPENDITURE		Check If Austin, TX, officeholder Mag expense
Date	Payername	
Amount (\$)  Relmbursement from a spellifical 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)  Check If Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Pavee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories is ted subtraction (See Categories)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Date	Payee name	Greck if Austrit, 1.A. Uniceriolide i iving expense
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 S	CHEDULE AS NEEDED

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

P.O. Box 12070

#### SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/College Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor Committee Transportation Equipment & Related Expense trict Committee Candidate/Officeholder/Political Committee Contributions (Contributions) Candidate/Officeholder/Political Committee Contributions (Contributions) Candidate/Officeholder/Political Committee Contributions (Contributions) Candidate/Officeholder/Political Committee Contributions (Contributions) Contributions (Contributions) Candidate/Officeholder/Political Committee Contributions (Contributions) Candidate/Officeholder/Political Committee Contributions (Contributions) Contributions (Contributi
1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission File
4 Date	5 Business name	
		AS AND TO THE REPORT OF THE PROPERTY OF THE PR
6 Amount (\$)	7 Business address City; State; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas complete Schedule T)
EXPENDITURE		Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/0	эн /	
Date	Business name	
Amount (\$)	Business address: City, State Section Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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)  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Business name	
Amount (\$)	Business address; Clty; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel cutside of Texas, complete Schedule T)
	Candidate / Officeholder 5 202	Check if Austin, TX, officeholder living expense  Office sought Office held
Complete ONLY if direct expenditure to benefit C/C		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

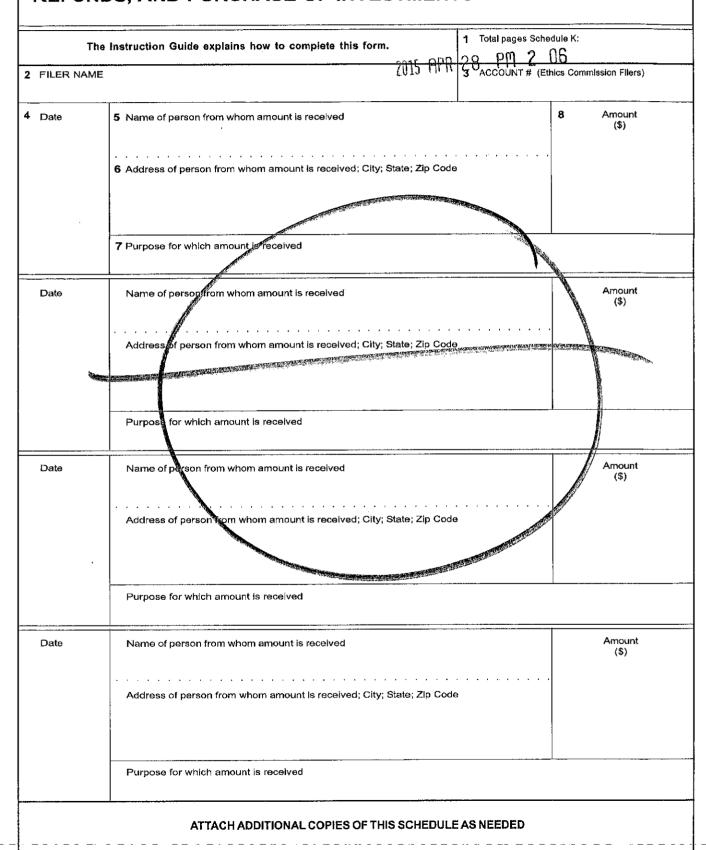
SCHEDULE !

	The Instruction Guide explains how	v to complete this grmp 7 05
1 Total pages Schedule I:		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	Pakee name	
Amount (\$)	Payee audress; 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; Zlp Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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

P.O. Box 12070

#### SCHEDULE K



P.O. Box 12070

		UTION OR P		EXPEND	ITURE	SCHEDULE T
The Instru	uction Guid	e explains how to c	omplete this for	m.	1 Total pages Schedu	n 2 06
2 FILER NAME				Ĺ	US JACOUNT # (Ethic	
4 Name of Contributor /	/ Corporation	or Labor Organization	n / Pledgor / Payee	3		
5 Contribution / Expend	liture reporte	d on:		· . · · · · · · · · · · · · · · · · · ·	The state of the s	-
☐ Sch	hedule A	Schedule B	Schedule C	Schedule	D Schedule	F Schedule G
sd	nedule H	Schedule N	COHIDE	COH-T	PAC-C	PAC-E
6 Dates of travel	7 Name	of person(s) traveling				
	8 Departu	ure city or marne of dep	arture location			
	9 Destina	ion city or name of de	stination location			
10 Means of transportat	ion	11 Purpose of trave	l (including name	of conference, se	eminar, or other event)	
Name of Contributor /	orporation	or Labor Organization	/ Pledgor / Payee			
Contribution / Experdit	ure reported	on:	<b>************************************</b>	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	BELIEFE CONCESCIONE EL PLANT WHEN THE PARTY	
☐ Sch	nedule A	mschedule B	Schedule C	Schedule	D Schedule	F 🔲 Şchedule G
Sch	nedule H	Schedule N	COH-UC	сон-т	PAC-C	AC-E
Dates of travel	Name of	person(s) traveling				
	Departure	city or name of depart	ture location			
•	Destinatio	n city or name of desti	nation location			
Means of transportation		i i	_		inar, or other event)	
Name of Contributor / (	Corporation	or Labor Organization	/ Pledgor / Payee			
	Sol polation (	S. Euro	/ Pledgor / Payee			
Contribution / Expendit	ture reported	on:		······································		
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule	F Schedule G
Sch	nedule H	Schedule N	СОН-ИС	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				
	Departure	city or name of depart	ure location			
	Destination	n city or name of destin	nation location			
Means of transportation	1	Purpose of travel (in	ncluding name of	conference, sem	inar, or other event)	
	A	TTACH ADDITIONAL	L COPIES OF TH	IIS SCHEDULE	AS NEEDED	

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

P.O. Box 12070

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.pm 2 06  Complete only if "Report Type" on page 1 is marked "Final Report" 2
C.	/OH N	NAME 2 ACCOUNT # (Ethics Commission Filers
S	IGNA	ATURE
re	port a	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a s a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••
Α.	-	CAMPAIGN FUNDS
	Chec	k 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.
В.		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
		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.
		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.  ASSETS
		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.  ASSETS  Conly one:
		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.  ASSETS  Conly one:  I do not 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
	Check	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.  ASSETS  Conly one:  I do not retain assets purchased with political contributions or interest or other income from political contributions.  I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

	TE / OFFICEHOLDER N 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: 2015 MRY 1 PM 1 37
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI  MR Class Do  NICKNAME LAST SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX: APT/SUITE#: CITY; STATE; ZIPCODE  129 Selvonta de Espo, TX 79937	Date Hayld delivered or Postmarked
change of address		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  (9(5) 241-5448	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI  FURS TIFFORY  NICKNAME LAST SUFFIX  E 4400 1 mg	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#; CITY; STATE;	21PCODE > 991 2
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (1960)  575 496-6039	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day  THROUGH  4 29	Year /
11 ELECTION	Month Clay Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if know FF F S P)  13 OFFICE SOUGHT (if know FF F S P)  14 OFFICE SOUGHT (if know FF F S P)	chool Board TRustee
	GO TO PAGE 2	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

SUPPORT	& TOTAL	.S	COVER SHEET PG 2
		7015 7004 1	PM 1 37
14 C/OH NAME		1	ACCOUNT # (Ethics Commission Filers)
Timothy	p. Mar.	HIN	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADI HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	s Q
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	* \$ Q
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	E \$
18 AFFIDAVIT	PARTIE NO.	I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.  Signature of Candid	formation required to be reported by
AFFIX NOTARY STAME			١.
Sworn to and subs		ne, by the said <u>Timothy D. Mar</u> , 20 <u>\5</u> , to certify which, witness my	
Dyana	Rug	Dyana Perez	Paralegal
Signature <b>bi</b> officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath

	TE / OFFICEHOLDER N FINANCE REPORT	(	FORM C/OH COVER SHEET PG 1
The C/OH Instruction		Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDEF NAME	MS/MRS/MR FIRST  Mr. Alfons NICKNAME LAST  AL Velacole	MI (Ü	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #: CITY:  850/ Edgemere El Paso -	STATE: ZIP CODE	May 1, 2-015 & Date Hand-gelivered or Postmarked
change of address		<u> </u>	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 781-1491	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Mr. JAIME BO  NICKNAME LAST	rceleau suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  QII (e Lait El Paso T	city; state; X 79925	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 920-4820	EXTENSION	
9 REPORT TYPE	July 15 Sth day before election	Runoff  Exceeded \$500 [limit	15th day Frier campaign treasurer appointment (officehoidefohly)  Final report Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  OH (O 15 THROUGH	Month Day	Year 15 So
11 ELECTION	Month Day Year ELECTION TYPE  Primary	Runolf	nerel Special
2 OFFICE		OFFICE SOUGHT (IF known)	ee Diot 2
	GO TO PAGE 2		1

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Alfonso	(AI) Velorde 2015 MAY 15 AG	<b>冷</b> UN
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S BE AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC	OR OFFICEHOLDER'S KNOWLEDGE OR
,	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
· · · · · · · · · · · · · · · · · · ·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$7425.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 229.46
CONTRIBUTION	4. TOTAL	POLITICAL EXPENDITURES	\$4994.63
BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 12,473.20
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
18 AFFIDAVIT		I swear, or affirm, under penalty of perjury is true and correct and includes all informe me under Title 15, Election Gode.	that the accompanying report
	BARBARA RUTH Notary Public, Sto My Commissio October 15	ESPARZA te of Texas n Expires	
(7 /2 TH		ne, by the said Baybaya Espayz	this the and seal of office.
Signature of officer admin	istering oath	Printed name of officer administering oath Title	e of officer administering oath

#### SCHEDULE A

The	Instruction Guide explains how to complete this	Afrim 1 AM 8	1 Total pages Sch	nedule A:
2 FILER NAME	s (AI) Velarde		3 ACCOUNT# (E	ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#	umpson LLP	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/29/5	6 Contributor address; City; State; Zlp Code PO Box 17428 Aushw,	TX 78760	300.00	 
			(if travel outside	rof Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
18/15	Contributor address; City; State; Zip Code	Pasa Tx 79912		of Toyon complete Patradule Ti
Principal occup	ation / Job title (See Instructions)	Employer (See I	***************************************	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (10#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/15	Contributor address; City; State; Zip Code 1303 N. Cotton El Paso, Tr	< 79902	150.00	
Duincia				l of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4	Full name of contributor out-of-state PAC (ID#:_ Fizedectic Dallorin	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
18/15	Contributor address; City; State; Zip Code  2409 Savanah		100,00	
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside on distructions)	of Texast, complete Schedule T)
Date	Full name of contributor	3	Amount of	ച്ച പ്പn-kind contribution
11/	FIZANCISCO 3 ANAMARIE Naza	CLD	contribution (\$)	description (if applicable)
7/9/15	Contributor address; City; State; Zip Code 8804 Pocodo, El Roso TX		50 00	neopous montes manys
			(If travel outside o	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		many, delitable Contention 1)

#### SCHEDULE A

The	Instruction Guide explains how to complete thi	s form. 2015 Mf	1 Total pages So	de du le de
2 FILER NAME	Alfonso (AI) Velarde		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#)  FOR THE TONOR OF STATES   City: State: Zin Code	<u></u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
19/16	6 Contributor address; City: State: Zip Code 9152 Turrentine, El Paso	TX 79925	25.00	
9 Principal occuj	 pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 4/	Full name of contributor   out-of-state PAC(ID#:_  Venee   canner  Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
16/15	1100 E. CIAF, EI POSC	,TX 79902	250.00	1   
Principal occur	ontion / Joh title /Dec Jestevetter-)	I		of Texas, complete Schedule T)
r micipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#:_   Rudolf   Monfiel     Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (If applicable)
115	1337 Calle Lago, El Riso.	TX 79912	100.00	
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		A	
4/15/	Contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (If applicable)
119/15	12440 Sun Willow, E16	60 JX 79935	GO_OGJ	of Texás, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See li		TO TO
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	Chi-kind contribution
4/18/	Jose & Reloccoa Carolonas Contributor address; City: State: Zip Code		contribution (\$)	description (if applicable)
/15		79912 XT, O	150.00	<u> </u>
Principal conve	ofices / Joh title /Con Instance	1		f Texas, complete Schedule T)
rancipal occupa	ation / Job title (See Instructions)	Employer (See Ir	etructions)	programming the same of the sa
· · · · · · · · · · · · · · · · · · ·			<del></del>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A

-				
The	Instruction Guide explains how to complete thi	was a mar and a con-	1 Total pages Sch	nedule A:
2 FILER NAME	Alfonso (AI) Velarale		3 ACCOUNT # (	thics 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)
		125 		    of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
15/15	Full name of contributor out-of-state PAC (IDH:  Allen & Elizaboth Abboth Contributof address; City; State; Zip Code  300 (Scal SK) In. El Reso.		Amount of contribution (\$)	In-kind contribution description (if applicable)
713	300 Boral SKy In. El Reso.	TX 729 12	100.00	
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
Timopai occu	Saudi / Job due (See instructions)	Employer (See I	Instructions)	
Date 12/15/15	Full name of contributor   out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/15	J. KICK Robicans Contributor address; City; State; Zip Code 4445 N. Mesa, Ste 100 El Paso	TK 79902	500.∞	
Principal occur	nation / Joh title (Con Instructions)			of Texas, complete Schedule T)
t maipai occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4/15/	Full name of contributor   cut-of-state PAC (IDI):_  Zuth Rolds		Amount of contribution (\$)	In-kind contribution description (if applicable)
113/16	Contributor address; City; State; Zip Code 3130 Memph (S. El POSO, TX 799	30	20.00	
Principal control	make of Links state (Co. 1)			f Texas complete Schedule T)
т тіпсіраї оссир	ation / Job title (See Instructions)	Employer (See I	nstructions)	<u>い</u> 立
Date A	Full name of contributor out-of-state PAC(ID#_  JAME & MACZEGC  Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	th-kind contribution description (if applicable)
1.9/15	10132 TRINIDAD, EIROD, TX 79	925	50°0	Word Law, Small Law, Small Law, Stormony
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside o	f Texas, complete Schedule T)
		1.1,11.		

POLITIC	CAL C	ONTRI	BUTI	ONS	3
<b>OTHER</b>	<b>THAN</b>	PLED	GES	OR	LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
		and the contract of	n n 10	
2 FILER NAME	Alfonso (AI) Volardo	are init T' 11	<b>3                                   </b>	thics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC(ID#_	)	7 Amount of	8 In-kind contribution
411	Ingraham. Steve 6 Contributor address; City: State; Zip Code		contribution (\$)	description (if applicable)
4/15/15	6 Contributor address; City; State; Zip Code		10000	1
1.0	625 Cascade, El ROSO TX 7	9912	100	
			/If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		or rexast complete achiecute ()
Date	Full name of contributor  ut-of-state PAC(ID#:_		Amount of	In-kind contribution
لده	Proporto Azas		contribution (\$)	description (if applicable)
4/15/	Contributor address; City; State; Zip Code			
4/15/15	Contributor address: City; State: Zip Code 12048 Miguel Varela Elfosa TX	1.79936	100.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
и.	Colia à Ernesto Ottz Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
4/15/15	Contributor address; City; State; Zip Code	,		
1,0/10	7405 Dampay Elfaso.TX 790	925	25,00	
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
Transpar occup	varioti 7 300 title (See instructions)	Employer (See I	nstructions)	,
Date	Full name of contributor	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
4/10/1	Contributor address: City: State: Zin Code		ï	
4/15/15	Norma Favela contributor address; City; State; Zip Code 2083 Starling Mary W, El Paso:		5000 G	
	GOSS Stering Mary My, KI MOSD.	12 1936	04-0	
			if travel outside o	f Texas complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		C1
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
11.7 1	Kamiro à Belen Rololes		contribution (\$)	description (if applicable)
4/15/15	Contributor address; City; State; Zip Code		6000	frank .
7/0	3386 Fillwore Elfaso TX 799	320	90.00 1	
Ì	DOOP IT HAVE LIBOUT IN TE	100	ì	traction of the contraction of t
Principal occurs	ation / Job title (See Instructions)	Employer (Sec.)		f Texas Complete Schedule T)
	and the management	Employer (See I	isuuciions)	fracus frag
	ATTACIL ADDITIONAL DOCUMENT			İ

#### SCHEDULE A

The	Instruction Guide explains how to complete thi		1 Total pages Sch	nedule A:
2 FILER NAME	201	<del>rm 1 am</del>	AGOUNT# (E	Ethics Commission Filers)
	Alfonso (Al) Velarde		,	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of	8 In-kind contribution
4/15/5	Queta Fierro 6 Contributor address; City: State; Zip Code 8612 Whitus El Paso, TX		contribution (\$)	description (if applicable)
110	8612 Whites Elfaso, TX-	79925	30.00	1   
9 Principal occu	I pation / Job title (See Instructions)	40 5		of Texas, complete Schedule T)
	Parion / 500 line (See Instituctions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
4/15/15	Acturo Huerta Contributor address; City; State; Zip Code 3027 Altura El (160, T), 70		contribution (\$)	description (if applicable)
10/15	2027 Allaco	A	25.00	
	320 / MITOUR E1 1060, 7% 70	1930		
·····			(If trave) outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor Dut-of-state PAC(ID#_		Amount of	In-kind contribution
41.1	Paul Foster		contribution (\$)	description (if applicable)
1/16/15	Paul tosler Contributor address; City; State; Zip Code 123 W. Mills Ste 1000		500.00	 
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See I		or reads, complete defledule 1)
				· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
4/16/15	Thomas Bohanon Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
, 46/10	5525 N. Stanton El 1860, Y	179912	<i>50</i> ව.∞   	
Principal occur	ation / Job title (See Instructions)			f Texas, complete Schedule T)
Trinoipai occup	auon / Job title (See Instructions)	Employer (See I	nstructions)	Comment Comment
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	-th-kind contribution
A/)	Patrick & Laura Gordon Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable) سامان
4/17/15	5908 Quinta Real CL EVRGD,	N 79912	500.00	man de la companya de
			(If travel outside o	f Tegas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		
		·		<u> </u>
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDING C	As Needed	ļ
lf co	entributor is out-of-state PAC, please see instru	ection guide foraddi	tional reporting r	equirements.

#### SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sci	nedule A:
		7015 MAY 1	FM 8 19	
2 FILER NAME	- Alfonso (AI) Velorale		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorcut-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
4/4	Vieronica Escalar Camain 6 Contributor address; City; State; Zip Code	gn	contribution (\$)	description (if applicable)
125/15	3014 Copper Ave El Baso, T	× 79930	100.00	 
9 Principal conu				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
4/201	Thoma Carolenas & Cormen Od Contributor address; City; State; Zip Code	chool	contribution (\$)	description (if applicable)
IDII	Community address; City; State; Zip Code	)	250.00	
7/3	5901 Beneva El 1850. 7X 7	9912		
Principal occur	pation / Job title (See Instructions)	Employer (Co.	(If travel outside of	of Texas, complete Schedule 1')
		Employer (See	instructions)	
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of	In-kind contribution
4/24/5	Rafael & Mary Margaret Ac Contributor address: City; State; Zip Code 764 Dahlia Elfaso, Th	79922	200.00	description (if applicable)
	·	105	45	
Principal occup	pation / Job title (See Instructions)	Employer /Cas 1		of Texas, complete Schedute T)
	The second of th	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	in-kind contribution
١١٠.	Miguel Fernandez Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
4/23/15	Contributor address; City; State; Zip Code 411 Rim Rd. El Roo, TX 7	9902	500.00	
		1		- Samuel - S
Principal occup	ation / Job title (See Instructions)	Employer (See I	(If travel outside o	- Texasi complete defiedule 1)
		Employer (ode )	insu dictions)	3
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	Culm-kind contribution
4/15/1	El 1080 Teachers Feologotto	Ŋ	contribution (\$)	description (if applicable)
1/10/15	1000 = / 1 = / )	79930	1500,00	energy strong
-	Q = v v	100	1	යා
Principal occupa	ation / Job title (See Instructions)	Employee (Sc.	(If travel outside of	Texas, complete Schedule T)
	The same same same same same same same sam	Employer (See In	istructions)	hem de la
****				

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

#### SCHEDULE A

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
	_	-2015 MM 1-	OM 8 19	thics Commission Filers)
FILER NAMI	Ifonso (AI) Vielardo	COTO FAIL TO	311 ACCOUNT# (E	thics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
1/21/c	6 Contributor address; City; State; Zip Code  2044 TRAWOOD EL PASO TX 7		50000	
(10	2004 TRAWOOD ET ASO TX 7	9935		
			(If travel outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			, , , , , , , , , , , , , , , , , , , ,
Principal occi	upation / Job title (See Instructions)	Employer (See )		of Texas, complete Schedule T)
i ilizoipai ocu	abadou y aon que (osa tustactionis)	Employer (See I	nstructions)	4
Date	Full name of contributor		Amount of	In-kind contribution
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
Date	Full name of contributor			
Date				
Date			contribution (\$)	description (if applicable
		Employer (See )	contribution (\$)	
	Contributor address; City; State; Zip Code	Employer (See l	contribution (\$)	description (if applicable of Texas, complete Schedule T)
Principal occu	Contributor address; City; State; Zip Code  upation / Job title (See Instructions)	Employer (See la	contribution (\$)  (If travel outside onstructions)	description (if applicable
Principal occu	Contributor address; City; State; Zip Code  upation / Job title (See Instructions)	Employer (See i	(If travel outside of natructions)	description (if applicable of Texas, complete Schedule T)
Principal occu	Contributor address; City; State; Zip Code  Ipation / Job title (See Instructions)  Full name of contributor	Employer (See la	(If travel outside of natructions)	description (if applicable of Texas, complete Schedule T)
Principal occu	Contributor address; City; State; Zip Code  Ipation / Job title (See Instructions)  Full name of contributor	Employer (See I	(If travel outside onstructions)  Amount of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occu	Contributor address; City; State; Zip Code  Ipation / Job title (See Instructions)  Full name of contributor		(If travel outside onstructions)  Amount of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occu	Contributor address; City; State; Zip Code  upation / Job title (See Instructions)  Full name of contributor	Employer (See In	(If travel outside of contribution (\$)  Amount of contribution (\$)  (If travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occu	Contributor address; City; State; Zip Code  upation / Job title (See Instructions)  Full name of contributor		(If travel outside of contribution (\$)  Amount of contribution (\$)  (If travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occu	Contributor address; City; State; Zip Code  upation / Job title (See Instructions)  Full name of contributor		(If travel outside of contribution (\$)  Amount of contribution (\$)  (If travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occu	Contributor address; City; State; Zip Code  upation / Job title (See Instructions)  Full name of contributor		(If travel outside of contribution (\$)  Amount of contribution (\$)  (If travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occu	Contributor address; City; State; Zip Code  Ipation / Job title (See Instructions)  Full name of contributor		(If travel outside of contribution (\$)  Amount of contribution (\$)  (If travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occu	Contributor address; City; State; Zip Code  Ipation / Job title (See Instructions)  Full name of contributor		(If travel outside of contribution (\$)  Amount of contribution (\$)  (If travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occu  Principal occu  Date	Contributor address; City; State; Zip Code  Ipation / Job title (See Instructions)  Full name of contributor		(If travel outside onstructions)  Amount of contribution (\$)  (If travel outside onstructions)  Amount of contribution (\$)  (If travel outside of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable

PLEDGED CONTRIBUTIONS	n .		SCHEDULE B
The Instruction Guide explains how to complete this fo	orm.	1 Total pages Scheo	lule B:
2 FILER NAME Alfonso (AL) Volande	may 1 ar	38 ACGORNT # (EIH	ics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES:   □ □	⇒ ⇒ ⇒	<b>\$</b>	\$
5 Date 6 Full name of pledgor ☐ out-of-state PAC∢ID#:  7 Pledgor address; City; State; Zip Code	,	8 Amount of gledge (\$)	In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions) 11	1 Employer (See Ir		Texas, complete Schedule T)
TO Finicipal occupation / Sob fide (See Instructions)	I cuibioyer (See ir	istructions)	
Date Full name of pledgor out-of-state PAC (ID#:	)	Amount of pleage (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date Full name of pledgor □ aut-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See In	·	Texas, complete Schedule T)
Date Full name of piedgor □ opf-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	nstructions)	3
Date Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zlp Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF T			equirements.

Texas Ethics Comm	ission P.O. Box 12070	Austin, Texas 78711-2070 (512	463-5800 (TDD 1-800-735-2989)
LOANS			SCHEDULE <b>E</b>
The	Instruction Guide explains how	to complete this form.  2015 MAY 1 AM 8 19	1 Total pages Schedule E:
4 TOT/	AL OF UNITEMIZED LOANS	S: \$ \$ \$ \$ \$	⇒ \$
5 Date of loan	7 Name of lender	☐ out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	a financial Institution?		
	tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	15 Check if personal funds/wer	e deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; C	ity; State; Zip Code	
20 Principal Occupa	Lion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; S	itate; Zip Code	Interest rate
Y N			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	<u></u>
Description of Coll	ateral	Check if personal funds were	deposited into political account
none			<del>U</del>
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)

State;

Zip Code

Employer (See Instructions)

Clty;

not applicable

Principal Occupation (See Instructions)

Guarantor address;

CO

|---à |---1

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGOR	IES FAREBONNIA 1 1 1 1 8 19			
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salarles/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By				
Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officaholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
	The Instruction Guide explains ho	w to complete this form.			
1 Total pages Schedule F:	2 FILER NAME  A COUNT # (Ethics Commission Filers)				
4 Date	5 Payee name				
4-14-15	Forma 6600P				
6 Amount (\$)	7 Payee address; City; State; Zip Cod				
1220.71	ElPaso, TX	9901			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)  Compougn Consulting, Printing design			
EXPENDITURE	Consulting expanse	Check if Austin, TX, difficeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
4-20-15		-ographer à GRAPHIC Design			
Amount (\$)	Payee address; City; State; Zip Coo	e			
200.00	E1 Pago, TX 79	715			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Contractalor Thotography, Computer clasign, web Agent				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
4-28-15	Forma GROUP				
Amount (\$)	Payee address; City; State; Zip Cod	9			
3114.46	E1600. TY 7	1901			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas complete Schedule T)			
OF EXPENDITURE	Consulting Expanse	Compaign Consulting Matting design  Check if Austin 7x, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought			
Date	Payoo nama	entity and the			
	Payee name  Rumon Mah Sulanal	Octobers			
4-25-15 Amount (\$)	Payee address; City: State; Zip Cod	<b>CO</b>			
200-00		TX 79925			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Contribution	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

(TDD 1-800-735-2989)

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/F	Transportation Expense  Loan Repayment/Reimbursement  Transportation Equipment & Related Expense  Contributions/Donations Made By Candidate/Officeholder/Political Committee  OTHER (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Alfonso (Al) Valoro	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name	<i></i>		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	/		
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	CONTRACTOR DE CO		
Reimbursement from political contributions intended		wages espen super		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Date	Payee name	<u>~</u>		
Amount (\$)	Payee address; City; State; Zip Code	punch dechar		
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

	EVENDITURE CATEGORIES	PEOD BOV 0(a)
A I Water Manager	EXPENDITURE CATEGORIES	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C	Reptrect Labor Om Loan Repayment/Reimbursement Passing Expanse TT Transportation Equipment & Related Expense
Accounting/Banking	Legal Services Solicitation/Muhdl	
Consulting Expense	Food/Beverage Expense Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis	
Fees	Printing Expense Office Overhead/	Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	•
A William Cabadula Hi		
1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Alfonso (AI) V	a lame
4 Date	5 Business name	
4 Date	5 Business name	/
	1	
2 A	- City State: Zin Code	
6 Amount (\$)	7 Business address; City; State; Zip Code	
		/
-::3000F	Control of the second of the s	T
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE		/
		Check If Austin, TX, office folder living expense
A A	Candidate / Officeholder name	Office sought Office held
9 Complete ONLY if direct		Office sought
expenditure to benefit C/O	Н	/
	1	
Date	Business name	
1	1	
	<u> </u>	
Amount (\$)	Business address; City; State; Zlp Code	
ļ	1	/
·	1	
	<u> </u>	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	1	
EXPENDITURE	1	
ļ	1	Check if Austin, TX, officeholder living expense
		<u> </u>
Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	JH /	-
Date	Business name	
Date	Business name	
Amount /@)	Ciba Cina Zin Code	
Amount (\$)	Business address; City; State; Zip Code	
!	/	
	/	( ) Carrio
	l	Power 1
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	/	
EXPENDITURE		
1	/	Check if Austin, TX, officeholder living expense
	2 2 1 hours   hours	
Complete ONLY if direct	Candidate / Officeholder name	Office sought —— Office held
expenditure to benefit C/O	н /	
		things.
Date	Business name	AND
		1
	ı /	<b>©</b>
Amount (\$)	Business address; City; State; Zip Code	
runeant (T)	Dualiteas addition, Only County, E.F	f-made
ړ	/	- Arrivane Fabr
/1	1	
PURPOSE /	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	l .	
EXPENDITURE	1	
/ !	l .	Check if Austin, TX, officeholder living expense
ONII V If direct	Candidate / Officeholder name	Office hald
Complete ONLY if direct		Office sought Office held
expenditure to benefit C/OI	п	ı
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED
•		, , , , , , , , , , , , , , , , , , ,

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains ho	
1 Total pages Schedule I:	2 FILER NAME Alfonso (AL) Volard	2015 MAY 1 PACEDUNTS (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	\rightarrow \tag{\tau}{\tau}
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See Instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

	ST EARNED, OTHER CREDITS/GAINS/ DS, AND PURCHASE OF INVESTMENTS	SCHEDULE <b>K</b>
The	Instruction Guide explains how to complete this form.	pages Schedule K:
2 FILER NAME	Alfonso (AI) Velarde	DUNT # (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	(J)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	DED

Texas Ethics Commission

## CANDIDATE MODIFIED REPORTING DECLARATION

P.O. Box 12070

FORM CTA PG 2

11 CANDIDATE NAME	Diane M. Flor2155FEB 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.			
	Year of election(s) or election cycle to which declaration applies  Augum, Funcy 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.

Diane M. Flores, Candidate District 7

Diew M. Flas

Sworn to and subscribed before me at  $\frac{ELPASO}{TEXAS}$  this the  $\frac{1ST}{TEXAS}$  day of  $\frac{MAY}{1}$ , 2015

Signature of Officer administering oath

NOTARY PUBLIC

Title of Officer administering oath

TIM WELCH My Commission Expires January 27, 2018

CANDIDATE / OFFICEHOLDER	FORM C/O
CAMPAIGN FINANCE REPORT	COVER SHEET PG

CAMPAIG	IN FINANCE REPORT		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  No Trent  NICKNAME LAST  Hatch	MI SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE #: CITY:		May 1, 2015 8
change of address	El Paso, TX	79912	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 274. 2990	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MYS Magonita  NICKNAME LAST  Margie Metter	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  6817 Marble Cang  El Pasu, TX 7991	city; state; Yen	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 581 - 1622 915 479-0910	EXTENSION	
REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff [	15th day after campaign treasurer appointment (officeholder only) Final report (Aditach C/OH - FR)
0 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year TO
1 ELECTION	ELECTION DATE Month Day Year Primary  7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Runoff	Special Special
2 OFFICE	OFFICE HELD (if any)	Board of 1	rister #6
	GO TO PAGI		· · · · · · · · · · · · · · · · · · ·

### CANDIDATE / OFFICEHOLDER REPORT:

### FORM C/OH COVER SHEET PG 2

JOFFORT	& IOIAL	.5	COVER SHEET PG 2
14 C/OH NAME	rent	Ken Hatch	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		Corporal Corporal Corporal Corporal Corporal
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	<b>5</b>
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	N \$ D. or
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,755.6
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$ 8,639.63
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,639,63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 4, 798		
OUTSTANDING LOAN TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$8,639.63  4. TOTAL POLITICAL EXPENDITURES \$8,639.63  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$4,798.00  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$300.00		
18 AFFIDAVIT			
	DIANA HOLG Notary Public, Stat My Commission June 16, 20	is true and correct and includes all me under Title 15, Election Code, e of Texas Expires	perjury, that the accompanying report information required to be reported by
A STATE OF THE STA		Signature of Cano	didate or Officeholder
AFFIX NOTARY STAMP		ne, by the said Trent K. Hatc	h
day	N A A \	te, by the said, to certify which, witness m	, this the
Bolle	for to	Diana Holawin	Notani
Signature of officer admini	stering oath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	Treat /tatel		3 ACCOUNT # (E	thics Commission Filers)	
4. 15.15	5 Full name of contributor □out-of-state PAC(ID#□  On VICA Meens  6 Contributor address; City; State; Zip Code	0 -0+	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occu	10852 Vista Alegae	17/13		of Texas, complete Schedule T)	
4	Sales	10 Employer (See I	instructions)		
Date 4:15:15	Full name of contributor out-of-state PAC(ID#_E1 Paso Federal Teacher Contributor address; City; State; Zip Code	Cope	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	5959 Gateury West #112 Et Pase Tx 79925 Degion / Job title (See Instructions)		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	Dation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor   cut-of-state PAC (ID#:_  Ohn Paul Quin  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
7.16 ()	6692 Tuscany Ridge El M	Pasu, TX 19912	(if travel outside o	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#_Chavlie Show)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4.17.15	Charlie Show to Contributor address; City; State; Zip Code 6247 Brish Del Mar El Pass;	TX 79912	100, 60		
Principal occup	eation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)	
Date	Full name of contributor   out-of-state PAC(ID#:_ ISMA es illiana Chavez	)	Amount of contribution (\$)	Inskind contribution descਸ਼ਿੰਗ (if applicable)	
4:16:15	Contributor address; City, State; Zip Code, 1408 Plaza Footman, El Pa	so, TY TAGEZ	30, ()	of Texas, complete Schedule T)	
Principal осуµр	ation / dob title (See Instructions)	Employer (See In		C)	
				0	

### SCHEDULE A

Tł	ne Instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:
FILER NAM				
Date	Treat Hatch		3 ACCOUNT# (	Ethics Commission Filers)
U.11.15	5 Full name of contributor cut-of-state PAC(ID#:  Oun & Evin Allen  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
7707)	6 Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	150.05	2 - -
Principal occur	824 to Redd Pel Et Pasu, TX 794	9/2	(If travel outside	of Texas, complete Schedule T)
War	upation / 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
1.16.15	Contributor address: City; State; Zip Code 6260 hos Bencos El Paso TX 79912		100,00	
	61 Paso, TX 79912		[	
1871	pation / Job title (See Instructions)	Employer (See	Instructions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.16.15	6260 Los Porrais		150,00	
rincipal occur	El Paso TX 79912 pation / Job title (See Instructions)		(if travel outside of	Texas, complete Schedule T)
10010		Employer (See	Instructions)	
16.15	Full name of contributor out-of-state PAC (ID#_ HENDY C MYNA PAS MUSEA Contributor address: City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
1675	676 SIG Del Rey		25,00	
rincipal occupa	ation / Job title (See Instructions)	Employer (See fi	(If travel outside of natructions)	Texas::complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:			turing the same of
1815	Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1224 Desat Toje		100,	Annotation for the state of the
incipal occupa Navag	tion / Job title (See Instructions)	Employer (See In	(If travel outside of T structions)	exas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·			-	

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

### SCHEDULE A

<del></del>	e Instruction Guide explains how to complete the	s form.	1 Total pages Sch	nedu∣e A;
2 FILER NAME	Trant tatel		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 4.16-15	5 Full name of contributor out-of-state PAC (ID#_ Stene Smrs 6 Contributor address; City; State; Zip Code 1621 Mohegan LN The Pase TX 19912		7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)		(If travel outside	I of Texas, complete Schedule T)
SCUVIC	<u>ce</u>	10 Employer (See	Instructions)	
Date  U. I.E.K	Full name of contributor   out-of-state PAC (ID#:_  Mindy Calduct!  Contributor address; City; State; Zip Code  7749 Politic Dir		Amount of contribution (\$)	In-kind contribution description (If applicable)
7.78	7749 Poltec Dr 61 Pasa, Tx 79912		50,00	
Principal occur	pation / Job title (See Instructions)	Employer (See I	(if travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
4.16.15	Oan 4 Herdi Washbu. Contributor address; City; State; Zip Code	ern	contribution (\$)	description (if applicable)
	ation / Job title (See Instructions)	Employer (See Ir	(If travel outside o	f Texas, complete Schedule T)
Date Date				
	Full name of contributor out-of-state PAC (ID#:	)	Amount of   cantribution (\$)	In-kind contribution description (if applicable)
4.16.15	Contributor address; City; State; Zip Code		20,00	8
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside of estructions)	Texas, complete Schedule T)
Date 4.16-15	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
MV S	ation / Job title (See Instructions)	Employer (See In	structions)	veriplete scriedule ()
lf co	ATTACH ADDITIONAL COPIES OF ntributor is out-of-state PAC, please see instruc	THIS SCHEDULE A	S NEEDED	equirements.

P.O. Box 12070

### SCHEDULE A

Th	e Instruction Guide explains how to complete thi	s form.	pages Schedule A:
P FILER NAM	Tirent Hatch	3 ACCO	UNT # (Ethics Commission Filers)
4-16-15	5 Full name of contributor out-of-state PAC (ID#:  Publ Surah Din Succession  6 Contributor address; City; State; Zip Code	7 Amou contribut	
	659 Vera Ct ET Paso TX 7993	2_	1
Principal occi	upation / Job title (See Instructions)	10 Employer (See Instructions	el outside of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_  Mark & Veroncoe &	Perea Amour contributi	
1000	Mark & Veronicae & Contributor address; City; State; Zip Code  To Pase, TX 79	3912 25.	<u>100</u>
Principal occu	pation / Jobytitle (See Instructions)  Machic Canducks	Employer (See Instructions)	outside of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#;	Union fle	its C
	Steve Mills	Amoun	
1-23-15	Contributor address; City; State; Zip Code	100	إلى ب
		(If trough	Dutable of Tour
Sint		Employer (See Instructions)	outside of Texas, complete Schedule T)
Date	Full name of contributor	) Amount contribution	
2043	Contributor address; City; State; Zip Code  ET Pass, 7x 79	9/2	
Principal occup	ation / Job title (See Instructions)	(If travel of Employer (See Instructions)	outside of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#:	) Amount contribution	
.19.15	Contributor address; City; State; Zip Code 6153 Coma De Consti El Paso TX 7991	100.	
		(if travel o	outside of Texas, complete Schedule T)
rincipal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	C)

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

P.O. Box 12070

### SCHEDULE A

Date Full name of contributor Quita(stata PAC/IDN)	Amount of contribution (\$) In-kind contribution description (if applicable)  25. (If travel outside of Texas, complete Schedule T)  ployer (See Instructions)
4 Date 5 Full pame of contributor	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)  20. (2) (if travel outside of Texas, complete Schedule T)  apployer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable)  25. (2) (If travel outside of Texas, complete Schedule T)  ployer (See Instructions)
4.19.15 6 Contributor address; City; State; Zip Code  6417 Pino Men  Full name of contributor out-of-state PAC (ID#  Principal occupation / Job title (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#  Charles Manuels  Contributor address; City; State; Zip Code  1113 Coyok  Full name of contributor out-of-state PAC (ID#  Principal occupation / Job title (See Instructions)  Emp  Date  Full name of contributor out-of-state PAC (ID#:  KM Ramussen  Contributor address; City; State; Zip Code  6336 Familia Summit	contribution (\$) description (if applicable)  (if travel outside of Texas, complete Schedule T)  apployer (See Instructions)  Amount of contribution (\$) description (if applicable)  25. 42  (if travel outside of Texas, complete Schedule T)  ployer (See Instructions)
9 Principal occupation / Job title (See Instructions)  10 Em  10 Important    10 Important	Amount of contribution (\$) In-kind contribution description (if applicable)  25. (If travel outside of Texas, complete Schedule T)  ployer (See Instructions)
Date  Full name of contributor out-of-state PAC (ID#:  4. 19.15 Contributor address; City; State; Zip Code  1113 Coyok  H Principal occupation / Job title (See Instructions)  Employer  Date  Full name of contributor out-of-state PAC (ID#:  4. 19.15 Contributor address; City; State; Zip Code  6336 Franklin Summ. +	Amount of contribution (\$) In-kind contribution description (if applicable)  25. (If travel outside of Texas, complete Schedule T)  ployer (See Instructions)
4. 19.15 Chayla Malanels  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor Job title (See Instructions)  Employer  Date  Full name of contributor out-of-state PAC (ID#:  Kom Ramussen  Contributor address; City; State; Zip Code  6336 Franklin Summ.t	contribution (\$) description (if applicable)  25. (If travel outside of Texas, complete Schedule T)  ployer (See Instructions)
Principal occupation / Job title (See Instructions)  Employed  Date  Full name of contributor out-of-state PAC (ID#:  When we have the contributor of the contributor address; City; State; Zip Code  6336  Franklin Summ. +	ployer (See Instructions)
Principal occupation / Job title (See Instructions)  Perform  Page 1. 19. 15  Contributor address; City; State; Zip Code  6336  Franklin Sum. +	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:  Lim Rayussen  4.19.15 Contributor address; City; State; Zip Code  6336 Franklin Sunn. +	) Amount of In-kind contribution
4.19.15 Contributor address; City; State; Zip Code 6336 Franklin Sunn. +	
to be franklin simmet	contribution (\$)   description (if applicable)
- 1000/1× 19912	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Emp	ployer (See Instructions)
Date  Full name of contributor   out-of-state PAC (ID#  130.15  Texas Assoc of Deephs  Contributor address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description (if applicable)
PO. Bex 2246 Austin, TX 7876	4700
Principal occupation / Joh We / See L. V.	O (If travel outside of derives, complete Schedule T)  Ioyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$)   I-description (if applicable)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Emplo	(if travel outside of Texes, complete Schedule T)

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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 Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	tontract Labor Loan Repayment/Relmbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	Trent /tetel	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4.10.15	5 Payee name Printing	•
6 Amount (\$)	7 Payee address; City; State; Zip Code	
138.75	ET PESO, TX 7990	3
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)
O Commission Oblivité dinont	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought Office field
Date 4. 9.15	Payee name Patal Annex	
Amount (\$)	Payee address; City; State; Zlp Code	
10.18	910-KE Redd Rd	F1 Paso, TX 79912
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Profits  Category (See categories listed at the top of this schedule)  Profits  Adverts Silver (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
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office noticer name	Office sought Office held
Date 4-10, 15	Payee name Davids Pennauts	Bunna
# 2, 165, CE	Payee address; City; State; Zip Code	Paso TX 79925
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas complete Schedule T)
OF EXPENDITURE	Printing Expuses	Check if Austin, TX, officeholdediping expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
4.10.15	Forma Group	
Amount (\$)	Payee address; City; State; Zip Code	puncia Puncia
4000. 1=	310 N Mesa Sun	te 401 EJ Pass TX 79912
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	LMSUITING Expenses	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Øfficeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES

P.O. Box 12070

#### SCHEDULE F

				SCH	EDULE F
	EXPENDITURE	CATEGORIES F	OR BOY 8/a)		
Advertising Expense	OmnAwards/Memorials Expanse	Salaries/Wages/Con		lander of the control of	
Accounting/Banking	Legal Services	Solicitation/Fundrals		Loan Repayment/Relmburse	ement
Consulting Expense	Food/Beverage Expense	Travel In District		Transportation Equipment &	Related Expense
Event Expense Fees	Polling Expense	Travel Out Of Distric	et '	Contributions/Donations Mad	de By
1.442	Printing Expense	Office Overhead/Ren		Candidate/Officeholder/P	'oliticai Committe
	The Instruction Guide	explains how to co	mplete this form	OTHER (enter a category no m.	ot listed above)
Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics	Commission File
Date	Trent /total			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COMMISSION FIIG
4.28.15	5 Payee name				
	7 Payee address; City; State				
Amount (\$)	7 Payee address; City; Stat	te; Zip Code			· · · · · · · · · · · · · · · · · · ·
1,514.40	310 N Mesa	Statt 401	, FI	Pace To -	Wa i
PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	Description #	INISO, IX	19701
OF EXPENDITURE	1		A peacubiou (it	travel outside of Texas, complete	Schedule T)
·	Advertising	txa	Check If Aus	etln, TX, officeholder living expe	
Complete ONLY if direct	Candidate / Officeholder reman		Office sought	IIII, TA, Officerrolder living expe	nse
expenditure to benefit C/C	<del>JH</del>		Office sought	Offi	ce held
Date	Payee name				
4-16-15 Amount (\$)	Sam & Who	dee - 10	<i>a</i> )	 1.	
Amount (\$)	Payee address; Cltv: State	7050	_Clus	2	
פעה א	Mesa ST	e; Zip Code			
120. CD	Payee name  Sam S Who  Payee address; ACity; State  Mesa Saso, To	799	12		
PURPOSE OF	Category (See categories listed at the top of	this schedule)			
EXPENDITURE	Event expense	1		ravel outside of Texas, complete S	
Complete ONLY if direct	Candidate / Officeholder name			in, TX, officeholder living expen	se
expenditure to benefit C/O	1		Office sought	Offic	e held
Date	Payee name				
4-23	Bro Machin			· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State;		<del></del>		
409177.	City; State;	∠ip Code			
0/1.70	Coniplan El	Paso	TX	79917	
PURPOSE	Category (See categories listed at the top of the				·
OF EXPENDITURE	(/Ac. I		Description (If the	avel outside of Texas, complete Sc	thedule T)
· · · · · · · · · · · · · · · · · · ·	I'MING EXPE	use	Check if Austin	n, TX, officeholder living expens	-0
Complete <u>QNLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	(	Office sought	Office	
Date				<b>ፈ</b> ታኅ	
- Calco	Payee name				
mount (\$)				C;	
(3)	Payee address; City; State;	Zip Code			
				entered of the second of the s	
PURPOSE	Category (See categories listed at the top of thi	ils schedule)	Dasorinit		
OF	, F = 1, U		Description (If trav	vel outside of Texas, complete Sch	ledule T)
XPENDITURE		<u> </u>			
omplete ONLY if direct	Candidate / Officeholder name		Check if Austin,	TX, officeholders ving expense	•
xpenditure to benefit C/OH	verioldel Halife	0	ffice sought	Office	
	ATTACH ADDITION			··········	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  ATTACH ADDITIONAL COPIE		ffice sought	Office	

# 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 # 2 Affices Computers PM	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	M!	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Alejandro	>	
INAIVIE	NICKNAME LAST		Date Received
		SUFFIX	
	A-/ Patino		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING		0-0 TV -70912	May 1, 2015
ADDRESS	6516 Brook Ridge Cr. Ell	920 /V ////	Date Hand-delivered or Postmarked
change of address	-		Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	1/400min
OFFICEHOLDER	(915) 587-6711		Date Processed
PHONE	,		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	Date Imaged
NAME	Mr. David		
,	NICKNAME LAST	SUFFIX	
	Brown		
7 CAMPAIGN	STDEET ADDRESS (NA DO DOVIDI FARE). ADT JOHNTE 4.	CITY CTATE:	TID CODE (PS)
TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE.
ADDRESS (residence or business)	4317 Mobile Dr.	F Dron TX	
(residence or pusiness)	4311 MODILE DI,	El Paso, TX	79903 를
			<b>L</b>
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	<b>)</b>
TREASURER	(915) 491-0531		
PHONE	7,1000		$\sim$
A DEDOOT TYPE			(A)
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	Month Day Year	Month Day	Year
COVERED	63/31 /2015 THROUGH	04/29/	2015
## ELECTION	ELECTION DATE ELECTION TYPE		
11 ELECTION	ELECTION DATE  Month  Day  Year  Primary		F-1
	05/09/2015	Runoff	General Special
	/ / 20/5		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		FI Paso Inder	pendent School and of Trustees
	N/A	Another of An	and of Trustees
		District 6	
		DESTREE 6	
	GOTOPAG	BE2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Alejandr	ro 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 PI CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE			DIDATE'S OR OFFI	CEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE  COMMITTEE NAME  GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			N い
additional pages		COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THA TEES OF LOANS), UNLESS ITEMIZ		0.00
		POLITICAL CONTRIE THAN PLEDGES, LOANS	BUTIONS S, OR GUARANTEES OF LOANS)	\$	1600.00
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·			wized \$	0,00
·	4. TOTAL	POLITICAL EXPENDI	TURES	\$	1209.21
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIO ORTING PERIOD	NS MAINTAINED AS OF THE LAST	DAY \$	2354.72
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A AY OF THE REPORTING	LL OUTSTANDING LOANS AS OF PERIOD	THE \$	1500.00
18 AFFIDAVIT		in annual allerial sollies			
	ELIZABETH CAFRA MY COMMISSION EX September 5, 20	SCO PIRES	I swear, or affirm, under penalty o is true and correct and includes al me under Title 15 Election Code.		
			Signature of Car	ndidate or Offic	eholder
AFFIX NOTARY STAM	P / SEAL ABOVE		1	_	
Sworn to and subs	scribed before of May	me, by the said	Mejandin Patri , to certify which, witness i	າງ hand ai	, this the
Glyana	Canasco	Elizabeth	Carrasco Not	anj) () pe	vations planage,
Signature of officer admi	nistering oath	Printed name of d	ifficer administering oath	Title of or	fficer administering oath

P.O. Box 12070

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Alejandro Patiño		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	ches and	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/20/15	El Paso Federation of Teas Support Personnel 6 Contributor address; City; State; Zip Code 4024 Trow bridge Dr E7 Paso TX 74903		1500.00	
	2,7000 1,1 1,700		(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/23/15	Contributor address; City; State; Zip Code 133 Calle OLaso		100.00	
	El Paso TX 79932			
Deinsinglass				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
*	Contributor address; City; State; Zip Code			,
;				
Bringing occur	pation / Job title (See Instructions)	Employer (Cas I		of Texas, complete Schedule T)
Principal occup	Pation 7 Job title (See (Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor QuI-of-state PAC (ID#:	)	Amount of contribution (\$)	In Rind contribution description (if applicable)
	Contributor address; City; State; Zip Code	,		<b>ļb</b>
			[ 	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	ري
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	,,,,,,,, .		i	
			. '	
Deinoinal	potton / Joh title /Con Instructions	EI	**	of Texas, complete Schedule T)
елистрат оссир	pation / Job title (See Instructions)	Employer (See I	nstructions)	
			, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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

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

	PLEDGED CONTRIE	BUTIONS			SCHEDULE B
	The Instruction Guide expl	ains how to complete this	s form.	1 Total pages Sche	edule B: /
2	FILER NAME Alejandr	o Patino		3 ACCOUNT # (Et	thics Commission Filers)
4	TOTAL OF UNITEMIZED	PLEDGES: ⇔	⇒ ⇒ ⇒	\$ \$	\$
12	Date 6 Full name of pledgo	r ut-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
10	Principal occupation / Job title (See Ins	tructions)	11 Employer (See I	-l '	of Texas, complete Schedule T)
	Timopar occupancia 7 dob nile (dec 11)s	aractions)	11 Employer (occ )		
	Date Full name of pledgo	r out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address:	City; State; Zip Code			entering and and and the sand the
				(If travel outside o	of Texas, complete Schedule T)
	Principal occupation / Job title (See Ins	tructions	Employer (See I	nstructions)	
-	Date Full name of pledgo Pledgor address;	r □ out-of-state PAC (ID#: City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
		`		(SE travel autoide a	of Tours
-	Principal occupation / Job title (See Ins	tructions)	Employer (See I		of Texas, complete Schedule T)
	Date Full name of pledgo	r Uout-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code		(If travel butside o	of Texas, complete Schedule T)
<u>.</u>	Principal occupation / Job title (See Ins	tructions)	Employer (See		reves, complete concute 1)
	Date Full name of pledgo	r out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code		; ;	
	Principal occupation / Job title (See Ins	tructions)	Employer (See 1		of Texas, complete Schedule T)
	Timopai occupation / 300 title (See Ins	a actions)	Employer (See i	nau ecuoris)	
	ATTAC	H ADDITIONAL COPIES ( ate PAC, please see instr			requirements.

LOANS	`			SCHEDULE E
The	Instruction Guide explains how to comp	olete this form.	1 Total pag	ges Schedule E:
2 FILER NAME	lejandro Patino		3 ACCOU	NT # (Ethics Commission Filers)
4 тота	L OF UNITEMIZED LOANS:	D D D D D	⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	!	
14 Description of Col	lateral	15 Check if personal funds were	e deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			Amount Guaranteed (\$)
not applicable	18 Guarantor address; City:	State; Zip Code		hrey 
20 Principal Occupat	I ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state RAC (ID#:	)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
ΥN				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colle	ateral	Check if personal funds were	deposited i	into political account
none none			\	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COP der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEE ruction guide for additional rep		uirements.

## **POLITICAL EXPENDITURES**

### SCHEDULE F

Advertising Expense Accounting/Banking	Legal Services Solicitation/Fun	Contract Labor Loan Repayment/Reimbursement draising Expense Transportation Equipment & Related Expense
Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of I Printing Expense Office Overhea	Contribution Donation Made by
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F:	2 FILER NAME Alejandro Patin	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/01/15	5 Payee name, Acrelimendo	
6 Amount (\$) 841.00	7 Payee address; City; State; Zip Code 314-13A Telegrafistas Cd. Vuercz, MX	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing expense	Brochuses / Banners  Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought Office head
Date 04/01/15	Payee name Acrilimunds	<u>ක</u>
Amount (\$)	Payee address; City; State; Zip Code	
98.00	314-13A Telegrafistas Cd. Juarez, MX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing expense	Magnetic Signs  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
04/26/15	Acrilimundo	
Amount (\$)	Payee address; City; State; Zip Code 314-134 Telegrafistas	
240.00	Cd Justez MX	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EAF LADITURE		Check if Austin, TX-officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	S 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 Accounting/Banking Legal Services

Consulting Expense Food/Beverage Expense **Event Expense** Polling Expense Fees

Printing Expense

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 Alejandro Patino	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 04/0//15	5 Payee name Office Depot			
6 Amount (\$) 30.2/ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 801 Sunland Park Dr Spa El Paso TX 79912	sce 8		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Printing expense	(b) Description (If travel outside of Texas, complete Schedule T)  L=6=/S  Check if Austin, TX, officeholder living expense		
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITORE	Check if Austin, TX, officeholder living expense			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	And the state of t		
Reimbursement from political contributions intended		Emperal Contracts		
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 (bying expense		
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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**

P.O. Box 12070

SCHEDULE H

TO A BUSIN	ESS OF C/OH				
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Description Printing Expense Office Overhea	draising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee d/Rental Expense OTHER (enter a category not listed above)			
A Tatal agency Cab adula III	The Instruction Guide explains how	the state of the s			
1 Total pages Schedule H:	Alejandro Patir	3 ACCOUNT # (Ethics Commission Filers)			
<b>1</b> Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
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			
9 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	215			
PURPOSE OF	Category (See categories lated at the top of this schedule)	Description (If travel cutside of Texas, complete Schedule T)			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Business name	, N			
Amount (\$)	Business address; City; State; Zip Code	Ca.			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE		Check it Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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)  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED			

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how	w to complete this form.
1 Total pages Schedule I:	2 FILERNAME Alejandro Patino	3 ACCOUNT # (Ethics Commission Filers)
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 required.)
Date	Payee name	}\to
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.)
	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:			
2 FILER NAME	Alejandro Patino	3 ACCOUNT # (E	Ethics Commission Filers)		
Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; State; Zip Cod	le			
	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 Cod	, , , , , , , , , , , , , , , , , , , ,			
	, viamoso si person nom unpin amounto rocarea, city, ciate, 2.p coa		3		
	Purpose for which amount is received				
	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; Xip Cod	e e			
	Purpose for which amount is received		.1		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Cod				
	Purpose for which amount is received				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED			

P.O. Box 12070

IN-KIND CO FOR TRAVE				EXPEND	ITURE	SCHEDULE T
The Instru	ction Guide	e explains how to	complete this for	m.	1 Total pages Schedu	ile T:
2 FILER NAME	lejar	ndro Pa	tiño		3 ACCOUNT# (Ethics	s Commission Filers)
4 Name of Contributor /		· · ·		<del></del> -		
5 Contribution / Expendi	iture reported	d on:				
∑ Sch	edule A	Schedule B	Schedule C	Schedule	D Schedule	F Schedule G
Sch	edule H	Schedule N	СОН-ИС	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name o	of person(s) traveling	9			
	8 Departu	re city or name of de	eparture location			
	9 Destinat	tion city or name of	destination location			
10 Means of transportation	on	Purpose of tra-	vel (including name	of conference, se	minar, or other event)	
Name of Contributor / C	Corporation o	or Labor Olganizatio	n / Pledgor / Payee			
Contribution / Expenditu	ure reported	on:				
	edule A	Schedule B	Schedule C	Schedule	D Schedule	Schedule G
Dates of travel		person(s) traveling				
	Departure	city or name of dep	arture location			- Innered
	Destinatio	n city or name of de	stination location			N
Means of transportation	  -	Purpose of travel	(including name of	conference, semi	nar, or other event)	සි
Name of Contributor / 0	Corporation o	r Lahor Organizatio	n / Pledgor / Pavee		<del>\</del>	
	,					
Contribution / Expendit	ure reported	on:				
Sch	edule A	Schedule B	Schedule C	Schedule	D Schedule	F Schedule G
Sch	edule H	Schedule N	СОН-ИС	СОН-Т	☐ PAC-Ò	PAC-E
Dates of travel	Name of p	erson(s) traveling			·	
	Departure	city or name of depa	arture location			
	Destination	city or name of de	stination location			
Means of transportation	1	Purpose of trave	(including name of	conference, sem	inar, or other event)	
(C) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Α	TTACH ADDITION	IAL COPIES OF T	HIS 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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR) FIRST Michael	Mi	OFFICE USE ONLY
NAME	MICKNAME	SUFFIX	Date Received
	Mike Izquierdo		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	address / POBOX: APT/SUITE#; CITY:  500 Regency El Pas	STATE; ZIPCODE  Tx 79912	May 1 2015  Date Hand delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 820 - 2827	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) FIRST Michael	Mi	Date Imaged
NAME	Mike Izquierdo	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#;	oity; state; I Paso Tx	79912
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 820 - 2827	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 ilmit	Final report Allech C/OH - FR)
10 PERIOD COVERED	Month Day Year  31 15 THROUGH	Month Day 4 29	Year 15 L
11 ELECTION	Month Day Year  5 9 / 5 Primary	Runoff X	General Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)  EPISD Tr	ustee Dist#7
	GO TO PAG	E2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

	hael Iz	ouierdo 15	5 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE OFFICIEND DER. THESE EXPENDITURES MAY MADE BEEN INTRODUCED INTO AND TO SUPPORT THE					
	COMMITTEE TYPE	COMMITTEE NAME	and a second			
	GENERAL		\$noods			
		COMMITTEE ADDRESS	•			
	SPECIFIC					
			interior manifestional			
			~			
<b>}</b>		COMMITTEE CAMPAIGN TREASURER NAME	ഗ്ര			
additional pages			Ö			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100, 20			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500,00			
EXPENDITURE TOTALS						
	4. TOTAL	\$ 877, 簑				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 600,80			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 977, 💥			
18 AFFIDAVIT						
	MARTHA A. BA NOTARY PUE In and for the State My commission 02-21-20	LIC of Texas expires				
		Signature of Candid	date or Officeholder			
AFFIX NOTARY STAME	P / SEAL ABOVE					
Sworn to and subs	cribed before r	ne, by the said MIKE 12QUIERDO	, this the			
,		, 20 _/5, to certify which, witness my				
Separate no	-D.	, 20, to certify which, withess my	nand and seal of office.			
Monyeall. / Se	inals,		4 PUBLIC			
Signature of officer admin	stering oath	Printed name of officer administering oath	Title of officer administering cath			

### P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Michael Izquierde 4 Date 5 Full name of contributor out-of-state PAC(ID#\_ Hector Reyes 4/26/15 6 Contributor address; City; State; Zip Code 5460 Cactus Hill Dr E/Paso Tx 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Amount of In-kind contribution 4/13/15 Morria M Taylor III Contributor address; City; State; Zip Code 9013 F/ Dorado Dr F/ Rao Tx 79925 100 - XX contribution (\$) description (if applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor | out-of-state PAC (ID#\_ Emilia R Taylor Contributor address; City; State; Zip Code 9013 El Dorado Dr E Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) in-kind contribution description (if applicable) Amount of Hicardo Herrera Contributor address; City; State; Zip Code 500 E San Antorús Rm 802 El Paso, TX contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Carlos Carraseo 4/20/15 Contributor address; City; State; Zip Code 500 F San Antonio Rn 413, El Pase Tx Amount of In-kind contribution 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 foradditional reporting requirements.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

State;

Zip Code

Employer (See Instructions)

City;

not applicable

Principal Occupation (See Instructions)

Guarantor address;

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

### SCHEDULE G

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundral Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to other the services of the ser	Intract Labor Loan Repayment/Reimbursement Ising Expense Contributions/Donattons Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
	T	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule G:	Michael Izquier	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/25/15	Build A Sign, com	
6 Amount (\$) 37 7 8 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 Payee address; City; State; Zip Code 11525A Stonohollow Dr. Suite	a 100 Austin, Tx, 78788
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Printing Expense	(b) Description (If travel cutside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense
Date 4/28/15	Payee name Office Depot	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  801 Sun land Park Dr Space	B El Paso, 7x, 79912
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, officeholde (I) and expense
Date	Payee name	<u></u>
Amount (\$)	Payee address; City; State; Zip Code	en ning um ning um ning
Reimbursement from political contributions intended		€U √>
PURPOSE OF	Category (See categories listed at the lop of this schedule)	Description (If travel outside of Texas, complete Schedule 7)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

<b>CANDIDATE</b>	1	OFFICE	Н	OL	.D	ER
CAMPAIGN I	FIN	VANCE	R	ΕP	O	RT

# FORM C/OH COVER SHEET PG 1

	- THE STATE OF THE	7777	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) 00070064115	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Dori Lane MICKNAME LAST  Fenenbock	MI	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / POBOX; APT / SUITE #; CITY; P. O. BO Y E1 Paso TX  AREA CODE PHONE NUMBER (915)	STATE; ZIP CODE	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Debb1 NICKNAME LAST HESTEV	MI SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBÓXPLEASE); APT/SUITE#; 780 N. RUSLEV DV. El Pado TV 79912	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(915) . 585-222	EXTENSION	<b>,</b>
9 REPORT TYPE	January 15 30th day before election  Sth day before election  Bully 15 8th day before election	Runoff [ Exceeded \$500 [ limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  HD1/15  THROUGH	Month Day 4130//	Year
11 ELECTION	Month ELECTION DATE Year Primary	Runoff G	Beneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (ILKNOWN) EPISD P DISTRICT	spard of Trustees
	GO TO PAGI	E2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Dori Fenenbock 2015 MAY 1	COUNT # (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  TOUR ASSOCIATION OF REALTONS  COMMITTEE ADDRESS  P.D. BD & 2246  AUSEN TV 2968-2246  COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS LO 4 DD GOLLWAY FORT EI PARD, TX 79905-2084				
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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,097.47			
18 AFFIDAVIT					
	SUE F BENDALIN NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 06-05-2017  I swear, or affirm, under penalty of perjury, is true and correct and includes all information me under Title 15, Election Code.  Signature of Candidate or	tion required to be reported by			
AFFIX NOTARY STAMP	/ SEAL ABOVE				
Sworn to and subse	of May, 20 15, to certify which, witness my han	d and seal of office.			
Sue F Bex	delia Sue F. BENDALIN				
ಶignature of officer admini	istering oath Printed name of officer administering oath Title	of officer administering oath			

Texas Ethics	Commission P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
	TICAL CONTRIBUTIONS ER THAN PLEDGES OR LOAN	IS		SCHEDULE A
	The Instruction Guide explains how to complete this		1 Total pages Sch	edule A:
2 FILER NA	ME	2015	3 ACCOUNT # (E	thics 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 alad	red-		<b> </b>  - 
9 Principal o		10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Dringingle				of Texas, complete Schedule T)
Principal of	ccupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (If applicable)
	Contributor address; City; State; Zip Code		:	
Principal oc	ccupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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		     	
Principal oc	ccupation / Job title (See Instructions)	Employer (See li		f Texas, complete Schedule T)
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		  - 	
Principal oc	cupation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED	

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

Date		First Name of Contributor	Contributor Address	City / State	Amount of Contribution	in-Kind Description	Principal Occupation / Job Title	Employer
2/3/2015		Oscar and Lisa	7101 N. Mesa St. #374	El Paso, TX 79912	\$1,000,00		Business	Hundal
	Mounce, Green, Myers		100 N Stanton St # 1000	El Paso, TX 79901	\$500.00		Attorney	Mounce, Green, Myers
4/1/2015			609 Mt. Cristo Rey	El Paso, TX 79922	\$250,00		President	Lonestar Title
4/5/2015		Ernest	7221 Meriden Lane	El Paso, TX 79940-0055	\$50.00		Finance	AFIC
	El Paso Federation of Teach		5959 Gateway West, Sulte 112	El Paso, TX 79925-3315	\$3,000.00		President	AFT
4/15/2015			4445 N. Mesa, Ste. 100	El Paso, TX 79902-1154	\$500.00		Business	Pizza Properties
4/16/2015		Thomas	5525 N. Stanton St. 28C	Ei Paso, TX 79912-5400	\$500.00		Business	Bohannon Development Corp
4/16/2015		Paul		El Paso, TX 79901-1339	\$500.00		Business	Western Refining
			P.O. Box 2246	Austin, TX 78768-2246	\$450,00		Realtors	GEPAR
			658 Copperfield Lane	El Paso,TX 7912-4134	\$100.00		retired	n/a
			840 Rosinante Road	El Paso, TX 799222914	\$500.00		Finance	Interstate Capitol
3/27/15		Woody and Gayle		El Paso, TX 79913-0220	\$500,00		Construction	Hunt Companies
	El Paso Association of Realt			El Paso, TX 79905-2084	\$450.00		Realtors	GEPAR
4/28/15		Charles	729 Twin Hills Orive	El Paso,TX 79912	\$250,00		Physician	Self
4/30/15	Krasne	Alan and Rebecca	1107 Baltimore Drive	El Paso, TX 79902	\$100.00		Community volunteer	n/a
					***************************************			
								/
							100	
							* ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
, i							***	
			· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·				
			· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
				<del></del>			·	<del></del>
		· · · · · · · · · · · · · · · · · · ·					······································	
	·		····				***************************************	
···			·····					
					do cro co			
		····			\$8,650.00			

프 알

PLEDO	GED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete this	s form. 2011	1 Total pages Sche	
2 FILER NAME	E	<u> </u>	<del>┡┈┋┪┆</del> ┇╸ <del>┇╸</del>	hics Commission Filers)
4 тот	FAL OF UNITEMIZED PLEDGES:	\$ \$ \$	<b>□</b> ⇒ ⇒	\$
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			
10 Principal occi	upation / Job title (See Instructions)	11 Employer (See/I		of Texas, complete Schedule T)
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 o	f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state FAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		   	
Principal occu	upation / Job title (See Instructions)			f Texas, complete Schedule T)
1 mopar occ	apadon / Sob tille (See Matildians)	Employer (See In	istructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		   	
Principal occu	upation / Job title (See Instructions)	Employer (See II	<del></del>	f Texas, complete Schedule T)
,				
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	
If (	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			requirements.

Employer (See Instructions)

Principal Occupation (See Instructions)

## POLITICAL EXPENDITURES

P.O. Box 12070

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Collegal Services Solicitation/Fundra Food/Beverage Expense Travel in District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	Can Repayment/Reimburgement  Transportation Equipment Related Expense  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Rental Expense  OTHER (enter a category not listed above)		
1 Total pages Schedule F:	Dori Fenenbock	3 ACCOUNT # (Ethics Commission Filers) のりりつろりしむ		
4 Date 4130/15	5 Payee name Kan Sutherland			
6 Amount (\$)	7 Pouss address: City State: 7in Code	-1 00		
<del>\$24.49</del>	424 granada, ET Paso,	TX 79912-5224		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date 4 30 15	Payee name Rick Armendariz Fo	rma Group		
Amount (\$)	Payee address; City; State; Zip Code	•		
\$2709.20	30/ E. Son Ontonio, Suit	IB201, E1Paso, TX 79901		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date 4   6   5	Payee address; City; State; Zip Code			
Amount (\$)				
\$32.50	144 2rd St. Floor 1, Son	nFrancisco, Ca 94105		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Hees	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Pate 4 16 15	Payee name NULS FAMO			
Amount (\$)	Payee address; City; State; Zip Code			
\$1295	P.O. Box 6995, Portland	1,012 97228-6995		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	FeeS	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

(512) 463-5800

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

### SCHEDULE G

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead/	Contract Labor Loan Repayment/Reimbursement raising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee //Rental Expense
note that the contract of		· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule G:	2 FILER NAME	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	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EVENDITURE		
EXPENDITURE		Check if Austin, TX, officeholder living expense
	I	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Unlock if Addulf, 175, difficultion in the graphing
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Date	Payee name	
Amount (\$)	Payee address; Clty; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
EXPENDITORE		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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE  Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Func Food/Beverage Expense Travel In Distric Polling Expense Travel Out of D Printing Expense Office Overhead	Contract Labor Loan Repayment/Reimbursement  draising Expense Transportation Equipment & Related Expense  t
	The instruction Guide explains how t	o complete this form.
Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission File
Date	5 Business name	
Amount (\$)	7 Business address; City; State; Zip Code	
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
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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)
		Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit G/C	Candidate / Officeholder frame OH	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		
	Business name	
expenditure to benefit C/C		
expenditure to benefit C/C	Business name	Description (if travel outside of Texas, complete Schedule T)
Date  Amount (\$)  PURPOSE OF	Business name  Business address; City; State; Zip Code	Description (if travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense

(b) Description (See instructions regarding type of information

(b) Description (See instructions regarding type of information

(b) Description (See instructions regarding type of information

required.)

required.)

required.)

Texas Ethics Commissi	on P.O. Box 12070	Austin, Texas 787	11-2070 (5	512) 463-5800	(TDD 1-800-735-298
	ITICAL EXPEND OM POLITICAL		JTIONS		SCHEDULE !
	The Instruction G	luide explains ho	w to complete	this form.	
1 Total pages Schedule I:	2 FILER NAME	•	2015	WHA VEONEM	(Etalos Sommission File
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City;	State; Zlp Code			,
PURPOSE OF EXPENDITURE	(a) Category (See instructions for excategories)	xamples of acceptable	(b) Description required.)	n See instructions rega	rding type of information
Date	Рауее пате				
Amount (\$)	Payee address; City;	State; Zlp Code			

(a) Category (See Instructions for examples of acceptable

City/,

(a) Category (See instructions for examples of acceptable categories)

(a) Category (See instructions for examples of acceptable

State; Zip Code

City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

categories)

Payee name

Payee address;

Payee name

Payee address;

categories)

www.ethics.state.tx.us

PURPOSE

OF EXPENDITURE

Date

Date

Amount (\$)

**PURPOSE** 

OF

**EXPENDITURE** 

Amount (\$)

PURPOSE

EXPENDITURE

P.O. Box 12070

	ST EARNED, OTHER CREDITS/GAINS OS, AND PURCHASE OF INVESTMENT		SCHEDULE K
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	
2 FILER NAME	Don Fenenbock	3 ACCOUNT # (EIN)	
4 Date	5 Name of person from whom amount is received		C Amount (\$)
4130115	ı 🗸		1.7
	6 Address of person from whom amount is received; City; State; Zip Code P.O. BOX 6995	3	. 29
	Portland, DR 97228-6995		
	7 Purpose for which amount is received Sawings at which		an ang tabaga ata
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; Zlp Code		
	Purpose for which amount is received	4-	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

### Austin, Texas 78711-2070 (TDD 1-800-735-2989) Texas Ethics Commission P.O. Box 12070 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR DESIGNATION OF FINAL REPORT The Instruction Guide explains how to complete this form. - Complete only if "Report Type" of hade! is marked "Final Report" • 2 ACCOUNT # Æthics Commission Filers) C/OH NAME 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. ≴ignature of Candidate / Officeholder **FILER WHO IS NOT AN OFFICEHOLDER** •• Complete A & B below only if you are not an officeholder. •• **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 filling 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. **ASSETS** B. Check only one: I do not retain assets purchased with pol/fical 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 **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